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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 60
File Book 29
20 March 1967
Date of Application

**MALE**
Medical Examination Report Dated 14 March 1967
Name of Physician Thomas Walker MD

**FEMALE**
Medical Examination Report Dated 14 March 1967
Name of Physician Thomas Walker M.D.

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

## MALE APPLICANT

Name: First Paul Middle Leon Last Anderson
Date of Birth: Month May Day 19 Year 1930
Place of Birth (State or foreign country) Brownsburg Ind.
Residence Address: Street or R. R. R17 Bx567 City Indpls, County Hen, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hen Dec'65
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Setupman. Bridgeport Brass
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 |
|---|---|---|
| Debra Kay | 14 | R17 Bx567 Indpls |
| Jeffery Dale | 9 | |
| Paula Jean | 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 ☑ Father has custody
11. Full name of father Bud Albert Anderson
    Residence of father (if deceased so state) Quincy, Ind.
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Burksville, Kentucky
12. Full maiden name of mother Eugilla Cordia Huddleston.
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Burksville, Ky.

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

Signed Paul Leon Anderson
New Address 1704 Gimber St., Indpls, Ind.
Subscribed and sworn to before me this 20th day of March, 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.....

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Carol Middle Sue Last Spivey
Date of Birth: Month June Day 23 Year 1942
Place of Birth (State or foreign country) Beech Grove Ind.
Residence Address: Street or R. R. R1 Bx169 City Camby, County Morgan, State Ind.
Maiden Name if Different Carol Sue Bragg
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Morgan Dec Feb 67
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Inspector. Bridgeport Brass.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Employment 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Grant Bragg
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) LaJunta, Colo.
8. Full maiden name of mother Lucy Ann Lawson
   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) Anderson, Ind

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

Signed Carol Sue Spivey
New Address —
Subscribed and sworn to before me this 20th day of March 67
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, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hend. *Circuit Court of Indiana dated the* 24 *day of* March, 19 67, *authorizing the joining together as husband and wife* Paul Leon Anderson *and* Carol Sue Spivey

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

I, Clarence E. Fike, Jr. *hereby certify that on the* 24 *day of* March, *one thousand nine hundred and* sixty-seven *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Paul Leon Anderson *of* Hendricks *County, State of* Indiana *and, Bride* Carol Sue Spivey *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

*Dated this* 24th *day of* March, 19 67.

Signed Clarence E. Fike, Jr.
*Official Designation* Justice of the Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 27 *day of* March, 19 67.

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. 61

File Book 29

21 March 1967
Date of Application

**MALE**
Medical Examination Report Dated 20 March 1967
Name of Physician Leo Kammen MD

**FEMALE**
Medical Examination Report Dated 20 March 1967
Name of Physician Leo Kammen MD.

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

## MALE APPLICANT

Name: First Edwin Middle Taylor Last Davis

Date of Birth: Month December Day 25 Year 1936

Place of Birth (State or foreign country) Dixon, Mo.

Residence Address: Street or R. R. 317 S.-350 W City Kaysville, Utah County Davis 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 PO3 US Navy.

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

☑ Other (Specify) Navy I.D.

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arthur Lee Davis. Deceased.
    Residence of father (if deceased so state) —
    Occupation of father ..... Race of father White
    Birthplace of father (State or foreign country) Deans Iowa
12. Full maiden name of mother Eva Mae Loving Deceased.
    Residence of mother (if deceased so state) —
    Occupation of mother ..... Race of mother White
    Birthplace of mother (State or foreign country) Des Moines, Iowa

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

Signed Edwin Taylor Davis

New Address USNAS Box 42 FPO San Francisco 96601.

Subscribed and sworn to before me this 21st day of March, 19 67

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

## FEMALE APPLICANT

Name: First Bonita Middle Ann Last Gorham

Date of Birth: Month July Day 30 Year 1943

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

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

Maiden Name if Different —

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed.

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Elaine F. Gorham.
   Residence of father (if deceased so state) Stilesville, Ind.
   Occupation of father Gen Contractor. Race of father White
   Birthplace of father (State or foreign country) Stilesville, Ind.
8. Full maiden name of mother Maudie Frances Vice
   Residence of mother (if deceased so state) Stilesville
   Occupation of mother H/W Race of mother white
   Birthplace of mother (State or foreign country) Ill.

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

Signed Bonita Ann Gorham

New Address Stilesville Ind.

Subscribed and sworn to before me this 21st day of March, 19 67

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 21 March 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da Wantz

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be 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* March, 19 67, *authorizing the joining together as husband and wife* Edwin Taylor Davis *and* Bonita Ann Gorham

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

I, Louis Gray hereby certify that on the 23 day of March, one thousand nine hundred and sixty-seven at Home of Bride (Mr. Claire Gorham) County of Hendricks, State of Indiana, Groom Edwin Taylor Davis of Davis County, State of Utah, and, Bride Bonita Ann 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 23rd day of March, 19 67.

Signed Rev. Louis G. Gray

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of March, 19 67

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. 62
File Book 29
21 March 1967
Date of Application

**MALE**
Medical Examination Report Dated 20 March 1967
Name of Physician Geo B. Keenan M.D.

**FEMALE**
Medical Examination Report Dated 21 March 1967
Name of Physician Walter M. Mannon M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Frederick Middle E. Last Schorkopf.
Date of Birth: Month February Day 17 Year 1929
Place of Birth (State or foreign country) New York City N.Y.
Residence Address: Street or R. R. 430 Sandra Lne. City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 58 Johnson Co. 64 Marion.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Salesman: I.M.P.
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 |
|---|---|---|
| Sandra L. | 10 | Michigan. |
| Leslie W | 11 | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☑
    (c) Are you complying with any court order or orders issued for their support? Mother remarried. Step father adopted No ☑
11. Full name of father Max E. Schorkopf.
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Hamburg, Germany
12. Full maiden name of mother Loretta Wh., O'Gillespie
    Residence of mother (if deceased so state) W.Y.C., N.Y.
    Occupation of mother Retired. Race of mother White
    Birthplace of mother (State or foreign country) Tannersville, N.Y.

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

Signed Frederick E Schorkopf
New Address 430 Sandra Lne, Indpls, Ind.
Subscribed and sworn to before me this 21st day of March, 19 67
John Tandy Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

## FEMALE APPLICANT

Name: First Carolyn Middle L. Last Brock.
Date of Birth: Month March Day 4 Year 1945
Place of Birth (State or foreign country) Clayton Indiana.
Residence Address: Street or R. R. 336 Southmore, City Plainfield, County Hend, State Ind.
Maiden Name if Different Carolyn L. Burnett
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 66 Hend.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Clerical: Blue Cross.
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 Powers Burnett.
   Residence of father (if deceased so state) Clayton, Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Barbourville, Ky.
8. Full maiden name of mother Della McKinney.
   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) Barbourville, Ky.

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

Signed Carolyn L. Brock
New Address Same.
Subscribed and sworn to before me this 21st day of March, 19 67
John Tandy Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hend. *Circuit Court of Indiana dated the* 25 *day of* March, 1967, *authorizing the joining together as husband and wife* Frederick E. Schorkopf *and* Carolyn L Brock
*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*

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 63

File Book 29

March 22-1967
Date of Application

**MALE**
Medical Examination Report Dated March 21-1967
Name of Physician R W Kirtley M D.

**FEMALE**
Medical Examination Report Dated March 21-1967
Name of Physician Ewing Ingebol ??

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

## MALE APPLICANT

Name: First Michael Middle C Last Kendall

Date of Birth: Month aug Day 4 Year 1946

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

Residence Address: Street or R. R. R 1 Box 156 City Danville County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Service - Marine Corp.

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

| 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 Adrian Leroy Kendall
    Residence of father (if deceased so state) Danville
    Occupation of father Salesman Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Edra Farrow
    Residence of mother (if deceased so state) Danville
    Occupation of mother Factory Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Michael C. Kendall

New Address.....

Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

## FEMALE APPLICANT

Name: First Phyllis Middle a. Last Bartley

Date of Birth: Month 7 Day 7 Year 1946

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

Residence Address: Street or R. R. R 1 City Lizton County Hend. State Ind

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Personnell Health & Hospital Corp.

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 Leslie Earl Bartley
   Residence of father (if deceased so state) Lizton
   Occupation of father Sand & Gravel Truck Driver Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Katherine Hagnel
   Residence of mother (if deceased so state) Lizton
   Occupation of mother Factory Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Phyllis Ann Bartley

New Address.....

Subscribed and sworn to before me this 23 day of March, 19 67.

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties. 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* 23 *day of* March, 19 67, *authorizing the joining together as husband and wife* Michael C Kendall *and* Phyllis a Bartley

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

I, Paul Lehmann *hereby certify that on the* 24th *day of* March, *one thousand nine hundred and* sixty-seven *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Michael Charles Kendall *of* Hendricks *County, State of* Indiana, *and, Bride* Phyllis A. Bartley *of* Hendricks *County, State of* Indiana, *were by me united 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, 19 67. *Signed* Paul Lehmann

*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 27 *day of* March, 19 67.

*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. 64

File Book 29

March 23 1967
Date of Application

**MALE**
Medical Examination Report Dated 3-22-67
Name of Physician Eli A Coats M D

**FEMALE**
Medical Examination Report Dated 3-22-67
Name of Physician Eli 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: First Wayne Middle D Last Dyck

Date of Birth: Month Feb Day 1 Year 1943

Place of Birth (State or foreign country) Hutchinson Kansas

Residence Address: Street or R. R. R1 Box 60-D City Danville County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation TWA air lines

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

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

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

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

11. Full name of father John R. Dyck
    Residence of father (if deceased so state) Kansas
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Kansas
12. Full maiden name of mother Frieda Evangeline Franz
    Residence of mother (if deceased so state) Kansas
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Kansas

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

Signed Wayne D. Dyck

New Address.....

Subscribed and sworn to before me this 23 day of March, 19 67.

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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

## FEMALE APPLICANT

Name: First Kathryn Middle Jean Last Smith

Date of Birth: Month Aug Day 24 Year 1948

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

Residence Address: Street or R. R. R1 Box 324 City Pittsboro County Ind. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Dr Coats Office

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Charles Dwayne Smith
   Residence of father (if deceased so state) Pittsboro
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mildred Maxine Byrkett
   Residence of mother (if deceased so state) Pittsboro
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Kathryn Jean Smith

New Address.....

Subscribed and sworn to before me this 23 day of March, 19 67

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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 28th *day of* March, 19 67, *authorizing the joining together as husband and wife* Wayne D. Dyck *and* Katheryn Jean Smith

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

I, John A. Rierson *hereby certify that on the* 2nd *day of* April, *one thousand nine hundred and* 67 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Wayne D Dyck *of* Hendricks *County, State of* Indiana *and, Bride* Kathryn Jean 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* 2nd *day of* April, 19 67.

Signed John A Rierson

Official Designation Methodist Pastor

*Filed and recorded in accordance with the laws of the State of Indiana this* 4th *day of* April, 19 67.

Signed John Gambold 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

HENDRICKS County

No. 65
File Book 29
3-25-67
Date of Application

**MALE**
Medical Examination Report Dated 3-15-67
Name of Physician Irving Cohen M.D.

**FEMALE**
Medical Examination Report Dated 3-15-67
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: First Willie Middle R. Last Smith
Date of Birth: Month April Day 9 Year 1943
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. R2 City Mooresville County Morgan State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Fire Insurance Inspector
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 Willie W. Smith.
    Residence of father (if deceased so state) Mooresville
    Occupation of father Indpls Motor Speedway Race of father W
    Birthplace of father (State or foreign country) Penn.
12. Full maiden name of mother Evelyn Ross
    Residence of mother (if deceased so state) Mooresville
    Occupation of mother Teller + 8748 Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed x Willie R Smith

New Address

Subscribed and sworn to before me this 25 day of March, 19 67

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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Linda Middle C. Last Harris
Date of Birth: Month Aug Day 4 Year 1948
Place of Birth (State or foreign country) Jacksonville Florida
Residence Address: Street or R. R. 203 Hobbs St City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Office Work
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 Manford K Harris
   Residence of father (if deceased so state) Plainfield
   Occupation of father Retired Naval Officer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lillian B Peters
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Cashier Race of mother W
   Birthplace of mother (State or foreign country) Penn.

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

Signed x Linda C. Harris

New Address

Subscribed and sworn to before me this 25 day of March, 19 67

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, County of HENDRICKS } ss:

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

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COMPLETE IF MARRIAGE 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.

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**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be 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 March, 19 67, authorizing the joining together as husband and wife Willie R. Smith and Linda C. Harris.

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

I, Warren A Robbins hereby certify that on the 2nd day of April, one thousand nine hundred and 67 at Plainfield, County of Hendricks, State of Indiana, Groom Willie R. Smith of Morgan County, State of Indiana, and, Bride Linda C. Harris of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 2nd day of April, 19 67.

Signed Warren A Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of April, 19 67.

Signed John Hambold Jr. Clerk
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. 66
File Bk. 29
March 28, 1967
Date of Application

**MALE**
Medical Examination Report Dated March 24, 1967
Name of Physician Harold H. Gardner

**FEMALE**
Medical Examination Report Dated March 24, 1967
Name of Physician Henley T. Burkhart

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Jerrald, Middle Lee, Last Trammel
Date of Birth: Month Aug., Day 25, Year 1937
Place of Birth (State or foreign country) Crimmeling, Colo.
Residence Address: Street or R. R. 226 M.P. Co., City St. Benjamin, County Harrison, State Ky. Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 11-26-64 Pittsburg, Pa.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Army
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
    Name / Age / Address: Jeannette Lee Trammel, 4, 201 Taylor, Pittsburg, Kans.
    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☑ Voluntary Support payments being made.
11. Full name of father Edgar K. Trammel
    Residence of father (if deceased so state) Deceased
    Occupation of father Mech. Race of father W.
    Birthplace of father (State or foreign country) Penn. (?)
12. Full maiden name of mother Dixie A. Winn
    Residence of mother (if deceased so state) Deceased
    Occupation of mother Reg. Nurse Race of mother W.
    Birthplace of mother (State or foreign country) Colo. (?)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jerrald Lee Trammel
New Address
Subscribed and sworn to before me this 25 day of March, 19 67.
John A. 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, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

## FEMALE APPLICANT

Name: First Patricia, Middle A., Last Hall
Date of Birth: Month Dec., Day 20, Year 1942
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. R#1, Cypress Trailer Ct., City Clermont, County Marion, State Ind.
Maiden Name If Different Patricia A. Mahan
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion Co. 1969
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Bookkeeper
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father George C. Mahan
   Residence of father (if deceased so state) R#1, Box 168A, Sellersburg, Ind.
   Occupation of father Maintenance Race of father W.
   Birthplace of father (State or foreign country) West Baden, Ind.
8. Full maiden name of mother Doreen A. Palmer
   Residence of mother (if deceased so state) Same
   Occupation of mother Sec. Race of mother W.
   Birthplace of mother (State or foreign country) French Lick, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Patricia A. Hall
New Address
Subscribed and sworn to before me this 23rd day of March, 1967.
John A. 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, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 29th *day of* March, 19 67, *authorizing the joining together as husband and wife* Jerald Lee Trammel *and* Patricia A. Hall
*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* April, *one thousand nine hundred and* 67 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Jerald Lee Trammel *of* Marion *County, State of* Indiana *and, Bride* Patricia A. Hall *of* Hendricks *County, State of* Indiana *were by me united 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* April, 19 67.

*Signed* Marvin W. Cook
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 4th *day of* April, 19 67.
*Signed* John A. Gambold Jr *Clerk*
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. 67
File Book 29
March 25-67
Date of Application

**MALE**
Medical Examination Report Dated 3-23-67
Name of Physician Lloyd E Dolty M D.

**FEMALE**
Medical Examination Report Dated March 20-1967
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: First Philip Middle Marc Last Sinex
Date of Birth: Month 2 Day 19 Year 1946 ✓
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. 2235C White Oaks Dr City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Factory 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Bea Urban Sinex
    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 Lyda Harriet Miller
    Residence of mother (if deceased so state) Pittsboro, Ind.
    Occupation of mother Practical Nurse Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Philip M. Sinex
New Address.....

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

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

## FEMALE APPLICANT

Name: First Carolyn Middle A Last McMurray
Date of Birth: Month 2 Day 16 Year 1946 ✓
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. R2 Box 656 City Indpls County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Harold Lloyd McMurray
   Residence of father (if deceased so state) Indianapolis
   Occupation of father Purchasing agent Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Juanita G Lewis
   Residence of mother (if deceased so state) Indpls
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Carolyn A. McMurray
New Address.....

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 29th day of March, 1967, authorizing the joining together as husband and wife Philip Marc Sinex and Carolyn A. McMurray

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

I, Norman H. Schultz hereby certify that on the 1st day of April, one thousand nine hundred and 67 at Indianapolis, County of Marion, State of Indiana, Groom Philip Marc Sinex of Hendricks County, State of Indiana, and, Bride Carolyn A. McMurray of Hendricks County, State of Indiana were by me united 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 April, 1967.

Signed Norman H Schultz
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of April, 1967

Signed John Gambold Jr. Clerk
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. 68
File Book 29
27 March 1967
Date of Application

**MALE**
Medical Examination Report Dated 23 March 1967
Name of Physician Paul D. Reynolds, MD

**FEMALE**
Medical Examination Report Dated 23 March 1967
Name of Physician Paul D. Reynolds MD

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

## MALE APPLICANT

Name: First Kenneth Middle D. Last Robinson
Date of Birth: Month January Day 7 Year 1947
Place of Birth (State or foreign country) Indiana Old, Ind.
Residence Address: Street or R. R. 319 N. Indiana City Danville County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Stock clerk: Kroger.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Oscar Ray Robinson Sr.
    Residence of father (if deceased so state) Danville, Ind.
    Occupation of father Deceased. Kroger Race of father White
    Birthplace of father (State or foreign country) Jamestown, Pa.
    Maiden name of mother Hazel Hicks.
    Residence of mother (if deceased so state) Danville, Ind.
    Occupation of mother Adj. Aircraft Elect. Race of mother White
    Birthplace of mother (State or foreign country) Casey Co., Ky.

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

Signed Kenneth D. Robinson
New Address 146 1/2 Madison, Franklin Ind.
Subscribed and sworn to before me this 27th day of March, 1967
John Hamblen Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana,
County of HENDRICKS } ss:

Signed Oscar Roy Robinson Jr. Father
Signed ..... Mother
Subscribed and sworn to before me this 27th day of March, 67
John Hamblen Clerk

## FEMALE APPLICANT

Name: First Cheryl Middle D. Last Barnett
Date of Birth: Month October Day 16 Year 1948
Place of Birth (State or foreign country) Bedford, Indiana.
Residence Address: Street or R. R. 905 Delbrook Dr. City New Whiteland County Johnson State Ind.
Maiden Name if Different .....
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cashier: Kroger.
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 William Barnett
   Residence of father (if deceased so state) New Whiteland, Ind.
   Occupation of father Contractor - Self. Race of father White
   Birthplace of father (State or foreign country) Bedford, Ind.
8. Full maiden name of mother Betty Joan Clark
   Residence of mother (if deceased so state) New Whiteland, Ind.
   Occupation of mother Meatwrapper. Kroger. Race of mother White
   Birthplace of mother (State or foreign country) Tobleville, Ind.

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

Signed Cheryl D. Barnett
New Address Same.
Subscribed and sworn to before me this 27th day of March, 1967
John Hamblen Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana,
County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 27th day of March, 19 67, authorizing the joining together as husband and wife Kenneth D. Robinson and Cheryl D. Barnett
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Melvin Miller hereby certify that on the 2nd day of April, one thousand nine hundred and 67 at New Whiteland, County of Johnson, State of Indiana, Groom, Kenneth D. Robinson of Hendricks County, State of Indiana, and, Bride Cheryle D. Barnett 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 2nd day of April, 19 67.

Signed Rev. Melvin Miller
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of April, 19 67.
Signed John Hamblen Jr. Clerk
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. 68
File Book 29
27 March 1967
Date of Application

**MALE**
Medical Examination Report Dated 23 March 1967
Name of Physician Paul D. Reynolds, MD

**FEMALE**
Medical Examination Report Dated 23 March 1967
Name of Physician Paul D. Reynolds MD

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

## MALE APPLICANT

Name: First Kenneth Middle D. Last Robinson
Date of Birth: Month January Day 7 Year 1947
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 319 N. Indiana City Danville County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Stock clerk: Kroger.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Oscar Ray Robinson Sr.
    Residence of father (if deceased so state) Danville, Ind.
    Occupation of father Driver. Kroger Race of father white
    Birthplace of father (State or foreign country) Jamestown, Pa.

Subscribed and sworn to before me this 27th day of March, 1967
John Gambold Clerk

## FEMALE APPLICANT

Name: First Cheryl Middle D. Last Barnett
Date of Birth: Month October Day 16 Year 1948
Place of Birth (State or foreign country) Indiana.
Residence Address: Street or R. R. 905 Delbrook Dr. City New Whiteland County Johnson State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cashier: Kroger.
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 William Barnett
   Residence of father (if deceased so state) New Whiteland, Ind.
   Occupation of father Contractor - Self. Race of father White
   Birthplace of father (State or foreign country) Bedford, Ind.
8. Full maiden name of mother Betty Jean Clark
   Residence of mother (if deceased so state) New Whiteland, Ind.
   Occupation of mother Meatwrapper. Kroger. Race of mother White
   Birthplace of mother (State or foreign country) Noblesville, Ind.

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

.....19 67
Circuit Court

.....one parent

.....Father
.....Mother

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

I, Hazel Robinson, hereby give my consent for my son, Kenneth David Robinson to marry Cheryl D. Barnett.

Hazel Robinson

Subscribed and sworn to before me this 27th day of March 19 67

Wilbur G. Jague
Notary Public

My Com. expires 4-13-68

**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 31st day of March, 19 67, authorizing the joining together as husband and wife Kenneth D. Robinson and Cheryl D. Barnett

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

I, Rev. Melvin Miller hereby certify that on the 2nd day of April, one thousand nine hundred and 67 at New Whiteland, County of Johnson, State of Indiana, Groom Kenneth D. Robinson of Hendricks County, State of Indiana, and, Bride Cheryle D. Barnett 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 2nd day of April, 19 67.

Signed Rev. Melvin Miller
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of April, 19 67

Signed John Gambold 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. 69

HENDRICKS County

File Book 29

27 March 1967 Date of Application

**MALE**
Medical Examination Report Dated 27 March 1967
Name of Physician Donald D. Cheesman MD

**FEMALE**
Medical Examination Report Dated 27 March 1967
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: First James Middle Stephen Last Snider

Date of Birth: Month September Day 15 Year 1947

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

Residence Address: Street or R. R. 1150 Lincoln St. City Danville, Hen, County, State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Salesman: Int. Mint chon.

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 John William Snider.
Residence of father (if deceased so state) RR Brookville, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Franklin Co., Ind.
12. Full maiden name of mother Margaret Faye Strothman
Residence of mother (if deceased so state) Brookville, Ind.
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) Butler Co., Ohio.

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

Signed James Stephen Snider

New Address 1150 Lincoln St. D'ville, Ind.

Subscribed and sworn to before me this 27th day of March 1967.

John Swindell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

## FEMALE APPLICANT

Name: First Vicki Middle Lynn Last Andrade

Date of Birth: Month September Day 21 Year 1946

Place of Birth (State or foreign country) Kansas City, Mo.

Residence Address: Street or R. R. 1393 N. Furman City, Indpls County, Marion State, Ind

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Receptionist: Kriegs, DeVault etc.

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 Leo Andrade
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) Eagle Pass, Texas.
8. Full maiden name of mother De Etta Pearl Pickens.
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Beautician: Wasson's Race of mother White
Birthplace of mother (State or foreign country) Downey, Mo.

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

Signed Vicki Lynn Andrade

New Address Same.

Subscribed and sworn to before me this 27th day of March 1967

John Swindell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 31st *day of* March, 19 67, *authorizing the joining together as husband and wife* James Stephen Snider *and* Vicki Lynn Andrade

*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 April, 19 67 at Danville, County of Hendricks one thousand nine hundred and 67 State of Indiana, Groom James Stephen Snider of Hendricks County, State of Indiana and, Bride Vicki Lynn Andrade of Hendricks County, State of Indiana were by me united 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 April, 19 67.

Signed Marvin W. Cook

Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 4th *day of* April, 19 67.

Signed John Swindell 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

HENDRICKS County

No. 70
File Book 29
27 March 1967
Date of Application

**MALE**
Medical Examination Report Dated 27 March 1967
Name of Physician James Black M.D.

**FEMALE**
Medical Examination Report Dated 27 March 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: First Larry Middle Joseph Last Brown

Date of Birth: Month November Day 26 Year 1945

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

Residence Address: Street or R. R. R18 Bx61 City Indpls, County Marion, State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Mechanic: Borris Sld.

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

☐ Other (Specify).....

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

    Name Age Address

    .....

    .....

    .....

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

11. Full name of father Joseph Russell Brown.
    Residence of father (if deceased so state) R18 Indpls, Ind.
    Occupation of father Landscape Race of father White
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Virginia Geraldine France
    Residence of mother (if deceased so state) R18 Indpls, Ind.
    Occupation of mother Sales: Hart-Jones Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Larry Joseph Brown
New Address 304 E. Main, Brbg. Ind
Subscribed and sworn to before me this 27th day of March, 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.....

.....

.....

State of Indiana,
County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Patricia Middle Louise Last Sturgill

Date of Birth: Month May Day 18 Year 1948

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

Residence Address: Street or R. R. R2 Bx183 City Brownsburg, County Hend, State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secy. Gray Enterprises.

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 Edgar Roscoe Sturgill.
   Residence of father (if deceased so state) R2 Bburg, Ind.
   Occupation of father Foreman: Amer Artsky: Race of father White
   Birthplace of father (State or foreign country) Folia, Ky.
8. Full maiden name of mother Vina Sue Heinert.
   Residence of mother (if deceased so state) R2 Bburg, Ind.
   Occupation of mother Cashier: Safeway. Race of mother White
   Birthplace of mother (State or foreign country) Ky.

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

Signed Patricia Louise Sturgill
New Address Same.
Subscribed and sworn to before me this 27th day of March, 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.....

.....

.....

State of Indiana,
County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 31 *day of* March, 19 67, *authorizing the joining together as husband and wife* Larry Joseph Brown *and* Patricia Louise Sturgill

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

I, Rev. L. L. Knopmeier *hereby certify that on the* 31st *day of* March, *one thousand nine hundred and* 67 *at* Brownsburg, *County of* Hendricks *State of Indiana, Groom* Larry Joseph Brown *of* Marion *County, State of* Indiana *and, Bride* Patricia Louise Sturgill *of* Hendricks *County, State of* Indiana *were by me united 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* March, 19 67.

*Signed* Rev L L Knopmeier
*Official Designation* Methodist Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 2nd *day of* April, 19 67.

*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. 71
File Book 29
28 March 1967
Date of Application

**MALE**
Medical Examination Report Dated 17 March 1967
Name of Physician D'd B. Haggard M.D.

**FEMALE**
Medical Examination Report Dated 17 March 1967
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: First Gerald Middle W. Last O'Rear
Date of Birth: Month August Day 4 Year 1932
Place of Birth (State or foreign country) Stilesville, Indiana.
Residence Address: Street or R. R. 301 Grant St. City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ 66 Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Elect. Tech. FAA.
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 |
|---|---|---|
| Debra Lynn | 13 | R1, Fairland, Ind |
| Robert Wayne | 10 | |
| Terry Joe | 9 | |
| Karen Sue | 5 | |

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Bernard Fletcher O'Rear.
    Residence of father (if deceased so state) Noblesville, Ind.
    Occupation of father Mail carrier. Race of father White
    Birthplace of father (State or foreign country) Deming, Ind.
12. Full maiden name of mother Ruth Mildred Williams.
    Residence of mother (if deceased so state) Noblesville, Ind
    Occupation of mother Postal clk. Race of mother White
    Birthplace of mother (State or foreign country) Stilesville, Ind.

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

Signed Gerald W. O'Rear
New Address 713 Roosevelt P'fld, Ind.
Subscribed and sworn to before me this 29th day of March, 19 67
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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Ina Middle F. Last Goff.
Date of Birth: Month January Day 18 Year 1934
Place of Birth (State or foreign country) Liberty, Ky.
Residence Address: Street or R. R. 713 Roosevelt, City Plainfield County Hen, State Ind.
Maiden Name if Different Ina F. Atwood
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ 66 Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife.
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 Erett Atwood
   Residence of father (if deceased so state) Deceased.
   Occupation of father ..... Race of father White
   Birthplace of father (State or foreign country) Liberty, Ky.
8. Full maiden name of mother Edith Atwood.
   Residence of mother (if deceased so state) 436 W. Morris, Indpls.
   Occupation of mother Sales: Lane Bryant Race of mother White
   Birthplace of mother (State or foreign country) Liberty Ky.

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

Signed Ina F Goff
New Address Same.
Subscribed and sworn to before me this 29th day of March, 19 67
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, County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 2nd *day of* April, 19 67, *authorizing the joining together as husband and wife* Gerald W. O'Rear. *and* Ina F. Goff
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
I, Teal O'Neal Younce *hereby certify that on the* 2nd *day of* April
*one thousand nine hundred and* 67, *at* Avon, *County of* Hendricks, *State of* Indiana
*State of Indiana, Groom* Gerald W. O'Rear *of* Hendricks *County, State of* Indiana
*and, Bride* Ina Goff *of* Hendricks *County, State of* Hendricks
*were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 2nd *day of* April, 19 67. *Signed* Teal O Younce
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 7th *day of* April, 19 67
*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. 47
File Book 29
March 30-1967
Date of Application

**MALE**
Medical Examination Report Dated March 17-1967
Name of Physician Rene. Martin Jacobs M.D.

**FEMALE**
Medical Examination Report Dated March 17-1967
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: First Roy Middle . Last Cook
Date of Birth: Month June Day 8 Year 1936
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address: Street or R. R. R 1 City Coatesville County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operator Licenses

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Unknown
    Residence of father (if deceased so state) Unknown
    Occupation of father Unknown Race of father W
    Birthplace of father (State or foreign country) Unknown
12. Full maiden name of mother Elsie Marie Cook
    Residence of mother (if deceased so state) Greencastle
    Occupation of mother Cook Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Roy Cook
New Address.....
Subscribed and sworn to before me this 30 day of March, 1967
John Dambold 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Joanna Middle L Last O'Neal
Date of Birth: Month Aug Day 11 Year 1943
Place of Birth (State or foreign country) Coatesville Hend. Ind.
Residence Address: Street or R. R. Box 66 City Coatesville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Housekeeper
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 O'Neal
   Residence of father (if deceased so state) Zionsville
   Occupation of father unknown Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Doris Hathaway
   Residence of mother (if deceased so state) Coatesville
   Occupation of mother Print Shop Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Joanna L. O'Neal
New Address.....
Subscribed and sworn to before me this 30 day of March, 1967
John Dambold, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 3rd day of April, 19 67, authorizing the joining together as husband and wife Roy Cook and Joanna L. O'Neal
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Malcolm P. Neier hereby certify that on the 7th day of April, one thousand nine hundred and 67 at Coatsville, County of Hendricks State of Indiana, Groom Roy Cook of Hendricks County, State of Indiana, and, Bride Joanna L. O'Neal of Hendricks County, State of Indiana, were by me united 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 April, 19 67.

Signed Malcolm P Neier Pastor
Official Designation Coatsville Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of April, 19 67.
Signed John Dambold 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. 73
File Bk 29
March 30, 1967
Date of Application

**MALE**
Medical Examination Report Dated March 23, 1967
Name of Physician Glen V. Ryan, M.D.

**FEMALE**
Medical Examination Report Dated March 23, 1967
Name of Physician Glen V. Ryan, M.D.

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

## MALE APPLICANT

Name: First Daniel Middle F. Last Harkey
Date of Birth: Month June Day 7 Year 1938
Place of Birth (State or foreign country) Altoona, Pennsylvania
Residence Address: Street or R. F. 5360 W. 35th St. City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages ....
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Mar 1966 Mar. Co.
Color or Race: White ☑ Negro ☐ Other ☐ (specify) ....
Usual Occupation: Traffic Agent - Delta Airlines
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 Daniel Michael Harkey
    Residence of father (if deceased so state) R.D. 2 Box 159 Altoona, Pa.
    Occupation of father Welder Pa Railroad Race of father W.
    Birthplace of father (State or foreign country) Blair Co. Pa.
12. Full maiden name of mother Sarah Elizabeth Wigfield
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Bedford, Pa.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Daniel F. Harkey
New Address ....
Subscribed and sworn to before me this 29 day of March, 19 67
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, County of ..... } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Linda Middle L. Last Sourbaugh
Date of Birth: Month March Day 7 Year 1940
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. F. 9626 Rockville Rd. City Indpls. County Hend. State Ind.
Maiden Name if Different Wolff
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: Purchasing Clk. Indpls. Airport
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 C. Wolff
   Residence of father (if deceased so state) 702 Shepherd, Indpls., Ind.
   Occupation of father International Harvester Race of father W.
   Birthplace of father (State or foreign country) Kalamazoo, Mich.
8. Full maiden name of mother Eva Mabin Fisher
   Residence of mother (if deceased so state) 9626 Rockville Rd.
   Occupation of mother Country Auction Owner Race of mother W.
   Birthplace of mother (State or foreign country) Cartersburg, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda L. Sourbaugh
New Address ....
Subscribed and sworn to before me this 29 day of March, 19 67
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 12th *day of* April *19* 67*, authorizing the joining together as husband and wife* Daniel F. Harkey *and* Linda L. Sourbaugh

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

*Dated this ..... day of ....., 19.....*

*Signed .....*
*Official Designation .....*

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

*Signed ..... Clerk*
*..... Circuit Court*

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 74
File Book 29
31 March 1967
Date of Application

**MALE**
Medical Examination Report Dated 27 March 1967
Name of Physician Joseph C. Kerlin M.D.

**FEMALE**
Medical Examination Report Dated 27 March 1967
Name of Physician Joseph C. Kerlin 1967

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

## MALE APPLICANT

Name: First Joseph Middle A. Last Stephens
Date of Birth: Month November Day 3 Year 1948
Place of Birth (State or foreign country) Indianapolis, Indiana.
Residence Address: Street or R. R. Box 229 City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Carpenter: Stackhouse Bld.
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 Emmett Elmer Stephens.
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Sales: MS Farling Race of father white
Birthplace of father (State or foreign country) Hilesville, Ind.
12. Full maiden name of mother Josephine Lucille Poer.
Residence of mother (if deceased so state) D'ville
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Danville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Joseph A. Stephens
New Address 881 W. Clinton D'ville, Ind
Subscribed and sworn to before me this 14 day of April, 19 67
John Landwehr Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

## FEMALE APPLICANT

Name: First Donna Middle Jean Last Gleason
Date of Birth: Month April Day 30 Year 1942
Place of Birth (State or foreign country) Hazelwood Ind.
Residence Address: Street or R. R. 881 W. Clinton City Danville County Hend. State Ind.
Maiden Name if Different Donna Jean Gibbons.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 65 Hend.
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Nurse: Hendricks, Chesmore, & Kerlin.
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 Maurice James Gibbons.
Residence of father (if deceased so state) Hazelwood, Ind.
Occupation of father Electrician: Linde Race of father White
Birthplace of father (State or foreign country) Brown Co, Ind.
8. Full maiden name of mother Imogene Juanita Mynatt
Residence of mother (if deceased so state) Hazelwood, Ind.
Occupation of mother Housekeeper: HCH Race of mother White
Birthplace of mother (State or foreign country) Hazelwood, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Donna Jean Gleason
New Address Same
Subscribed and sworn to before me this 31st day of March, 67
John Landwehr Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 4 *day of* April, 19 67, *authorizing the joining together as husband and wife* Joseph A. Stephens *and* Donna Jean Gleason
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Rev Warren L. Jones *hereby certify that on the* 8th *day of* April, *one thousand nine hundred and* 67 *at* 3:45, *County of* Marion, *State of Indiana, Groom* Joseph A. Stephens *of* Hendricks *County, State of* Indiana, *and, Bride* Donna Jean Gleason *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 4th *day of* April, 19 67.

*Signed* Rev Warren L. Jones
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 14th *day of* April, 19 67.

*Signed* John Landwehr 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. 75

File Book 29

31 March 1967
Date of Application

**MALE**
Medical Examination Report Dated 25 March 1967
Name of Physician R.L. Veach M.D.

**FEMALE**
Medical Examination Report Dated 25 March 1967
Name of Physician R.L. Veach M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Morris Middle Glen Last Stringer

Date of Birth: Month July Day 24 Year 1945

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

Residence Address: Street or R. R. Box 159 City Coatesville County Hen. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Store Keeper: 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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 Lloyd Huston Stringer.
    Residence of father (if deceased so state) Coatesville, Ind.
    Occupation of father Retired. Race of father white
    Birthplace of father (State or foreign country) Morgan Co., Ind.
12. Full maiden name of mother Helen Alberta Wincel.
    Residence of mother (if deceased so state) C'ville, Ind.
    Occupation of mother Oak Tree Bell Inn. Race of mother white
    Birthplace of mother (State or foreign country) Indpls., Ind.

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

Signed Morris Glen Stringer

New Address Box 159 Coatesville, Ind.

Subscribed and sworn to before me this 31st day of March, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

## FEMALE APPLICANT

Name: First Linda Middle Susan Last Witt

Date of Birth: Month December Day 22 Year 1948

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

Residence Address: Street or R. R. Box 28 City Coatesville County Hen. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 Buford Earl Witt
   Residence of father (if deceased so state) Coatesville, Ind.
   Occupation of father Welder: Bryant Pfaff Race of father White
   Birthplace of father (State or foreign country) New Maysville, Ind.
8. Full maiden name of mother Thelma Jean Bryant.
   Residence of mother (if deceased so state) C'ville, Ind.
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Greencastle, Ind.

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

Signed Linda Susan Witt

New Address Same

Subscribed and sworn to before me this 31st day of March, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 4th day of April, 1967, authorizing the joining together as husband and wife Morris Glen Stringer and Linda Susan Witt

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

I, John F. Deal hereby certify that on the 7th day of April, one thousand nine hundred and 67 at Coatsville, County of Hendricks State of Indiana, Groom Morris Glen Stringer of Hendricks County, State of Indiana and, Bride Linda Susan Witt of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 7th day of April, 1967.

Signed John F. Deal

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of April, 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. 76
File Book 29
1 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 27 March 1967
Name of Physician J.W. Asher M.D.

**FEMALE**
Medical Examination Report Dated 27 March 1967
Name of Physician J.W. Asher M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Denis Middle J. Last Agan
Date of Birth: Month March Day 3 Year 1947
Place of Birth (State or foreign country) Lebanon Indiana.
Residence Address: Street or R. R. 56 Lincoln Dr. City B'burg County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Inspector: 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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 Paul Otis Agan.
    Residence of father (if deceased so state) B'burg, Ind.
    Occupation of father Mgr. Int. Harvester Race of father white
    Birthplace of father (State or foreign country) Pittsboro, Ind.
12. Full maiden name of mother Nancy Katherine Isaacs.
    Residence of mother (if deceased so state) B'burg, Ind.
    Occupation of mother Sales: L.S. Ayres Race of mother white
    Birthplace of mother (State or foreign country) Lebanon, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Denis J Agan
New address 320 N. Ellison Apt 9, B'burg
Subscribed and sworn to before me this 1st day of April, 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 mother

State of Indiana, County of HENDRICKS } ss:
Signed Paul O. Agan Father
Signed ..... Mother
Subscribed and sworn to before me this 5 day of april, 1967.
John Gambold, Jr Clerk

## FEMALE APPLICANT

Name: First Melinda Middle S. Last Jones
Date of Birth: Month June Day 5 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 5126 W. 12th City Speedway County Marion, Ind. State
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Sales clerk, H.P. Wasson
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 Herbert Jones.
   Residence of father (if deceased so state) Speedway City, Ind
   Occupation of father Assembly: Linde Race of father white
   Birthplace of father (State or foreign country) Mitchell, Ind.
8. Full maiden name of mother Stella Marie Chastain.
   Residence of mother (if deceased, so state) Speedway City, Ind.
   Occupation of mother H/W. Race of mother white
   Birthplace of mother (State or foreign country) New Augusta, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Melinda S. Jones
New Address Same.
Subscribed and sworn to before me this 1st day of April, 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 mother

State of Indiana, County of HENDRICKS } ss:
Signed Fred H. Jones Father
Signed ..... Mother
Subscribed and sworn to before me this 5 day of april, 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.....Court by written order issued.....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 april, 1967, authorizing the joining together as husband and wife Denis J. Agan and Melinda S. Jones
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B Yearick hereby certify that on the seventh day of April, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Denis J Agan of Hendricks County, State of Indiana, and, Bride Melinda S Jones 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 eighth day of April, 1967.
Signed Lester B Yearick
Official Designation Pastor
Filed and recorded in accordance with the laws of the State of Indiana this 12 day of April, 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. 76
File Book 29
1 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 27 March 1967
Name of Physician S.W. Asher M.D.

**FEMALE**
Medical Examination Report Dated 27 March 1967
Name of Physician J.W. Asher M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Denis Middle J. Last Agan
Date of Birth: Month March Day 13 Year 1947
Place of Birth (State or foreign country) Lebanon Indiana.
Residence Address: Street or R. R. 56 Lincoln Dr. City B'burg County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Inspector: 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 now or have you been within five (5) years an inmate of a county asylum or
4.
5.
6.
7.
8.
9.
10.
11.
12. Full maiden name of mother.....
Residence of mother (if deceased so state) B'burg, Ind.
Occupation of mother Sales: L.S. Ayres Race of mother White
Birthplace of mother (State or foreign country) Lebanon, Ky.

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

Signed Denis J Agan
New address 320 N. Jefferson Apt 9, B'burg
Subscribed and sworn to before me this 1st day of April, 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.....
See attached notarized consent

State of India
County of.....

Subscribed an

COMPLET
.....
in.....

of Indiana

Be it furth
I, Le
one thousand nine hundred and Sixty-seven
State of Indiana, Groom Denis J Agan
and, Bride Melinda S Jones
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this eighth day of April, 1967.

Signed Lester B Yearick
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of April, 1967.
Signed John Gambold Jr Clerk
Hendricks Circuit Court

## FEMALE APPLICANT

Name: First Melinda Middle S. Last Jones
Date of Birth: Month June Day 5 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 5126 W. 12th City Speedway County Marion, Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Sales clerk, H.P. Wasson
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   No ☑ Yes ☐
   Yes ☐
   Yes ☐
   Yes ☐
   Yes ☐
   Yes ☐
   Yes ☐
   Yes ☐

...n given
correct.

Signed Melinda S. Jones
New Address Same.
Subscribed and sworn to before me this 1st day of April, 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.....
See attached notarized consent

Father
Mother
...67
...Clerk
..., the
...filed
...Court
...wife

day of April,
at Brownsburg, County of Hendricks,
of Hendricks County, State of Indiana
of Marion County, State of Indiana,

---

I, Stella M. Jones, hereby give my consent for my daughter, Melinda Susan Jones to marry Denis J. Agan.

FILED
APR - 5 1967
John Gambold Jr.
CIRCUIT
CLERK HENDRICKS SUPERIOR COURT

Stella M. Jones

Subscribed and sworn to before me this 4th day of April 1967

Rena R. Bright
Notary Public

My Commission Expire: Oct. 30, 1968

---

I, Nancy K Agan, hereby give my consent for my son, Denis James Agan to marry Melinda Susan Jones.

FILED
APR 5 1967
John Gambold Jr.
CIRCUIT
CLERK HENDRICKS SUPERIOR COURT

Nancy K Agan

Subscribed and sworn to before me this 4 day of April 1967.

Julia N. Jacobs
Notary Public My Comm. Expires 7-9-69

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 77
File Book 29
4 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 1 April 1967
Name of Physician M.M. Aitken, M.D.

**FEMALE**
Medical Examination Report Dated 1 April 1967
Name of Physician M.M. Aitken, M.D.

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

## MALE APPLICANT

Name: First James Middle T. Last Mayo
Date of Birth: Month September Day 12 Year 1945
Place of Birth (State or foreign country) Mooresville Ind.
Residence Address: Street or R. R. RI Bx 104 City Plainfield County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation SpE4 - 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 James Edward Mayo Jr.
    Residence of father (if deceased so state) RI Clayton, Ind.
    Occupation of father Tool & Die; Plastic Die Race of father white
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Mattie Belle Coraday (Anderson)
    Residence of mother (if deceased so state) 615 Madison, Indianapolis, Ind.
    Occupation of mother H/W Race of mother white
    Birthplace of mother (State or foreign country) Ind.

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

Signed James T. Mayo
New Address 5th Adm Co, Ft Carson Colo.
Subscribed and sworn to before me this 4th day of April, 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.....

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

## FEMALE APPLICANT

Name: First Sharon Middle L. Last Spencer
Date of Birth: Month April Day 30 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RI Bx 104 City Plainfield County Hen State Ind.
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Calculator: Link Belt.
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 Erman Dean Spencer
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father white
   Birthplace of father (State or foreign country) Henderson, Ky.
8. Full maiden name of mother Florence Estell McKinney
   Residence of mother (if deceased so state) RI Plfld, Ind.
   Occupation of mother Waitress: Link Belt Cafe. Race of mother white
   Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Sharon L. Spencer
New Address RI Bx 104 Plfld, Ind.
Subscribed and sworn to before me this 4th day of April, 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.....

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered*, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 8th day of April, 1967, authorizing the joining together as husband and wife James T. Mayo and Sharon L. Spencer

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

I, Larry Alan McKee hereby certify that on the 8th day of April, at Plainfield, County of Hendricks, one thousand nine hundred and 67 of Marion County, State of Indiana, State of Indiana, Groom James Mayo of Hendricks County, State of Indiana, and, Bride Sharon Spencer of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 8th day of April, 1967. Signed Larry A. McKee
Official Designation Minister Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of April, 1967
Signed John Gambold Clerk
Hendricks Circuit Court

426

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 78
File Book 29
4 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 29 March 1967
Name of Physician James Black M.D.

**FEMALE**
Medical Examination Report Dated 29 March 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: First John Middle R. Last Callahan
Date of Birth: Month September Day 23 Year 1941
Place of Birth (State or foreign country) Plymouth Indiana.
Residence Address: Street or R.R. RI Bx 137B City Brownsburg County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Guard: Pinkerton Sec. Ser.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Navy 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 John Allen Callahan.
    Residence of father (if deceased so state) New Albany, Ind.
    Occupation of father Unk. Race of father White
    Birthplace of father (State or foreign country) Sharpsville, Ind.
12. Full maiden name of mother Laura (Smith) Miller
    Residence of mother (if deceased so state) Anderson, Ind.
    Occupation of mother Assemb. Delco-Remy. Race of mother White
    Birthplace of mother (State or foreign country) Indiana.

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

Signed John R Callahan
New Address RI Bx 137B., Brownsburg, Ind.
Subscribed and sworn to before me this 8th day of April, 19 67
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,
County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Mary Middle Jane Last Krebs
Date of Birth: Month January Day 31 Year 1948
Place of Birth (State or foreign country) Lebanon, Indiana.
Residence Address: Street or R. R. RI Bx 137B City Brownsburg County Hen. State Ind.
Maiden Name if Different Sister Krebs
Previous 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 - Blue Cross - Shield.
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 Arthur Eugene Krebs.
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Indiana.
8. Full maiden name of mother Marie Esther Carney.
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Indiana.

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

Signed Mary Jane Krebs
New Address Same.
Subscribed and sworn to before me this 8th day of April, 19 67
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,
County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 8th *day of* April, 19 67, *authorizing the joining together as husband and wife* John R Callahan *and* Mary Jane Krebs
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
I, Rev. Donald Tyler *hereby certify that on the* 22nd *day of* April, *one thousand nine hundred and* 67 *at* Bethel Baptist church, Brownsburg *County of* Hendricks, *State of Indiana, Groom* John R. Callahan *of* Madison *County, State of* Indiana *and, Bride* Mary Jane Krebs *of* Hendricks *County, State of* Indiana, *were by me united 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* April, 19 67.

Signed Rev. Donald Tyler
Official Designation Baptist minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 3rd *day of* May, 19 67.
Signed John Harold 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. 79
File Bk 29
7 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 3-27-67
Name of Physician David B. Haggard, M.D.

**FEMALE**
Medical Examination Report Dated 3-27-67
Name of Physician David B. Haggard, M.D.

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

## MALE APPLICANT

Name: First Earl Middle J. Last Farley
Date of Birth: Month April Day 6 Year 1940
Place of Birth (State or foreign country): Harlan, Ky.
Residence Address: Street or R. R. 3233 Mars Hill City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☐ / Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Contractor
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driners 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 Farley
    Residence of father (if deceased so state) Same
    Occupation of father Retired Contr. Race of father W.
    Birthplace of father (State or foreign country) Harlan Co., Ky.
12. Full maiden name of mother Viola Boggs
    Residence of mother (if deceased so state) Same
    Occupation of mother None Race of mother W.
    Birthplace of mother (State or foreign country) Harlan Co., Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Earl J Farley
New Address.....
Subscribed and sworn to before me this 7th day of April, 19 67
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.....
Consent of father attached

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed Gladys Collins Mother
Subscribed and sworn to before me this 8th day of April, 1967
John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Wanda Middle L. Last Collins
Date of Birth: Month Sept. Day 30 Year 1949
Place of Birth (State or foreign country) Lee County Virginia
Residence Address: Street or R. R. RR#2 Box 351 City Indpls. County Hend. State 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 None
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Cecil Collins
   Residence of father (if deceased so state) Same
   Occupation of father Dairyman Race of father W.
   Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Gladys Arlene Lewson
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Lee Co., Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Wanda L. Collins
New Address.....
Subscribed and sworn to before me this 7th day of April, 19 67
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered,* there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 10th day of April, 1967, authorizing the joining together as husband and wife Earl J. Farley and Wanda L. Collins

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

I, Mary L Crawley hereby certify that on the 10th day of April one thousand nine hundred and 67 at Plainfield, County of Hendricks, State of Indiana, Groom Earl J. Farley of Marion County, State of Indiana, and, Bride Wanda 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 Hendricks County.

Dated this 10th day of April, 1967.

Signed Mary L Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of April, 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. 79
File Bk 29
5 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 3-27-67
Name of Physician David B. Haggard, M.D.

**FEMALE**
Medical Examination Report Dated 3-27-67
Name of Physician David B. Haggard, M.D.

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

## MALE APPLICANT

Name: First Earl Middle J. Last Farley
Date of Birth: Month April Day 6 Year 1940
Place of Birth (State or foreign country): Harlan, Ky.
Residence Address: 3233 Mars Hill Street or R. R. Indpls. City Marion County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Contractor
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specif

1. Are you now or
An Imbecile
Of Unsound
2. Are you under g
3. Are you now or
home for indiger
If answer to 3 is
4. Are you afflicted
5. Are you related t
6. Are you now un
7. Are you now un
8. Are you able to
9. Are you likely t
10. Do you have min
(If yes, answer q
(a) List their ful
Nam
(b) Are you supp
(c) Are you comp
their support

11. Full name of fath
Residence of fathe (if deceased so state)
Occupation of father Retired Contr. Race of father W.
Birthplace of father (State or foreign country) Harlan Co., Ky.
12. Full maiden name of mother Viola Boggs
Residence of mother (if deceased so state) Same
Occupation of mother None Race of mother W.
Birthplace of mother (State or foreign country) Harlan Co., Ky.

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

Signed Earl F Farley
New Address
Subscribed and sworn to before me this 7th day of April, 19 67
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
Consent of Father attached

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Gladys Collins Mother
Subscribed and sworn to before me this 8th day of April, 1967.
John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Wanda Middle L. Last Collins
Date of Birth: Month Sept. Day 30 Year 1949
Place of Birth (State or foreign country): Lee County Virginia
Residence Address: RR #2 Box 351 Street or R. R. Indpls. City Hend. County Ind. State
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 None

I, Ora Willard, hereby give my consent for my Daughter, Wanda L Collins to marry Earl Farley.

x Ora Collins

Subscribed and sworn to before me this 8 day of April 19 67

Betty Wilson
Notary Public

Birthplace of mother (State or foreign country) Lee Co., Virginia

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

Signed Wanda L. Collins
New Address
Subscribed and sworn to before me this 7th day of April, 19 67
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, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered,* there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 10th day of April, 1967, authorizing the joining together as husband and wife Earl F. Farley and Wanda L. Collins

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

I, Mary L Crawley hereby certify that on the 10th day of April one thousand nine hundred and 67 at Plainfield, County of Hendricks, State of Indiana, Groom Earl F. Farley of Marion County, State of Indiana, and, Bride Wanda 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 Hendricks County.

Dated this 10th day of April, 1967.

Signed Mary L Crawley
Official Designation Justice of Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 12 day of April, 19 67.

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. 80
File Ap. 29
8 April 1967
Date of Application

**MALE**
Medical Examination Report Dated April 4, 1967
Name of Physician M. M. Aiken

**FEMALE**
Medical Examination Report Dated April 4, 1967
Name of Physician M. M. Aiken

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

## MALE APPLICANT

Name: First Lewis; Middle Gordon; Last Weakley
Date of Birth: Month June; Day 17; Year 1932
Place of Birth (State or foreign country): Chicago, Ill.
Residence Address: Street or R. R. RR 1; City Clayton; County Hend. Co.; State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Clerk - Post Office
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: Louis Bell Weakley
Residence of father (if deceased so state): Same
Occupation of father: Retired - Now Farming Race of father: W.
Birthplace of father (State or foreign country): Monroe City Mo.
12. Full maiden name of mother: Sophia Lorraine Kozlowski
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Joliet, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Lewis Gordon Weakley
New Address: 140 N. Center St. Plainfield, Ind.
Subscribed and sworn to before me this 8th day of April, 19 67
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Wanda; Middle Jan; Last Collier
Date of Birth: Month Dec.; Day 28; Year 1935
Place of Birth (State or foreign country): Martensville, Ind.
Residence Address: Street or R. R. 140½ N. Center; City Plainfield; County Hend.; State 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: Clerk - Public Service of Ind.
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: Thomas Miner Collier
Residence of father (if deceased so state): RR 1 Martinsville, Ind.
Occupation of father: Lumber Grocries Race of father: W
Birthplace of father (State or foreign country): Martinsville (RR) Ind.
8. Full maiden name of mother: Ruby Dell Telford
Residence of mother (if deceased so state): Same as Father's
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Gosport, Ind (RR)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Wanda Jean Collier
New Address: Same
Subscribed and sworn to before me this 8th day of April, 19 67
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 17th day of April, 19 67, authorizing the joining together as husband and wife Lewis Gordon Weakley and Wanda Jean Collier
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George W. Buck, Sr. hereby certify that on the 6th day of May, one thousand nine hundred and sixty-seven at Mooresville, County of Morgan, State of Indiana, Groom Lewis Gordon Weakley of Hendricks County, State of Indiana, and, Bride Wanda Jean Collier of Hendricks County, State of Indiana, were by me united 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 May, 19 67.
Signed George W. Buck, Sr.
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of May, 19 67.
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. 81
File Bk. 29
8 April 1967
Date of Application

**MALE**
Medical Examination Report Dated April 5, 1967
Name of Physician A. N. Scudder, M.D.

**FEMALE**
Medical Examination Report Dated April 5, 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: First Carl Middle Jr. Last Minton

Date of Birth: Month May Day 28 Year 1948

Place of Birth (State or foreign country) Manchester, Ky.

Residence Address: Street or R. R. 485 Grant, City Brownsburg, County Hend., State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Ford Handler

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 Jammie Minton
    Residence of father (if deceased so state) Same
    Occupation of father Bryan Heating Race of father W
    Birthplace of father (State or foreign country) Manchester, Ky.
12. Full maiden name of mother Lizzie Gregory
    Residence of mother (if deceased so state) Same
    Occupation of mother R. C. A. Race of mother W.
    Birthplace of mother (State or foreign country) Manchester, Ky.

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

Signed Carl Minton
New Address 418 E. Grant
Subscribed and sworn to before me this 8th day of April, 19 67
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, County of HENDRICKS } ss:
Signed Jammie Minton Father
Signed Lizzie Minton Mother
Subscribed and sworn to before me this 8th day of April, 19 67
John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Debra Middle E. Last Woodson

Date of Birth: Month Aug. Day 13 Year 1950

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

Residence Address: Street or R. R. 403 William Dr, City Brownsburg, County Hend, State 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 Student

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert Lee Woodson
   Residence of father (if deceased so state) Same
   Occupation of father Mechanic Race of father W.
   Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Anita Rose Gibbs
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Fowling, Green, Ky.

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

Signed Debbie Woodson
New Address 418 E. Grant
Subscribed and sworn to before me this 8th day of April, 19 67
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, County of HENDRICKS } ss:
Signed Robert Lee Woodson Father
Signed Mrs. Robert Lee Woodson Mother
Subscribed and sworn to before me this 8th day of April, 19 67
John Gambold, Jr. Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13th day of April, 19 67, authorizing the joining together as husband and wife Carl J. Minton and Debra E. Woodson

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

I, Aubrey Morris hereby certify that on the 15th day of April, at Brownsburg, County of Hendricks, one thousand nine hundred and 67 of Hendricks County, State of Indiana, State of Indiana, Groom Carl J. Minton of Hendricks County, State of Indiana, and, Bride Debra E. Woodson were by me united 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 April, 1967.

Signed Aubrey Morris
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of April, 19 67.

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. 82

File April 8, 1967

Date of Application

**MALE**
Medical Examination Report Dated April 3, 1967
Name of Physician Paul Stanley Lewis, M.D.

**FEMALE**
Medical Examination Report Dated April 3, 1967
Name of Physician Paul Stanley Lewis, M.D.

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

## MALE APPLICANT

Name: First ~~Smith~~ GAIL Middle ~~RODNEY~~ Last SMITH
(RODNEY)

Date of Birth: Month APRIL Day 4 Year 1947

Place of Birth (State or foreign country) DETROIT, MICH.

Residence Address: Street or R. R. 625 BROOKSIDE City PLAINFIELD County HEND. Co. State IND

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation SERVICE STATION MGR.

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

☐ Other (Specify).....

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father WILLIAM Herbert Smith
    Residence of father (if deceased so state) 625 Brookside-Pfield.
    Occupation of father CAR RENTAL MGR. Race of father White
    Birthplace of father (State or foreign country) Detroit, Mich.
12. Full maiden name of mother Shirley Joy Ahlswede
    Residence of mother (if deceased so state) SAME
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Detroit, Mich

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

Signed Rodney Gail Smith

New Address R. 1 PLAINFIELD

Subscribed and sworn to before me this 8 day of April, 19 67

John Gambrald 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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

## FEMALE APPLICANT

Name: First CARYL Middle LEE Last FORD

Date of Birth: Month MAY Day 1 Year 1948

Place of Birth (State or foreign country) INOPLS. IND.

Residence Address: Street or R. R. R. 2, Box 78, INOPLS. 31 City (HEND. Co.) County State 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 CLERK-Typist

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 LeRoy FORD
   Residence of father (if deceased so state) R. 2, Box 78 - INOPLS.
   Occupation of father DISPATCHER Race of father White
   Birthplace of father (State or foreign country) INOPLS. IND
8. Full maiden name of mother MILDRED MAUD MYERS
   Residence of mother (if deceased so state) SAME
   Occupation of mother House Wife Race of mother White
   Birthplace of mother (State or foreign country) INOPLS. IND

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

Signed Caryl Lee Ford

New Address same

Subscribed and sworn to before me this 8 day of April, 19 67

John Gambrald 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

**CTE IF MARRIAGE 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* ...a dated the 14 day of April, 1967, authorizing the joining together as husband and wife Rodney Gail Smith and Caryl Lee Ford

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

I, Darrell W. Cox hereby certify that on the 15th day of April, one thousand nine hundred and 67 at Plainfield, County of Hendricks, State of Indiana, Groom Rodney Gail Smith of Hendricks County, State of Indiana, and, Bride Caryl Lee Ford of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 14th day of April, 19 67.

Signed Darrell W. Cox

Official Designation Pastor Maple Grove Baptist Church

*Filed and recorded in accordance with the laws of the State of Indiana this* 18th day of April, 19 67.

Signed John Gambrald Jr. Clerk

Hendricks Circuit Court

430

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 82

File April 8, 1967

Date of Application

**MALE**
Medical Examination Report Dated April 3, 1967
Name of Physician Paul Stanley Lewis, M.D.

**FEMALE**
Medical Examination Report Dated April 3, 1967
Name of Physician Paul Stanley Lewis, M.D.

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

## MALE APPLICANT

Name: First ~~Smith~~ GAIL Middle ~~RODNEY~~ Last SMITH
(RODNEY)

Date of Birth: Month APRIL Day 4 Year 1947

Place of Birth (State or foreign country) DETROIT, MICH.

Residence Address: Street or R. R. 625 BROOKSIDE City PLAINFIELD County HEND. Co. State IND

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation SERVICE STATION MGR.

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

☐ Other (Specify).....

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

    Name Age Address

    .....

    .....

    .....

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

## FEMALE APPLICANT

Name: First CARYL Middle LEE Last FORD

Date of Birth: Month MAY Day 1 Year 1948

Place of Birth (State or foreign country) INOPLS. IND.

Residence Address: Street or R. R. R. 2, BOX 78, City INOPLS. 31 County (HEND. Co.) State 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 CLERK-TYPIST

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 LEROY FORD
   Residence of father (if deceased so state) R. 2, BOX 78 - INOPLS.
   Occupation of father DISPATCHER Race of father White
   Birthplace of father (State or foreign country) INOPLS. IND.
8. Full maiden name of mother MILDRED MAUD MYERS
   Residence of mother (if deceased so state) SAME
   ...of mother White
   ...S. IND

...state the information given
...ation is true and correct.

...Card

...April, 19 67

...NDRICKS Circuit Court

...arriage. If only one parent
...unnecessary

...Father

...Mother

..., 19.....

...Clerk

...bove named parties, the
...and filed

...Circuit Court
...er as husband and wife

This is to certify that Mr Wm H Smith & Mrs Shirley J Smith do hereby give there consent for Rodney H Smith their son to obtain a marriage license & they have signed this form before me
State of Indiana
Marion Co
4-8-1967
Clyde Clay
Notary Public
Com exp 10-22-69

Wm H Smith
Shirley J. Smith
(Mrs Wm H. Smith)

of Indiana dated the.....
Rodney Gail Smith and Caryl Lee Ford
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Darrell W Cox hereby certify that on the 15th day of April,
one thousand nine hundred and 67 at Plainfield, County of Hendricks,
State of Indiana, Groom Rodney Hail Smith of Hendricks County, State of Indiana,
and, Bride Caryl Lee Ford of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 14th day of April, 19 67.

Signed Darrell W. Cox
Official Designation Pastor Maple Grove Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of April, 19 67.
Signed John Stanfield 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. 83

HENDRICKS County

File

April 10-1967
Date of Application

**MALE**
Medical Examination Report Dated Blood test required waived by court.
Name of Physician

**FEMALE**
Medical Examination Report Dated 3-30-67
Name of Physician Norman N Davis MD.

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

## MALE APPLICANT

Name: First William Middle B Last Harrell
Date of Birth: Month Feb Day 25 Year 1947 ✓
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 202 East Clinton City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Mtr Navy
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) D.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? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William M Harrell
    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 Ernestine M. Trotter
    Residence of mother (if deceased so state) Danville
    Occupation of mother Clerical worker Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed ✕ William B. Harrell
New Address

Subscribed and sworn to before me this 10 day of April, 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, County of HENDRICKS } ss:

Signed Deceased Father
Signed Ernestine M. Harrell Mother
Subscribed and sworn to before me this 10 day of April, 1967.
John Gambold, Jr Clerk

## FEMALE APPLICANT

Name: First Pherba Middle Carolyn Last Garrett
Date of Birth: Month Feb Day 23 Year 1945 ✓
Place of Birth (State or foreign country) Kennett Missouri
Residence Address: Street or R. R. 1058 Poplar City Memphis County Shelby State Tenn.
Maiden Name if Different Pherba Carolyn Sikes
Previous Marital Status: Never Married ☐ Number of Previous Marriages once.
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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 Virgil Sikes
   Residence of father (if deceased so state) Missouri
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Avis Ethel Mills
   Residence of mother (if deceased so state) Missouri
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Missouri

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

Signed ✕ Pherba Carolyn Garrett
New Address

Subscribed and sworn to before me this 10 day of April, 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued April 10-1967, and filed 3 days Waived (Navy blood test accepted). 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* 10th *day of* April *1967, authorizing the joining together as husband and wife* William B. Harrell *and* Pherba Carolyn Garrett
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
I, Terry Van Heyningen *hereby certify that on the* 11th *day of* April, *one thousand nine hundred and* 67 *at* Brooklyn, *County of* Morgan, *State of* Indiana, Groom William B Harrell *of* Hendricks *County, State of* Tennessee, *and, Bride* Pherba Carolyn Garrett *of* Shelby *County, State of* Hendricks *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 11th *day of* April, *1967.*

Signed Terry Van Heyningen
Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 12th *day of* April, *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. 84
File Book K29
10 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 10 April 1967
Name of Physician Elmer L. Koch. M.D.

**FEMALE**
Medical Examination Report Dated 10 April 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: First Walter Middle Lee Last Humphress
Date of Birth: Month July Day 27 Year 1911
Place of Birth (State or foreign country) Adair Co. Ky.
Residence Address: Street or R. R. 1174 Lincoln City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Carpenter.
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 Humphress.
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Adair Co, Ky.
12. Full maiden name of mother Mattie Mary Cox
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Taylor Co, Ky.

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

Signed Walter Lee Humphress
New Address R2 3x108 Danville Ind.
Subscribed and sworn to before me this 10th day of April, 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.....

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Anna Middle M. Last Shearer
Date of Birth: Month November Day 9 Year 1912
Place of Birth (State or foreign country) Fishers Indiana.
Residence Address: Street or R. R. R2 Bx108 City Danville County Hend. State Ind.
Maiden Name If Different Anna M. Stephenson
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) 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 Earl Stephenson.
   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 Lyda Jane West. (Caldwell)
   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) Hamilton Co, Ind

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

Signed Anna M. Shearer
New Address Same.
Subscribed and sworn to before me this 10th day of April, 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.....

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 14 *day of* April, 19 67, *authorizing the joining together as husband and wife* Walter Lee Humphress *and* Anna M Shearer

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

I, John O. Mc Intyre hereby certify that on the 15th day of April, one thousand nine hundred and 67 at Indianapolis, County of Marion, State of Indiana, Groom Walter Lee Humphress of Hendricks County, State of Indiana, and, Bride Anna M. Shearer of Hendricks County, State of Indiana, were by me united 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 April, 19 67.

Signed John O. Mc Intyre
Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 22nd *day of* April, 19 67.

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. 85

HENDRICKS County

File Book 29

11 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 3 April 1967
Name of Physician Fred F. Boling MD.

**FEMALE**
Medical Examination Report Dated 3 April 1967
Name of Physician Fred F. Boling MD.

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

## MALE APPLICANT

Name: First James Middle C. Last Blanford

Date of Birth: Month July Day 23 Year 1925

Place of Birth (State or foreign country) Louisville, Ky.

Residence Address: Street or R. R. 121 Eastern Ave, City Plainfield, County Hen State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 57 Decatur C. ✝64 Marion.

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

Usual Occupation: Maintenance: Alum Finishing.

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 ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| Roger Lee | 17 | 324 W. 35th Greenburg. |

    (b) Are you supporting or contributing to their 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 Curtis Blanford. Deceased.
    Residence of father (if deceased so state)
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Beardstown, Ky.
12. Full maiden name of mother Alta Mae Adams.
    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) Omaha, Neb.

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

Signed James C. Blanford.

New Address 121 Eastern Ave, Plainfield, Ind.

Subscribed and sworn to before me this 11th day of April, 1967.

John Hamblet 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

## FEMALE APPLICANT

Name: First Vivian Middle Last Denny

Date of Birth: Month August Day 6 Year 1945

Place of Birth (State or foreign country) Iron River, Mich.

Residence Address: Street or R. R. 121 Eastern, City Plainfield, County Hen State Ind.

Maiden Name if Different Vivian Lollirer.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 66 Marion Co.

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

Usual Occupation: Unemployed.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) School Record Carmel & Bap. Record. Catholic Church Indpls.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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 Sanford Lollirer.
   Residence of father (if deceased so state) Indpls, Ind.
   Occupation of father Maintenance: W.L. Holiday Inn Race of father White
   Birthplace of father (State or foreign country) Ky.
8. Full maiden name of mother Inez Mae Kemplen
   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) W.Va.

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

Signed Vivian Denny

New Address Same.

Subscribed and sworn to before me this 11th day of April, 1967.

John Hamblet 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 11th April 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da Waiv.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be 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* April, 1967, *authorizing the joining together as husband and wife* James C. Blanford *and* Vivian Denny

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

I, Joseph A. Peller *hereby certify that on the* 11th *day of* April, *at* Carmel, *County of* Hamilton, *one thousand nine hundred and* 67 *State of Indiana, Groom,* James C. Blanford *of* Hendricks *County, State of* Indiana *and, Bride* Vivian Laverne Denny *of* Hendricks *County, State of* Indiana *were by me united 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* April, 1967.

Signed Joseph A Peller

Official Designation Justice of the Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 18th *day of* April, 1967.

Signed John Hamblet 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. 86
File Book 29
1 T. April 1967
Date of Application

**MALE**
Medical Examination Report Dated 3 April 1967
Name of Physician Elmer L. Koch M.D.

**FEMALE**
Medical Examination Report Dated 3 April 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: First George Middle Russell Last Shillings
Date of Birth: Month November Day 10 Year 1911
Place of Birth (State or foreign country): Cloverdale, Ind.
Residence Address: Street or R. R. R2 City Crawfordsville County Montgomery State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Mechanic : Milligan Bros.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: George Ross Shillings.
    Residence of father (if deceased so state): Cloverdale, Ind.
    Occupation of father: Retired. Race of father: White
    Birthplace of father (State or foreign country): Putnam Co., Ind.
12. Full maiden name of mother: Minta Catherine Hartsaw.
    Residence of mother (if deceased so state): Cloverdale, Ind.
    Occupation of mother: H/W Race of mother: White
    Birthplace of mother (State or foreign country): Putnam Co., Ind.

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

Signed George Russell Shillings
New Address R2 Crawfordsville, Ind.
Subscribed and sworn to before me this 11th day of April, 19 67
John Lambold Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Ola Middle Delpha Last Springer
Date of Birth: Month November Day 16 Year 1907
Place of Birth (State or foreign country): Paoli, Ind.
Residence Address: Street or R. R. R3 Bx 341 City Danville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation: Housework
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   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 A. Springer.
   Residence of father (if deceased so state): R3 Danville, Ind.
   Occupation of father: Retired Race of father: White
   Birthplace of father (State or foreign country): Paoli, Ind.
8. Full maiden name of mother: Ida Arvena Hartsaw
   Residence of mother (if deceased so state): Same.
   Occupation of mother: H/W. Race of mother: White
   Birthplace of mother (State or foreign country): Cloverdale, Ind.

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

Signed Ola Delpha Springer
New Address Same.
Subscribed and sworn to before me this 11th day of April, 19 67
John Lambold Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15th day of April 19 67 authorizing the joining together as husband and wife George Russell Shillings and Ola Delpha Springer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, L. H. Loveland hereby certify that on the 15th day of April, one thousand nine hundred and 67 at Dana, County of Vermillion, State of Indiana, Groom George Russell Shillings of Montgomery County, State of Indiana, and, Bride Ola Delpha Springer of Hendricks County, State of Indiana, were by me united 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 April, 19 67.

Signed L. H. Loveland
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of April, 19 67.
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. 87
File Book K29
12 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 11 April 1967
Name of Physician R.M. Jacobs, M.D.

**FEMALE**
Medical Examination Report Dated 20 March 1967
Name of Physician R.W. Kistley M.D.

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

## MALE APPLICANT

Name: First Chris Middle Alan Last Pitts
Date of Birth: Month November Day 26 Year 1947
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address: Street or R. R. RR1 City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Seaman AR3. USN
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Harold Pitts
    Residence of father (if deceased so state) Danville RI, Ind.
    Occupation of father Mgr. MMM. Race of father white
    Birthplace of father (State or foreign country) Greencastle, Ind.
12. Full maiden name of mother Madonna Lucille Leslie.
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W Race of mother white
    Birthplace of mother (State or foreign country) Putnam Co., Ind.

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

Signed Chris alan Pitts
New Address Fletcher Apron 21, Hawill
Subscribed and sworn to before me this 12th day of April, 1967
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.....

State of Indiana, County of HENDRICKS } ss:
Signed Harold Pitts Father
Signed Madonna L. Pitts Mother
Subscribed and sworn to before me this 12th day of April, 1967
John Lambert Clerk

## FEMALE APPLICANT

Name: First Cheri Middle Pauline Last Clayton
Date of Birth: Month April Day 26 Year 1948
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 54 E. Main St. City Danville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Greenfield. 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Charles Clayton.
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father white
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Bertha Pauline Webb
   Residence of mother (if deceased so state) D'ville, Ind.
   Occupation of mother H/W Race of mother white
   Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Cheri Pauline Clayton
New Address 54 E. Main, D'ville, Ind.
Subscribed and sworn to before me this 12th day of April, 1967
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.....

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 12th April 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. Ida Ward.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** Hendricks Circuit Court

*Be It Remembered*, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 12th day of April, 1967, authorizing the joining together as husband and wife Chris Alan Pitts and Cheri Pauline Clayton

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

I, Rev. Raymond Skelton hereby certify that on the 14th day of April, at Danville, County of Hendricks, one thousand nine hundred and 67 State of Indiana, Groom Chris alan Pitts of Hendricks County, State of Indiana, and, Bride Cheri Pauline Clayton of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 14th day of April, 1967.

Signed Rev. Raymond Skelton
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of April, 1967
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. 88
File B.29
April 12, 1967
Date of Application

**MALE**
Medical Examination Report Dated April 10, 1967
Name of Physician Carl L. Heinlein, M.D.

**FEMALE**
Medical Examination Report Dated April 10, 1967
Name of Physician Carl L. Heinlein, M.D.

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

## MALE APPLICANT

Name: First Charles Middle — Last Heater

Date of Birth: Month May Day 10 Year 1941

Place of Birth (State or foreign country): Ravenswood W. Va.

Residence Address: Street or R. R. 318 Chestnut St. City Gnadenhutten County Tuscarawas State Ohio

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Sp 4 U.S. Army

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Army Entrance Form DD4

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Jonathan Matthew Heater.
Residence of father (if deceased so state) Deceased.
Occupation of father — Race of father White
Birthplace of father (State or foreign country) Ravenswood W. Va.
12. Full maiden name of mother Margaret Mae Knox
Residence of mother (if deceased so state) Deceased.
Occupation of mother — Race of mother White
Birthplace of mother (State or foreign country) Ravenswood, W. Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Charles R. Heater
New Address 127th Rpt Co., Ft Lewis, Wash.
Subscribed and sworn to before me this 12th day of April, 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.....

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

## FEMALE APPLICANT

Name: First Charlotte Middle — Last Merritt

Date of Birth: Month April Day 15 Year 1951

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

Residence Address: Street or R. R. RI Bx18 City Pittsboro County Hen State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Unemployed

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

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Excell Laverne Merritt
Residence of father (if deceased so state) Pittsboro, Ind.
Occupation of father Beltgr. Van Cargo. Race of father White
Birthplace of father (State or foreign country) Lebanon, Ind.
8. Full maiden name of mother Helen Louise Belcher
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) Lebanon, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Charlotte Merritt
New Address RI Bx18 Pittsboro, Ind.
Subscribed and sworn to before me this 12th day of April, 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.....

State of Indiana, County of HENDRICKS } ss:
Signed Excell L. Merritt Father
Signed Helen L. Merritt Mother
Subscribed and sworn to before me this 12th day of April, 1967
John Gambold 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 12 April 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3d Wayne.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be 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 April, 1967, authorizing the joining together as husband and wife Charles Heater and Charlotte Merritt

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

I, Rev. John Dellacca hereby certify that on the 16th day of April, one thousand nine hundred and 67 at Home of Bride, County of Hendricks, State of Indiana, Groom Charles Heater of Ravenswood Va., County, State of West Virginia and, Bride Charlotte Merritt of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this April day of 16, 1967.

Signed Rev John Dellacca
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of April, 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. 89
File Book 29
15 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 15 April 1967
Name of Physician Elmer L. Keeh, M.D.

**FEMALE**
Medical Examination Report Dated 15 April 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: First Donald Middle — Last Walls

Date of Birth: Month June Day 17 Year 1929

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

Residence Address: Street or R. R. RI 3x347 City Danville County Hend, State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Feb 67 Hc. Annulment ☐

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

Usual Occupation Trucker: Dennis.

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 Wilbur Virgil Walls
    Residence of father (if deceased so state) RI Danville, Ind.
    Occupation of father Mechanic: Stanley's Race of father White
    Birthplace of father (State or foreign country) Danville Ind.
12. Full maiden name of mother Lessie Marie Brady
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Danville, Ind.

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

Signed Donald Walls
New Address 426 N. Devon Indpls.
Subscribed and sworn to before me this 15th day of April, 1967
John Hamblen Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Dolly Middle Marie Last Lang

Date of Birth: Month July Day 5 Year 1930

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

Residence Address: Street or R. R. 426 N. Devon City Indpls, County Mar. State Ind.

Maiden Name if Different Dolly Marie Cook

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

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

Usual Occupation Cashier.

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 Hubert D. Cook.
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Macon, Tenn.
8. Full maiden name of mother Cora Belle Barbee
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Macon, Tenn

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

Signed Dolly Marie Lang
New Address Same.
Subscribed and sworn to before me this 15 day of April, 1967
John Hamblen Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19th day of April, 19....., authorizing the joining together as husband and wife Donald Walls and Dolly Marie Lang

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

I, Clarence Hendrickson hereby certify that on the 22 day of April one thousand nine hundred and 67 at Marion, County of Indianapolis State of Indiana, Groom Donald Walls of Hendricks County, State of Indiana and, Bride Dolly Marie Lang 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 22 day of April, 19 67

Signed Clarence Hendrickson
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of April, 19 67.

Signed John Hamblen 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. 90
File Book 29
April 17, 1967
Date of Application

**MALE**
Medical Examination Report Dated April 12, 1967
Name of Physician Elmer L. Koch, M.D.

**FEMALE**
Medical Examination Report Dated April 12, 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: First TERRY Middle H. Last EDICK

Date of Birth: Month MARCH Day 1 Year 1948

Place of Birth (State or foreign country) INDIANAPOLIS, MARION Co, IND.

Residence Address: Street or R. R. 299 City COOK AVE. County DANVILLE, State 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 INSTALLER - MIDAS MUFFLERS

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

☐ Other (Specify).....

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

    Name Age Address

    .....

    .....

    .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father KENNETH GEORGE EDICK
    Residence of father (if deceased so state) P.O. BOX 1, DANVILLE
    Occupation of father PRESSMAN Race of father White
    Birthplace of father (State or foreign country) FAIRFIELD, OHIO
12. Full maiden name of mother FREIDA MILORED ALDRIDGE
    Residence of mother (if deceased so state) 299 COOK AVE. DANVILLE
    Occupation of mother BOOKKEEPER Race of mother White
    Birthplace of mother (State or foreign country) ELDORADO, ILL.

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

Signed Terry H. Edick
w Address S. WAYNE & BROADWAY - DANVILLE
n to before me this 17 day of April, 19 67
Gambrel Jr Clerk HENDRICKS Circuit Court

ENTS, PARENT OR GUARDIAN

this applicant hereby give consent for this marriage. If only one parent

ich render the consent of the other parent unnecessary.....
See attached - parents
divorced, mother has custody

HENDRICKS } ss:

gned.....Father

gned.....Mother

n to before me this.....day of....., 19.....

.....Clerk

## FEMALE APPLICANT

Name: First JEANNINE Middle Last TURNER

Date of Birth: Month AUGUST Day 24 Year 1946

Place of Birth (State or foreign country) NEW CASTLE, HENRY Co., IND.

Residence Address: Street or R. R. 299 City COOK AVE. County DANVILLE, State 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 TRAVIS MONTGOMERY TURNER
   Residence of father (if deceased so state) 3508 LAURISTON DR. NEW CASTLE
   Occupation of father WELDER Race of father White
   Birthplace of father (State or foreign country) EADSVILLE, KY.
8. Full maiden name of mother HARRIETT MADONNA RECTOR
   Residence of mother (if deceased so state) BOX 188, R.I, NO. SALEM
   Occupation of mother UNEMPLOYED Race of mother White
   Birthplace of mother (State or foreign country) MIDDLETOWN, IND

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

Signed Jeannine Turner
New Address same

Subscribed and sworn to before me this 17 day of April, 19 67.
John Gambrel 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

MARRIAGE 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* 20th *day of* April, 19 67, *authorizing the joining together as husband and wife* Terry H. Edick *and* Jeannine Turner
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Frank E. Wynn *hereby certify that on the* 22nd *day of* April,
*one thousand nine hundred and* 67 *at* Danville, *County of* Hendricks,
*State of Indiana, Groom* Terry H. Edick *of* Hendricks *County, State of* Indiana
*and, Bride* Jeannine Turner *of* Hendricks *County, State of* Indiana,
*were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of .....County.*
*Dated this* 22nd *day of* April, 19 67.

*Signed* Frank Wynn
*Official Designation* Justice of Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 25 *day of* October, 19 68.
*Signed* John Gambrel 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. 90
File Book 29
April 17, 1967
Date of Application

**MALE**
Medical Examination Report Dated April 12, 1967
Name of Physician Elmer L. Koch, M. D.

**FEMALE**
Medical Examination Report Dated April 12, 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: First TERRY Middle H. Last EDICK
Date of Birth: Month MARCH Day 1 Year 1948
Place of Birth (State or foreign country) INDIANAPOLIS, MARION Co, IND.
Residence Address: Street or R. R. 299 COOK AVE. City DANVILLE County HEND. State IND.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation INSTALLER - MIDAS MUFFLERS
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father KENNETH GEORGE EDICK
    Residence of father (if deceased so state) P.O. BOX 1, DANVILLE
    Occupation of father PRESSMAN Race of father White
    Birthplace of father (State or foreign country) FAIRFIELD, OHIO
12. Full maiden name of mother FREIDA MILDRED ALDRIDGE
    Residence of mother (if deceased so state) 299 COOK AVE. DANVILLE
    Occupation of mother BOOKKEEPER Race of mother White
    Birthplace of mother (State or foreign country) ELDORADO, ILL.

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

## FEMALE APPLICANT

Name: First JEANNINE Middle Last TURNER
Date of Birth: Month AUGUST Day 24 Year 1946
Place of Birth (State or foreign country) NEW CASTLE, HENRY Co., IND.
Residence Address: Street or R. R. 299 COOK AVE. City DANVILLE County HEND. State IND.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 TRAVIS MONTGOMERY TURNER
   Residence of father (if deceased so state) 3508 LAURISTON DR. NEW CASTLE
   Occupation of father WELDER Race of father White
   Birthplace of father (State or foreign country) EADSVILLE, KY.
8. Full maiden name of mother HARRIETT MADONNA RECTOR
   Residence of mother (if deceased so state) BOX 188, R. I, NO. SALEM
   Occupation of mother UNEMPLOYED Race of mother White
   Birthplace of mother (State or foreign country) MIDDLETOWN, IND

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jeannine Turner
New Address same
Subscribed and sworn to before me this 17 day of April, 19 67.
John Gandrud Jr Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

I, Freida M. Edick, hereby give my consent for my Son, Terry Dawe Edick to marry Jeannine Turner.

Freida M. Edick

Subscribed and sworn to before me this 13th day of April 1967

Martha Louise Huckstep
Notary Public

My Commission expires:
July 18, 1968

**Be It Remembered,** *there was filed in my office a marriage license* ...uit Court *of Indiana dated the* 20th *day of* April, 19 67, *authorizing the joining together as husband and wife* Terry H. Edick *and* Jeannine Turner
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Frank E. Wynn *hereby certify that on the* 22nd *day of* April, *one thousand nine hundred and* 67 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Terry H Edick *of* Hendricks *County, State of* Indiana *and, Bride* Jeannine Turner *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*
*Dated this* 22nd *day of* April, 19 67.

Signed Frank E. Wynn
Official Designation Justice of Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 25 *day of* October, 19 68.
Signed John Gandrud Jr Clerk
Hendricks Circuit Court

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. 91
File Book 29
18 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 18 April 1967
Name of Physician Lloyd Terry, M.D.

**FEMALE**
Medical Examination Report Dated 18 April 1967
Name of Physician Lloyd Terry, 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Allen Middle D Last Keeney
Date of Birth: Month October Day 12 Year 1941
Place of Birth (State or foreign country) Hendricks Co. Ind.
Residence Address: Street or R. R. 425 Walnut St. City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Marine Corps: E5
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Army or Marine 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: Russell Lowell Keeney.
    Residence of father (if deceased so state): Danville, Ind.
    Occupation of father: Upholster. Race of father: white
    Birthplace of father (State or foreign country): Pittsboro, Ind.
12. Full maiden name of mother: Lurane Dever, Leak
    Residence of mother (if deceased so state): Deceased.
    Occupation of mother: — Race of mother: white
    Birthplace of mother (State or foreign country): Lizton, Ind.

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

Signed Allen D. Keeney
New Address Hq Co. 2nd Marine Corps Engr. Sch. Marine Corps Base Camp Lejeune N.C.

Subscribed and sworn to before me this 18th day of April 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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Linda Middle M. Last Neat
Date of Birth: Month May Day 29 Year 1947
Place of Birth (State or foreign country) Columbia Ky.
Residence Address: Street or R. R. RR3 Bx 602B City Brownsburg County Hend. State Ind.
Maiden Name If Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: File clerk, Blue Cross-Shield
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Ky Drivers Permit #1-28941

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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: Tyler Virgle Neat.
   Residence of father (if deceased so state): Columbia Ky.
   Occupation of father: Farmer Race of father: white
   Birthplace of father (State or foreign country): Columbia, Ky.
8. Full maiden name of mother: Susie Dye.
   Residence of mother (if deceased so state): Columbia, Ky.
   Occupation of mother: H/W. Race of mother: white
   Birthplace of mother (State or foreign country): Columbia, Ky.

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

Signed Linda M. Neat
New Address RR3 Bx 602B, Brownsburg

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

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

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 14 April 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da 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 18th day of April, 1967, authorizing the joining together as husband and wife Allen D. Keeney and Linda M. Neat

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 April, one thousand nine hundred and 67, at Danville, County of Hendricks, State of Indiana, Groom Allen D. Keeney of Hendricks County, State of Indiana, and, Bride Linda M. Neat of Hendricks County, State of Indiana, were by me united 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 April, 1967.

Signed Rev. George A Harris
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of April, 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. 92
File Book 29
20 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 12 April 1967
Name of Physician Carl L. Heinlein M.D.

**FEMALE**
Medical Examination Report Dated 12 April 1967
Name of Physician Carl L. Heinlein M.D.

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

## MALE APPLICANT

Name: First James, Middle Carroll, Last Tomlinson

Date of Birth: Month December, Day 5, Year 1940

Place of Birth (State or foreign country): Richmond Va,

Residence Address: Street or R. R. R1, City Roachdale, County Putnam, State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Farm hand: Roachdale Elev.

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

☐ Other (Specify).....

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

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

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

11. Full name of father: Jim Tomlinson
    Residence of father (if deceased so state): deceased.
    Occupation of father: — Race of father: White
    Birthplace of father (State or foreign country): Virginia
12. Full maiden name of mother: Nannie Molly Cloonier Tomlinson
    Residence of mother (if deceased so state): Roachdale, Ind
    Occupation of mother: H/W Race of mother: White
    Birthplace of mother (State or foreign country): Virginia

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

Signed James Carrol Tomlinson
New Address: North Salem, Ind.

Subscribed and sworn to before me this 20th day of April, 19 67
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,
County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Brenda, Middle B., Last Henard

Date of Birth: Month August, Day 24, Year 1948

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

Residence Address: Street or R. R. R1, City North Salem, County Hen., State Ind.

Maiden Name if Different —

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Waitress

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Joseph Gaines Henard.
   Residence of father (if deceased so state): Deceased.
   Occupation of father: — Race of father: White
   Birthplace of father (State or foreign country): Hawkins Co. Tenn.
8. Full maiden name of mother: Ruth Ann Cortney.
   Residence of mother (if deceased so state): N. Salem, Ind.
   Occupation of mother: House Keepr. Race of mother: White
   Birthplace of mother (State or foreign country): Hawkins, Tenn.

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

Signed Brenda B. Henard
New Address: Same.

Subscribed and sworn to before me this 20th day of April, 19 67
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,
County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 24th day of April, 19 67, authorizing the joining together as husband and wife James Carroll Tomlinson and Brenda B. Henard
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank E. Wynn hereby certify that on the 30th day of April, one thousand nine hundred and Sixty Seven at Danville, County of Hendricks, State of Indiana, Groom James Carroll Tomlinson of Putnam County, State of Indiana, and, Bride Brenda B. Henard of Hendricks County, State of Indiana, 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 30th day of April, 19 67.

Signed Frank Wynn
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 25 th day of October, 19 68.
Signed John A 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. 93
File Book 29
22 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 19 April 1967
Name of Physician James Black, M.D.

**FEMALE**
Medical Examination Report Dated 19 April 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: First Randal Middle W. Last Briner
Date of Birth: Month February Day 29 Year 1945
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 721 Lexington, City Indpls, County Marion, State Ind (Eastside)
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 67 Marion.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Vending: Chevrolet.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jarvis William Briner
    Residence of father (if deceased so state) 721 Lex. Indpls. Ind.
    Occupation of father Retired. Race of father White
    Birthplace of father (State or foreign country) Linton, Ind.
12. Full maiden name of mother Hannah Louise Telford.
    Residence of mother (if deceased so state) Indpls, Ind.
    Occupation of mother Social Worker: Indpls Race of mother White
    Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Randal W Briner
New Address 1119 Linden St, Indpls, Ind.
Subscribed and sworn to before me this 22nd day of April, 1967
John Lambrold 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Sandra Middle Sean Last Kaptain
Date of Birth: Month January Day 19 Year 1946
Place of Birth (State or foreign country) Stevens Point, Wis.
Residence Address: Street or R. R. 627 Alpha Ave, City Brownsburg, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Cashier: Topps.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Theodore Edwin Kaptain
   Residence of father (if deceased so state) Indpls, Ind.
   Occupation of father Mgr. Sears. Race of father white
   Birthplace of father (State or foreign country) Chicago, Ill.
8. Full maiden name of mother Florence Elaine Compton
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother —— Race of mother white
   Birthplace of mother (State or foreign country) Grand Rapids, Mich.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sandra Jean Kaptain
New Address Same.
Subscribed and sworn to before me this 22nd day of April, 1967
John Lambrold 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 26 day of April, 1967, authorizing the joining together as husband and wife Randal W. Briner and Sandra Jean Kaptain

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

I, Ashley G. Booth hereby certify that on the 28 day of April, at Indianapolis, County of Marion, one thousand nine hundred and 67 of Marion County, State of Indiana, State of Indiana, Groom Randal W. Briner of Hendricks County, State of Indiana, and, Bride Sandra Jean Kaptain of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 28 day of April, 1967.

Signed Ashley G. Booth
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of May, 1967.

Signed John J. Lambrold 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. 94
File 29
April 22-1967
Date of Application

**MALE**
Medical Examination Report Dated April 18-1967
Name of Physician Otto H Bakemeier, M.D.

**FEMALE**
Medical Examination Report Dated April 18-1967
Name of Physician Otto H Bakemeier M.D.

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

## MALE APPLICANT

Name: First Harry Middle Dennis Last Christensen
Date of Birth: Month 9 Day 4 Year 1945
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 5440 Brendon Park Dr City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Engineering Co-Ordinator
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Alfred Barney Christensen
    Residence of father (if deceased so state) Indianapolis
    Occupation of father Asst Cashier 9th NB Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Evelyn Catherine Stotler
    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,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Harry Dennis Christensen
New Address
Subscribed and sworn to before me this 22 day of April, 19 67
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,
County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

## FEMALE APPLICANT

Name: First Janet Middle Claire Last Stephenson
Date of Birth: Month 10 Day 18 Year 1944
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R1 Box 355 City Danville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Personnel Records Clerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Thomas Stephenson
   Residence of father (if deceased so state) Danville
   Occupation of father Eli Lilly Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Eileen Lucille Wood
   Residence of mother (if deceased so state) Danville
   Occupation of mother Clerk Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Janet Claire Stephenson
New Address 8030 S Madison Ave 47/11
Subscribed and sworn to before me this 22 day of April, 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,
County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the
in 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* 26 *day of* April, 19 67, *authorizing the joining together as husband and wife* Harry Dennis Christensen *and* Janet Claire Stephenson
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* James Lapson Martin *hereby certify that on the* 13th *day of* May, *one thousand nine hundred and* sixty-seven, *at* Tabernacle Presbyterian Church, *County of* Marion, *State of Indiana, Groom* Harry Dennis Christensen *of* Marion *County, State of* Indiana, *and, Bride* Janet Claire Stephenson *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 23rd *day of* April, 19 67.

Signed Rev. James Lapson Martin
Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 16th *day of* May, 19 67.

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. 95
File Book 29
22 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 10 April 1967
Name of Physician Fred P. Warbinton M.D.

**FEMALE**
Medical Examination Report Dated 10 April 1967
Name of Physician Fred P. Warbinton M.D.

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

## MALE APPLICANT

Name: First Glenn; Middle A.; Last Pryor Jr.
Date of Birth: Month November; Day 25; Year 1929
Place of Birth (State or foreign country) Heltonville Ind.
Residence Address: Street or R. R. 147 N. Center; City P'fld; County Hen.; State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hen. 66
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Salesman: Keeble 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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 |
|---|---|---|
| Deborah Lynn | 12 | 708 S. Harding |

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

11. Full name of father Glenn Austin Pryor Sr.
Residence of father (if deceased so state) Bloomington, Ind.
Occupation of father Draftsman. Race of father White
Birthplace of father (State or foreign country) Greene Co., Ind.
12. Full maiden name of mother Oneita Vivian Ayres
Residence of mother (if deceased so state) Bloomington, Ind.
Occupation of mother Receptionist: I.U. Race of mother White
Birthplace of mother (State or foreign country) Heltonville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Glenn A. Pryor, Jr.
New Address 628 Weesner Dr., P'fld
Subscribed and sworn to before me this 22nd day of April, 1967
John Hamblold 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Clara; Middle Jean; Last Carr
Date of Birth: Month August; Day 3; Year 1931
Place of Birth (State or foreign country) Shelby Co., Ind.
Residence Address: Street or R. R. 628 Weesner Dr.; City P'fld; County Hen.; State Ind.
Maiden Name if Different Clara Jean Snepp
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hen. 66
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Steno: PSC 1
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 Ira Brinton Snepp
Residence of father (if deceased so state) 214 Shaw P'fld, Ind.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Shelby Co., Ind.
8. Full maiden name of mother Helen Marie Harrison
Residence of mother (if deceased so state) P'fld, Ind.
Occupation of mother Retired. Race of mother white
Birthplace of mother (State or foreign country) Hendricks Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Clara Jean Carr
New Address Same.
Subscribed and sworn to before me this 22nd day of April, 1967
John Hamblold 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** Hendricks Circuit Court

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 26 day of April, 1967, authorizing the joining together as husband and wife Glenn A. ~~Page~~ Pryor Jr and Clara Jean Carr
Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, Charles E. DeMond hereby certify that on the 29th day of April, one thousand nine hundred and Sixty-seven at Indianapolis, County of Marion, State of Indiana, State of Indiana, Groom Glenn A. Pryor Jr. of Hendricks County, State of Indiana, and, Bride Clara Jean Carr of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 29th day of April, 1967. Signed Charles E. DeMond
Official Designation Minister Chapel Hill Methodist Church
Filed and recorded in accordance with the laws of the State of Indiana this 1st day of May, 1967. Signed John Hamblold 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. 96
File Book 29
22 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 22 April 1967
Name of Physician Thomas M. Walker M.D.

**FEMALE**
Medical Examination Report Dated 22 April 1967
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: First Dwight Middle William Last Hendershot
Date of Birth: Month December Day 14 Year 1940
Place of Birth (State or foreign country) R1 Poland Ind.
Residence Address: Street or R. R. R1 Poland City Owen County Indiana. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student: Sang Tech Inst.
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 Harold Lincoln Hendershot.
    Residence of father (if deceased so state) Poland, Ind.
    Occupation of father Retired. Race of father white
    Birthplace of father (State or foreign country) Owen Co., Ind.
12. Full maiden name of mother Hazel Powell
    Residence of mother (if deceased so state) Poland, Ind.
    Occupation of mother H/W Race of mother white
    Birthplace of mother (State or foreign country) Owen Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Dwight William Hendershot
New Address R18 Bx139 (Lakeside TC) Ind.
Subscribed and sworn to before me this 22nd day of April, 19 67.
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

## FEMALE APPLICANT

Name: First Eldonna Middle Lou Last Coons
Date of Birth: Month June Day 30 Year 1939
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address: Street or R. R. R3 Bx 143 City Brownsburg, Hend, Ind. 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 Comp Opr. Bridgeport Brass.
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 Elvon Joseph Coons.
   Residence of father (if deceased so state) Bibury, Ind.
   Occupation of father Balancing: Prec. Bel. Race of father White
   Birthplace of father (State or foreign country) Crawfordsville, Ind.
8. Full maiden name of mother Esther Laverne Sparks.
   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) Marion Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Eldonna Lou Coons
New Address Same.
Subscribed and sworn to before me this 22nd day of April, 19 67
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 28th day of April, 19 67, authorizing the joining together as husband and wife Dwight William Hendershot and Eldonna Lou Coons
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Eldon J. Coons hereby certify that on the 28th day of April, one thousand nine hundred and sixty-seven at Avon, County of Hendricks, State of Indiana, Groom Dwight W. Hendershot of Hendricks County, State of Indiana, and, Bride Eldonna L. Coons of Hendricks County, State of Indiana, were by me united 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 April, 19 67.

Signed Eldon J. Coons
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of May, 1967.
Signed John Hadnlad 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. 97
File Book 29
24 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 19 April 1967
Name of Physician Ralph B. Vilom MD.

**FEMALE**
Medical Examination Report Dated 19 April 1967
Name of Physician Ralph B. Vilom MD.

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

## MALE APPLICANT

Name: First Michael Middle P. Last Smith
Date of Birth: Month September Day 30 Year 1908
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RR Box 243B City Indpls, Hen. County State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ '34 Marion '58 Marion
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Supervisor: Allison.
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 Michael Stephan Smith
    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 Vetha Belle Hughes.
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Elwood, Ind.

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

Signed Michael P. Smith
New Address R8 Box 243B Indpls, Ind
Subscribed and sworn to before me this 24th day of April, 19 67
John 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.....

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Jessie Middle M. Last Shotts
Date of Birth: Month November Day 23 Year 1916
Place of Birth (State or foreign country) Bellmont Ill.
Residence Address: Street or R. R. 845 E. Elbert City Indpls, County Marion, State Ind
Maiden Name if Different Jessie M. Johnson
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☑ Remarriage Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Nurse Aid: Meth Hosp.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Guy Clayton Johnson.
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Sullivan, Ind.
8. Full maiden name of mother Emma Sloang
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Ill.

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

Signed Jessie M. Shotts
New Address Same.
Subscribed and sworn to before me this 24th day of April, 19 67
John 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.....

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 28th day of April, 19 67, authorizing the joining together as husband and wife Michael D. Smith and Jessie M. Shotts

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

I, The Rev. James P. Fallis hereby certify that on the 28th day of April, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom Michael P Smith of Hendricks County, State of Indiana, and, Bride Jessie M. Shotts of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 28th day of April, 19 67.

Signed James P. Fallis
Official Designation Curate St. Paul's Episcopal Church

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of May, 1967

Signed John Lamb 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. 98
File Book 29
25 April 1967
Date of Application

**MALE**
Medical Examination Report Dated 18 April 1967
Name of Physician James B. Johnson M.D.

**FEMALE**
Medical Examination Report Dated 18 April 1967
Name of Physician James B. Johnson M.D.

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

## MALE APPLICANT

Name: First Charles Middle — Last Jones
Date of Birth: Month June Day 15 Year 1905
Place of Birth (State or foreign country) Logan Co., Ill
Residence Address: Street or R. R. Rt Bx 6 City Coatesville County Hen, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☑ Annulment ☐ 66 Hend.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Custodian. Cascade
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers Licence.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name — Age — Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James Lewis Jones
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Logan Co., Ill.
12. Full maiden name of mother Ida Frances Humphreys
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Vermillion Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Charles Jones
New Address Rt 3 Bx 6 Coatesville, Ind.
Subscribed and sworn to before me this 25th day of April, 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.....

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

## FEMALE APPLICANT

Name: First Leanore Middle — Last Collins
Date of Birth: Month September Day 28 Year 1911
Place of Birth (State or foreign country) Clay Co., Ind.
Residence Address: Street or R. R. 1018 S. Indiana City Greencastle County Putnam State Ind.
Maiden Name if Different Leonare Overstreet
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 Diet Dept. Putnam Co. Hosp.
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 Charles Fremont Overstreet
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Worthington, Ind.
8. Full maiden name of mother Mattie Johnson
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Putnam Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Leonore Collins
New Address Same
Subscribed and sworn to before me this 25th day of April, 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.....

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 29th *day of* April, 19 67, *authorizing the joining together as husband and wife* Charles Jones *and* Leonore Collins
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Stanley D. Nicol *hereby certify that on the* 6th *day of* May, *one thousand nine hundred and* sixty-seven *at* Greencastle, *County of* Putnam, *State of Indiana, Groom* Charles Jones *of* Hendricks *County, State of* Indiana *and, Bride* Leonore Collins *of* Putnam *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 6th *day of* May, 19 67.

*Signed* Stanley D. Nicol
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 8th *day of* May, 19 67.
*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. 99
File Bk. 29
27, April, 1967
Date of Application

**MALE**
Medical Examination Report Dated 4-26-67
Name of Physician R. W. Kirtley

**FEMALE**
Medical Examination Report Dated 4-26-67
Name of Physician R. W. Kirtley

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

## MALE APPLICANT

Name: First William Middle H. Last Clonce
Date of Birth: Month Feb Day 6 Year 1941
Place of Birth (State or foreign country) Russellville, Tennessee
Residence Address: Street or R. R. Box 128 City Clayton County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hend. Co. 1965
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Machinist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) D. D. Card

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clifford I. Clonce
    Residence of father (if deceased so state) Same
    Occupation of father Maintenance Race of father W.
    Birthplace of father (State or foreign country) Tennessee (Moorsburg)
12. Full maiden name of mother Annie L. Bible
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Russellville, Tenn.

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

Signed William H. Clonce
New Address Same →

Subscribed and sworn to before me this 27 day of April, 19 67.
John Stanbold, 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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Connie Middle Jo Last Lovell
Date of Birth: Month Nov. Day 18 Year 1944
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 155 W. Pleasant Run Pkwy City Indpls. County Marion State Ind.
Maiden Name if Different Same
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 Key Punch Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Virgil Norris
   Residence of father (if deceased so state) Deceased
   Occupation of father Judge Race of father W.
   Birthplace of father (State or foreign country) Washington, Ind.
8. Full maiden name of mother Gertrude Pack
   Residence of mother (if deceased so state) Indpls., Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Ky., Brandenburg,

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

Signed Connie Jo Lovell
New Address 122 Iowa St. Clayton, Ind.

Subscribed and sworn to before me this 27 day of April, 1967.
John L. Stanbold, 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, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** Hendricks Circuit Court

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the ..... 19 67, authorizing the joining together as husband and wife of Indiana dated the ..... day of ..... and William H. Clonce ..... Connie Jo Lovell

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

I, Frank H. Johnson hereby certify that on the 1st day of May, at Clayton, County of Hendricks, one thousand nine hundred and 67 State of Indiana, Groom William Hubert Clonce of Hendricks County, State of Indiana, and, Bride Connie Jo Lovell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 1st day of May, 19 67.

Signed Frank H. Johnson
Official Designation Justice of Peace Liberty Trap.

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of May, 19 67.

Signed John Stanbold 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. 100
File Bk 29
April 29, 1967
Date of Application

**MALE**
Medical Examination Report Dated April 21, 1967
Name of Physician James M. McFadden M.D.

**FEMALE**
Medical Examination Report Dated April 21, 1967
Name of Physician James M. McFadden M.D.

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

## MALE APPLICANT

Name: First Roy Middle D. Last Pfeifer
Date of Birth: Month March Day 29 Year 1946
Place of Birth (State or foreign country): Columbus (Bartholomew) Ind.
Residence Address: Street or R. R. R. 3 City Danville County (Hendricks) State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Sample Checker - RCA
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Drivers License

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

    Name | Age | Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Carl Herman Pfeifer
    Residence of father (if deceased so state): R. 3, Danville
    Occupation of father: Retired Race of father: White
    Birthplace of father (State or foreign country): Columbus, Ind.
12. Full maiden name of mother: Lois Irene Long
    Residence of mother (if deceased so state): R. 3, Danville
    Occupation of mother: Secy - Firestone Race of mother: White
    Birthplace of mother (State or foreign country): Roachdale, Ind.

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

Signed Roy D Pfeifer
New Address R. 3 Clayton, Ind.

Subscribed and sworn to before me this 29 day of April, 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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Patricia Middle L. Last Storm
Date of Birth: Month Sept. Day 15 Year 1946
Place of Birth (State or foreign country): Indpls. (Marion) Ind.
Residence Address: Street or R. R. R. 1, Box 279 City Danville County (Hend.) State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Key Punch Operator - Allisons
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: Chester Langdon Storm
   Residence of father (if deceased so state): R. 1, Box 279, Danville
   Occupation of father: Supervisor - Allisons Race of father: White
   Birthplace of father (State or foreign country): Indpls, Ind.
8. Full maiden name of mother: Ida Marie Harding
   Residence of mother (if deceased so state): Same as above
   Occupation of mother: Housewife Race of mother: White
   Birthplace of mother (State or foreign country): Shoals, Ind.

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

Signed Patricia L. Storm
New Address same

Subscribed and sworn to before me this 29 day of April, 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, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 3 day of May, 1967, authorizing the joining together as husband and wife Roy D. Pfeifer and Patricia L. Storm

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

I, Rev. Glenn Clark hereby certify that on the 6th day of May, one thousand nine hundred and sixty-seven at Danville, County of Hendricks, State of Indiana, Groom Roy D. Pfeifer of Hendricks County, State of Indiana, and, Bride Patricia L. Storm of Hendricks County, State of Indiana, were by me united 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 May, 1967.

Signed Rev. Glenn Clark
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of May, 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. 101
File Bk 29
April 29, 1967
Date of Application

**MALE**
Medical Examination Report Dated April 26, 1967
Name of Physician J. Van Fleet, M.D.

**FEMALE**
Medical Examination Report Dated April 26, 1967
Name of Physician J. Van Fleet, M.D.

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

## MALE APPLICANT

Name: First James Middle M. Last Flynn
Date of Birth: Month Nov. Day 10 Year 1942
Place of Birth (State or foreign country) Vigo County Ind
Residence Address: Street or R. R. 410 S. Carr City Plainfield County (Hend) State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1966 Vigo Co.
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Salesman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

| Name | Age | Address |
|---|---|---|
| Sherri M. Flynn | 4 | St. Louis, Mo. |

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father James M. Flynn
    Residence of father (if deceased so state) Indpls. Ind
    Occupation of father Sales Race of father White
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Dora I. Lee
    Residence of mother (if deceased so state) Indpls. Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Jasper, Ind.

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

Signed James M. Flynn
New Address 5802 N. 38th - Indpls.
Subscribed and sworn to before me this 29 day of April, 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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Gretchen Middle E. Last Calbert
Date of Birth: Month Oct. Day 6 Year 1942
Place of Birth (State or foreign country) Indpls. (Marion) Ind.
Residence Address: Street or R. R. 410 S. Carr City Plainfield County (Hend) State 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 Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Roland G. Calbert
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Accountant Race of father White
   Birthplace of father (State or foreign country) Plainfield, Ind.
8. Full maiden name of mother Clara M. Hancock
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Accountant Race of mother White
   Birthplace of mother (State or foreign country) Marion, Ind.

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

Signed Gretchen E. Calbert
New Address same
Subscribed and sworn to before me this 29 day of April, 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, County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 3 day of May, 1967, authorizing the joining together as husband and wife James M. Flynn and Gretchen E. Calbert

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

I, Donald F. McMahan hereby certify that on the 5th day of May, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom James M. Flynn of Marion County, State of Indiana, and, Bride Gretchen E. Calbert of Hendricks County, State of Indiana, were by me united 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 May, 1967. Signed Donald F. McMahan
Official Designation Methodist Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of May, 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. 102
File Book 29
1 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 24 April 1967
Name of Physician C. M. Donahue M.D.

**FEMALE**
Medical Examination Report Dated 24 April 1967
Name of Physician C. M. Donahue M.D.

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

## MALE APPLICANT

Name: First James Middle R. Last Johnson

Date of Birth: Month December Day 29 Year 1927

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

Residence Address: Street or R. R. R19 Box 275 City Indpls. County Hamilton State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Hamilton Cd Annulment ☐

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

Usual Occupation Farmer. Self.

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

☐ Other (Specify)

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

| Name | Age | Address |
|---|---|---|
| Sean Lynn | 15 | RB Indpls. |
| John L. | 13 | |
| Sane Linda | 10 | |

    (b) Are you supporting or contributing to their 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 Lemuel Johnson
    Residence of father (if deceased so state) Ft. Wayne, Ind.
    Occupation of father Meth. Minista. Race of father white
    Birthplace of father (State or foreign country) Glasgow, Ky.
12. Full maiden name of mother Clara Ione Reid
    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) Rockville, Ind.

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

Signed James R Johnson
New Address R2 Bx 330 Indpls, Ind.

Subscribed and sworn to before me this 1st day of May, 1967.
John Dambold Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First June Middle Arlene Last Wood

Date of Birth: Month June Day 9 Year 1931

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

Residence Address: Street or R. R. R2 Box 330 City Indpls. County Hen. State Ind.

Maiden Name if Different June Arlene Rothrock

Previous 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: PSCI (retired)

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 Roy R. Rothrock.
   Residence of father (if deceased so state) Mooresville, Ind.
   Occupation of father Sales: John Deere Race of father White
   Birthplace of father (State or foreign country) Centerton, Ind.
8. Full maiden name of mother Wilma Ann Scott
   Residence of mother (if deceased so state) Mooresville, Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) West Newton, Ind.

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

Signed June Arlene Wood
New Address Same.

Subscribed and sworn to before me this 1st day of May, 1967
John Dambold Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 5 *day of* May, 19 67, *authorizing the joining together as husband and wife* James R. Johnson *and* June Arlene Wood
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
I, J. Lemuel Johnson *hereby certify that on the* 5th *day of* May, *one thousand nine hundred and* sixty-seven *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* James R. Johnson *of* Hamilton *County, State of* Indiana *and, Bride* June Arlene Wood *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 5th *day of* May, 19 67.

Signed J. Lemuel Johnson
Official Designation Clergyman

*Filed and recorded in accordance with the laws of the State of Indiana this* 8th *day of* May, 19 67.

Signed John Dambold, 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. 103

File Book 29

May 2-1967
Date of Application

**MALE**
Medical Examination Report Dated 4-27-67
Name of Physician Lloyd Terry MD.

**FEMALE**
Medical Examination Report Dated 4-27-67
Name of Physician Lloyd A 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: First Daniel Middle W Last Boles

Date of Birth: Month 7 Day 21 Year 1947 ✓

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

Residence Address: Street or R. R. Rt 1 Box 219 City Danville County State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Laborer for Town of Danville

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Divers 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 Arlee Boles
    Residence of father (if deceased so state) Danville
    Occupation of father Laborer Town of Danville Race of father W
    Birthplace of father (State or foreign country) Tenn.
12. Full maiden name of mother Lela Mae Burchett
    Residence of mother (if deceased so state) Deceased
    Occupation of mother ..... Race of mother W
    Birthplace of mother (State or foreign country) Tenn

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

Signed Daniel W. Boles

New Address .....

Subscribed and sworn to before me this 2 day of May, 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, County of HENDRICKS } ss:

Signed Arlee Boles Father

Signed ..... Mother

Subscribed and sworn to before me this 2 day of May, 1967.

John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Buna Middle mae Last Baker

Date of Birth: Month 5 Day 11 Year 1930 ✓

Place of Birth (State or foreign country) Bloomington Tenn.

Residence Address: Street or R. R. 1541 Spruce City Indianapolis County State Ind.

Maiden Name if Different Buna mae Brown

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 Factory worker

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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 Brown
   Residence of father (if deceased so state) Tenn.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Tenn.
8. Full maiden name of mother Marcilla Smith
   Residence of mother (if deceased so state) Tenn.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Tenn.

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

Signed Buna Mae Baker

New Address .....

Subscribed and sworn to before me this 2 day of May, 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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued by Judge and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties. 3 day waived

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** Hendricks Circuit Court

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2 day of May, 1967, authorizing the joining together as husband and wife Daniel W. Boles and Buna mae Baker

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

I, Frank H. Johnson hereby certify that on the 5 day of May, County of Hendricks, at Belleville, County, State of Indiana one thousand nine hundred and sixty seven of Hendricks County, State of Indiana, State of Indiana, Groom Daniel W. Boles of Marion County, State of Indiana, and, Bride Buna Mae Baker were by me united 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 May, 1967. Signed Frank H. Johnson

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of May, 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. 104
File Book 29
5 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 27 April 1967
Name of Physician M.O. Scamahorn MD

**FEMALE**
Medical Examination Report Dated 27 April 1967
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: First Vaughn Middle V. Last Belt
Date of Birth: Month December Day 16 Year 1910
Place of Birth (State or foreign country): Boone Co, Perry Twp, Ind.
Residence Address: Street or R. R. RR 3 Bx 177 City Lebanon (Fayette) County State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Mechanic. Slagle Imp Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers Licence.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Joe Ephram Belt.
    Residence of father (if deceased so state): Fayette, Ind.
    Occupation of father: Retired. Race of father: white
    Birthplace of father (State or foreign country): Maryland, Ind.
12. Full maiden name of mother: Maude Elizabeth Neal
    Residence of mother (if deceased so state): Deceased.
    Occupation of mother: — Race of mother: White
    Birthplace of mother (State or foreign country): Boone Co., Ind.

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

Signed Vaughn V. Belt
New Address RR 3 Bx 177 Lebanon Ind.

Subscribed and sworn to before me this 5th day of May, 19 67
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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Marian Middle — Last Penrose
Date of Birth: Month May Day 4 Year 1906
Place of Birth (State or foreign country): Hendricks Co, D'ville Ind.
Residence Address: Street or R. R. 406 E Main Bldg, City Hav, County State Ind.
Maiden Name If Different: Marion Smith
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Housework.
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: George Preston Smith
   Residence of father (if deceased so state): Deceased
   Occupation of father: — Race of father: white
   Birthplace of father (State or foreign country): Carroll Co, Va.
8. Full maiden name of mother: Dora Viola Weddle
   Residence of mother (if deceased so state): Deceased.
   Occupation of mother: — Race of mother: white
   Birthplace of mother (State or foreign country): Carroll Co., Va

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

Signed Marian Penrose
New Address Same.

Subscribed and sworn to before me this 5th day of May, 19 67
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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 5 May 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. Ida 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* 5th *day of* May, 19 67 *authorizing the joining together as husband and wife* Vaughn V. Belt *and* Marian Penrose

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

I, Mary Louise Crawley hereby certify that on the 5th day of May, one thousand nine hundred and sixty-seven at Plainfield, Indiana, County of Hendricks, State of Indiana, Groom Vaughn V. Belt of Boone County, State of Indiana and, Bride Marian Penrose of Hendricks County, State of Indiana, were by me united 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 May, 19 67.

Signed Mary Louise Crawley
Official Designation Justice of Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 8th *day of* May, 19 67.

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. 105
File Book 29
6 May 1967 Date of Application

**MALE**
Medical Examination Report Dated 1 May 1967
Name of Physician Irving Cohen M.D.

**FEMALE**
Medical Examination Report Dated 1 May 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: First Paul Middle T. Last Garner
Date of Birth: Month January Day 13 Year 1919
Place of Birth (State or foreign country): Jamestown, Ky.
Residence Address: Street or R. R. 2912 Brookside Pkwy N. Dr. City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion: 66450
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Sheet Metal: LeTorneau-West.
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 |
|---|---|---|
| Joe T. | 8 | unknown |
| (Mothers whereabouts unknown) | | |

Atty: Raymond Hoffman & Gordon Davis

    (b) Are you supporting or contributing to their support? Yes ☐ No ☑
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☑ } See Last marginal note pg.

11. Full name of father: Benjamin Harrison Garner.
    Residence of father (if deceased so state): Indpls, Ind.
    Occupation of father: Retired Race of father: White
    Birthplace of father (State or foreign country): Jamestown, Ky.
12. Full maiden name of mother: Ethel Gross.
    Residence of mother (if deceased so state): Deceased.
    Occupation of mother: Race of mother: White
    Birthplace of mother (State or foreign country): Jamestown, Ind.

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

Signed Paul T Garner
New Address R1 Bx 97 Plainfield, Ind.
Subscribed and sworn to before me this 6th day of May, 1967
John Gambold Clerk HENDRICKS Circuit Court

5/15/67 Court finds and rules Circuit Court issue. Richard J. Greco, Judge Hendricks Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

## FEMALE APPLICANT

Name: First Rose Middle T. Last Smith
Date of Birth: Month September Day 17 Year 1926
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: Street or R. R. R1 Bx 97 City Plainfield County Hen, Ind. State
Maiden Name if Different: Rose T. Grady 839-3924
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Acct. clerk: Ind Bell.
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 John Grady.
   Residence of father (if deceased so state): Deceased.
   Occupation of father: — Race of father: White
   Birthplace of father (State or foreign country): Indpls, Ind.
8. Full maiden name of mother: Catherine Gertrude Scanlan
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rose T. Smith
New Address Same.
Subscribed and sworn to before me this 6th day of May, 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.....

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13th day of May, 1967, authorizing the joining together as husband and wife Paul T. Garner and Rose T. Smith

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

I, Warren A. Robbins hereby certify that on the 19th day of May, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Paul T. Garner of Marion County, State of Indiana, and, Bride Rose T. 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 19th day of May, 1967. Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of May, 1967. John Gambold, 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. 106
File Book 29
6 May 1967
Date of Application

**MALE**
Medical Examination Report Dated May 6, 1967
Name of Physician E. Cohen, M. D.

**FEMALE**
Medical Examination Report Dated May 6, 1967
Name of Physician E. 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: First Chauncey Middle Rains Last Musgrave
Date of Birth: Month April Day 27 Year 1944
Place of Birth (State or foreign country) Robinson Ill.
Residence Address: Street or R. R. 309 N. Duffy City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation E-5. US Army
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 John Everett Musgrave.
    Residence of father (if deceased so state) Pfld, Ind.
    Occupation of father Supt. Ref. Transport Race of father white
    Birthplace of father (State or foreign country) Hutsonville, Ill.
12. Full maiden name of mother Martha Melissa Rains
    Residence of mother (if deceased so state) Pfld. Ind.
    Occupation of mother H/W Race of mother white
    Birthplace of mother (State or foreign country) Hutsonville, Ind.

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

Signed Chauncey Rains Musgrave
New Address USA Inmar Sch. Ft Knox. Ky.
Subscribed and sworn to before me this 6th day of May, 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.....

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Mary Middle Lucille Last Ross
Date of Birth: Month November Day 13 Year 1944
Place of Birth (State or foreign country) Evansville Ind.
Residence Address: Street or R. R. 511 Marten City Pfld County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation School Teacher. Warren Twp. M.C.
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 Frank Arthur Ross.
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Supt Sch. Pfld. Race of father White
   Birthplace of father (State or foreign country) Quincy, Ind.
8. Full maiden name of mother Catherine Lucille Pylman
   Residence of mother (if deceased so state) Pfld, Ind.
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Brownstown, Ind.

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

Signed Mary Lucille Ross
New Address 511 Marten Pfld. Ind.
Subscribed and sworn to before me this 6th day of May, 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.....

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 11 *day of* May, 19 67, *authorizing the joining together as husband and wife* Chauncey Rains Musgrave *and* Mary Lucille Ross
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
I, Donald F. McMahan *hereby certify that on the* 13th *day of* May, *one thousand nine hundred and* sixty-seven *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Chauncey Rains Musgrave *of* Hendricks *County, State of* Indiana *and, Bride* Mary Lucille Ross *of* Hendricks *County, State of* Indiana, *were by me united 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* May, 19 67.

Signed Donald F. McMahan
Official Designation Methodist Clergy

*Filed and recorded in accordance with the laws of the State of Indiana this* 18th *day of* May, 19 67.
Signed John L 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. 107

HENDRICKS County

File Book 29

9 May 1967 Date of Application

**MALE**
Medical Examination Report Dated 5 May 1967
Name of Physician Harry M. Sanders M.D.

**FEMALE**
Medical Examination Report Dated 5 May 1967
Name of Physician Harry M. Sanders M.D.

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

## MALE APPLICANT

Name: First Franklin Middle Delano Last Lane

Date of Birth: Month November Day 29 Year 1934

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

Residence Address: Street or R. R. R2 Bx 85 City Plainfield County Hendricks State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion May 66

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

Usual Occupation Plumber: R.T. Moore.

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

☐ Other (Specify)

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

| Name | Age | Address |
|---|---|---|
| Frank Dennis | 12 | 1518 E 86th 102 |
| Michele Roxanne | 10 | |
| Tina Kathlene | 9 | |
| Richard Darrell | 7 | |
| Erin Marie | 4 | Indpls. |
| Margaret Yvonne | 2½ | |

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Nick Lane
    Residence of father (if deceased so state) Deceased.
    Occupation of father —— Race of father White
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Angelina Villa
    Residence of mother (if deceased so state) Indpls., Ind.
    Occupation of mother Retired. Race of mother White
    Birthplace of mother (State or foreign country) Columbus, Ind.

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

Signed Franklin Delano Lane

New Address Hamilton Co., Ind.

Subscribed and sworn to before me this 9th day of May, 1967

John Landolf Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

## FEMALE APPLICANT

Name: First Linda Middle Sue Last Foote

Date of Birth: Month December Day 29, Year 1938

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

Residence Address: Street or R. R. 6851 City Marmont Ct. County Indps Marion State Ind.

Maiden Name if Different Linda Sue Pollard.

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

Last Marriage Ended By: (same person) Death ☐ Divorce ☑ Marion 62 ✓66 Annulment ☐

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

Usual Occupation School Cafe: Wash Twp. MC.

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 Roland Pollard.
   Residence of father (if deceased so state) Indpls, Ind.
   Occupation of father Eli Lilly: Treas. Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Ethel Mae Summers.
   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) Ladoga, Ind.

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

Signed Linda Sue Foote

New Address Same.

Subscribed and sworn to before me this 9th day of May, 1967

John Landolf Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13 day of May, 19 67, authorizing the joining together as husband and wife Franklin Delano Lane and Linda Sue Foote

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

I, Rev. E. E. Knopfmeier hereby certify that on the 2nd day of June, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Franklin Delano Lane of Hendricks County, State of Indiana, and, Bride Linda Sue Foote 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 2nd day of June, 19 67.

Signed Rev. E. E. Knopfmeier

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of June, 19 67.

Signed John Landolf, Jr. Clerk

Hendricks Circuit Court

456

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 108
File 29
May 12 - 1967
Date of Application

**MALE**
Medical Examination Report Dated May 10 - 1967
Name of Physician G. N. Scudder M.D.

**FEMALE**
Medical Examination Report Dated May 10 - 1967
Name of Physician G. N. Scudder M.D.

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

## MALE APPLICANT

Name: First Raymond Middle F Last Klar
Date of Birth: Month May Day 11 Year 1921 ✓
Place of Birth (State or foreign country): Elsina Illinois
Residence Address: Street or R. R. R R 2 City Plainfield County State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages Once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operator's

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 |
|---|---|---|
| none | | |

    (b) Are you supporting or contributing to their 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 Klar Sr
    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 Sarah Ellen Kirby
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Illinois

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

Signed X Raymond F Klar
New Address

Subscribed and sworn to before me this 12 day of May, 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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Mary Middle M Last Oldham
Date of Birth: Month Aug Day 3 Year 1937 ✓
Place of Birth (State or foreign country) Owens Co. Ind.
Residence Address: Street or R. R. R 2 City Plainfield County State Ind.
Maiden Name if Different Mary M. Hubbard
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 Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed X Mary M. Oldham
New Address
Subscribed and sworn to before me this 12 day of May, 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, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, *there was filed in my office a marriage license issued by the clerk of the* Hend. *Circuit Court of Indiana dated the* 16 *day of* May, 19 67, *authorizing the joining together as husband and wife* Raymond F Klar *and* Mary M Oldham

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

I, Teal O'Neil Younce *hereby certify that on the* 16th *day of* May, *one thousand nine hundred and* sixty-seven *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Raymond F. Klar *of* Hendricks *County, State of* Indiana *and, Bride* Mary M. Oldham *of* Hendricks *County, State of* Indiana, *were by me united 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* May, 19 67.

Signed Teal O. Younce
Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 18th *day of* May, 19 67.

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. 109
File Book 29
12 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 1 May 1967
Name of Physician Elmer L. Koch M.D.

**FEMALE**
Medical Examination Report Dated 1 May 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: First Larry Middle LeRoy Last Pope
Date of Birth: Month January Day 13 Year 1941
Place of Birth (State or foreign country): Muncie Indiana.
Residence Address: Street or R. R. 136 Scearce St. City Danville County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Bartholomew. '63
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Meat cutter. Danville W'sale Mrkt.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

| Name | Age | Address |
|---|---|---|
| Tammy Jo | 6 | R2 Columbus, Ind. |

*Mother remarried: law adopted.
(b) Are you supporting or contributing to their support? Yes ☐ No ☑ Part 60. 1966
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Emil LeRoy Pope
    Residence of father (if deceased so state): Edinburg, Ind.
    Occupation of father: Plant Supt. Ames Plastics Race of father: White
    Birthplace of father (State or foreign country): Hope, Ind.
12. Full maiden name of mother: Nettie Laurie Bridle
    Residence of mother (if deceased so state): Edinburg, Ind.
    Occupation of mother: H/W. Race of mother: White
    Birthplace of mother (State or foreign country): Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Larry LeRoy Pope
New Address 136 Scearce St., D'ville,
Subscribed and sworn to before me this 12th day of May, 1967
John Caudill 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, County of HENDRICKS } ss:
Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Sally Middle B. Last Streeval
Date of Birth: Month April Day 4 Year 1944
Place of Birth (State or foreign country): Edinburg Ind.
Residence Address: Street or R. R. R2 City Edinburg County Bartholomew State Ind.
Maiden Name if Different: Sally Belle Barker.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Johnson '66
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: Arthur Lee Barker.
   Residence of father (if deceased so state): Deceased.
   Occupation of father: — Race of father: White
   Birthplace of father (State or foreign country): W. Virginia.
8. Full maiden name of mother: Ollie Mae Burton (Burton)
   Residence of mother (if deceased so state): Edinburg, Ind.
   Occupation of mother: Nurse Asst. Masonic Hm. Race of mother: White
   Birthplace of mother (State or foreign country): Columbia, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sally B. Streeval
New Address Same.
Subscribed and sworn to before me this 12th day of May, 1967
John Caudill 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, County of HENDRICKS } ss:
Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

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

### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 16 day of May, 1967, authorizing the joining together as husband and wife Larry LeRoy Pope and Sally B. Streeval
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, .....hereby certify that on the.....day of....., at....., County of....., one thousand nine hundred and.....of.....County, State of....., State of Indiana, Groom.....of.....County, State of....., 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.....
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. 110
File Book 29
13 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 6 May 1967
Name of Physician John Ellett Jr MD

**FEMALE**
Medical Examination Report Dated 1 May 1967
Name of Physician John Ellett Jr MD

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

## MALE APPLICANT

Name: First Ronald Middle Harry Last Thornburgh
Date of Birth: Month May Day 12 Year 1943
Place of Birth (State or foreign country) Richmond Ind Jane.
Residence Address: Street or R. R. 68 Port Sylvia Dr. Apt D, City Indpls, County Marion, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ '64 Marion Co. Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Cat. Designer. Bal/Kamp Inc.
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 Kenneth Carrachi (son Thornburgh)
    Residence of father (if deceased so state) Richmond, Ind.
    Occupation of father Foreman. Perfect Circle. Race of father White
    Birthplace of father (State or foreign country) Hagerstown, Ind.
12. Full maiden name of mother Eula Wilma Eugenty
    Residence of mother (if deceased so state) Richmond, Ind.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Louisville, Ky.

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

Signed Ronald Harry Thornburgh
New Address 68 Port Sylvia Dr. Apt D, Indpls.
Subscribed and sworn to before me this 13th day of May, 19 67
John Tamblyn Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Ruth Middle Ann Last Bombei
Date of Birth: Month December Day 14 Year 1943
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RR 2 Danville, City Danville, County Hend, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Key Punch : Allison.
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 Henry Bombei
   Residence of father (if deceased so state) RR 2 Danville, Ind
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Rose Lavada Calbert
   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) Plainfield, Ind.

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

Signed Ruth Ann Bombei
New Address Same.
Subscribed and sworn to before me this 13th day of May, 19 67
John Tamblyn Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 17th day of May, 19 67, authorizing the joining together as husband and wife Ronald Harry Thornburgh and Ruth Ann Bombei
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wallace Jeffs hereby certify that on the 20th day of May, one thousand nine hundred and sixty-seven at Ana, County of Hendricks, State of Indiana, Groom Ronald H. Thornburgh of Marion County, State of Indiana and, Bride Ruth A. Bombei of Hendricks County, State of Indiana, were by me united 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 May, 19 67.

Signed Wallace Jeffs
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of May, 19 67.
Signed John Tamblyn 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. 111
File Book 29
13 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 7 May 1967
Name of Physician Lloyd Terry M.D

**FEMALE**
Medical Examination Report Dated 7 May 1967
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 Jack Middle Last Relf
Date of Birth: Month June Day 23 Year 1932
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 504 W. Clinton City Danville County Hend State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion: 62465 Vinton Iowa 61
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Salesman: Clerk Brass $ Coppers.
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 George Henry Relf.
    Residence of father (if deceased so state) Vinton, Iowa
    Occupation of father Retired. Race of father white
    Birthplace of father (State or foreign country) Fargo, N. Dak.
12. Full maiden name of mother Mary Teeters.
    Residence of mother (if deceased so state) Vinton, Iowa.
    Occupation of mother Nurse Aid: Vinton Hosp. Race of mother white
    Birthplace of mother (State or foreign country) Gallapolis, Ohio.

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

Signed Jack Relf
New Address 2209 Tamarack Ln, Indpls Ind 46
Subscribed and sworn to before me this 13th day of May, 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.....

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Jonell Middle Marie Last Bedwell
Date of Birth: Month March Day 22 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R2 Box 87 City Danville County Hend State Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Legal Secy: Kitselyer, etc.
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 Russell Bedwell
   Residence of father (if deceased so state) Danville, Ind.
   Occupation of father Assembler: Bryant Race of father White
   Birthplace of father (State or foreign country) Sullivan Co. Ind.
8. Full maiden name of mother Raynelle Irene Brinkman.
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother Sales: Ayres. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Jonell Marie Bedwell
New Address Same.
Subscribed and sworn to before me this 13th day of May, 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.....

State of Indiana, County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 17 *day of* May, 19 67, *authorizing the joining together as husband and wife* Jack Relf *and* Jonell Marie Bedwell
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* James Trousdale *hereby certify that on the* 4th *day of* June, *one thousand nine hundred and* sixty-seven *at* New Winchester, *County of* Hendricks, *State of Indiana, Groom* Jack Relf *of* Hendricks *County, State of* Indiana, *and, Bride* Jonell Marie Bedwell *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 4th *day of* June, 19 67.

*Signed* James O Trousdale
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 9th *day of* June, 19 67.

*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. 112
File Bk. 29
May 13, 1967
Date of Application

**MALE**
Medical Examination Report Dated 5-11-67
Name of Physician James Black, M.D.

**FEMALE**
Medical Examination Report Dated 5-11-67
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: First Edward Middle L. Last Merritt Jr.
Date of Birth: Month December Day 10 Year 1942
Place of Birth (State or foreign country) Greencastle, Indiana.
Residence Address: Street or R. R. 602 W. Main City Danville County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Morgan 64
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Carpenter: W.J. Boege
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 |
|---|---|---|
| Sherrie Ann | 5 | 3912 Wade St., Indpls |
| June Elizabeth | 6 | |

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Edward Lorel Merritt, Sr.
    Residence of father (if deceased so state) Danville, Ind.
    Occupation of father Mech: Rodney Race of father White
    Birthplace of father (State or foreign country) Hendricks Co., Ind.
12. Full maiden name of mother Mary Marine Shoemaker
    Residence of mother (if deceased so state) D'ville, Ind
    Occupation of mother Secy: Dr. Eitner Race of mother White
    Birthplace of mother (State or foreign country) Putnam Co., Ind.

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

Signed Edward L. Merritt Jr.
New Address 640 Dayton St., Indpls.
Subscribed and sworn to before me this 13th day of May, 1967.
John Sandwell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Alice Middle L. Last Wright
Date of Birth: Month April Day 29 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 343½ W. Main City Danville County Hen. State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Clerk: AF&B.
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 Chalmers Wright Jr.
   Residence of father (if deceased so state) Atlanta, Ga.
   Occupation of father Mechanic. Race of father White
   Birthplace of father (State or foreign country) Hendricks Co., Ind.
8. Full maiden name of mother Naomi Ruth Williams.
   Residence of mother (if deceased so state) R2 Box 346 Danville, Ind.
   Occupation of mother Cook: HCH Race of mother White
   Birthplace of mother (State or foreign country) Hamblen Co., Tenn.

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

Signed Alice L. Wright
New Address Same.
Subscribed and sworn to before me this 13th day of May, 1967.
John Sandwell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 17th day of May, 1967, authorizing the joining together as husband and wife Edward L. Merritt, Jr. and Alice L. Wright
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ray Sandersville hereby certify that on the 26th day of May, one thousand nine hundred and Sixty-seven at Avon Methodist Church, County of Hendricks, State of Indiana, Groom Edward L. Merritt Jr. of Hendricks County, State of Indiana, and, Bride Alice L. Wright of Hendricks County, State of Indiana, were by me united 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 May, 19 67.

Signed Ray Sandersville
Official Designation Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of June, 19 67.

Signed John Sandwell, 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. 113
File Book 29
15 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 10 May 1967
Name of Physician Robt M. Maurer M.D.

**FEMALE**
Medical Examination Report Dated 10 May 1967
Name of Physician Robt M. Maurer M.D.

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

## MALE APPLICANT

Name: First Robert Middle Lester Last Officer
Date of Birth: Month July Day 25 Year 1946
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. RR1 Bx 214 City Danville County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Appr Electrician: Titian.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Joseph Edward Officer
    Residence of father (if deceased so state) RR1 Bx 214 Danville
    Occupation of father Elect. Titan. Race of father White
    Birthplace of father (State or foreign country) Sasanville, Ind.
12. Full maiden name of mother Geneva Merium Campbell.
    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) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Robert Lester Officer
New Address 192 W. Broadway Apt 1, Div.
Subscribed and sworn to before me this 15th day of May, 19 67
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:
Signed Joseph E. Officer Father
Signed Geneva Merium Officer Mother
Subscribed and sworn to before me this 15th day of May, 1967
John Lambdin Clerk

## FEMALE APPLICANT

Name: First Deborah Middle Louise Last Angleton
Date of Birth: Month November Day 30 Year 1947
Place of Birth (State or foreign country) Brazil, Indiana.
Residence Address: Street or R. R. RR 5 City Brazil County Clay State Indiana.
Maiden Name If Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Beautician: Mildred Corbin
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 Joe Angleton
   Residence of father (if deceased so state) RR 5 Brazil, Ind.
   Occupation of father Electrician: Anaconda father White
   Birthplace of father (State or foreign country) Electrician: Brazil, Ind
8. Full maiden name of mother Emma Louise Schlatter
   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) Brazil, Ind.

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Deborah Louise Angleton
New Address Same.
Subscribed and sworn to before me this 15th day of May, 1967
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 10th day of May, 19 67, authorizing the joining together as husband and wife Robert Lester Officer and Deborah Louise Angleton

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

I, D. C. Stiege hereby certify that on the 3rd day of June, one thousand nine hundred and sixty-seven at Brazil, County of Clay, State of Indiana, Groom Robert Lester Officer of Hendricks County, State of Indiana, and, Bride Deborah Louise Angleton of Clay County, State of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 3rd day of June, 19 67. Signed D C Stiege
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of June, 19 67. Clerk
Signed John Lambdin, Jr. Circuit Court
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. 114
File Book 29
May 15, 1967
Date of Application

**MALE**
Medical Examination Report Dated May 2, 1967
Name of Physician Ronald K. Thompson, M.D.

**FEMALE**
Medical Examination Report Dated May 8, 1967
Name of Physician F. P. Harbinson, M.D.

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

## MALE APPLICANT

Name: First Charles Middle W. Last Perkins
Date of Birth: Month January Day 13 Year 1907
Place of Birth (State or foreign country) Daviess Co. Barr Twp. Ind.
Residence Address: Street or R. R. 1901 Marks Ave. City Akron County Summitt State Ohio
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Retired: Goodyear.
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 William Thomas Perkins. Deceased.
    Residence of father (if deceased so state)
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Daviess Co. Ind.
12. Full maiden name of mother Elizabeth Catherine Lents Deceased.
    Residence of mother (if deceased so state)
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Martin Co. Ind.

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

Signed Charles W Perkins
New Address 1901 Marks Ave. Akron Ohio.
Subscribed and sworn to before me this 15th day of May, 19 67
John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Ruth Middle Etta Last Delaney
Date of Birth: Month September Day 7 Year 1910
Place of Birth (State or foreign country) Daviess Co., Barr Twp., Ind.
Residence Address: Street or R. R. 1007 Walton Dr. City Plainfield County Hen. State Ind.
Maiden Name if Different Ruth Etta Morgan
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation 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 Calloway C Morgan. Deceased.
   Residence of father (if deceased so state)
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Calloway Co. Mo.
8. Full maiden name of mother Stella McCrackan. Deceased.
   Residence of mother (if deceased so state)
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Daviess Co, Ind.

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

Signed Ruth Etta Delaney
New Address Same
Subscribed and sworn to before me this 15th day of May, 19 67
John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 19 *day of* May *19* 67, *authorizing the joining together as husband and wife* Charles W. Perkins *and* Ruth Etta Delaney
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Corley Bowman *hereby certify that on the* 19 *day of* May, *one thousand nine hundred and* sixty-seven *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Charles W Perkins *of* Summitt *County, State of* Ohio *and, Bride* Ruth Etta Delaney *of* Hendricks *County, State of* Indiana, *were by me united 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* May, *19* 67.

Signed Corley Bowman
Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 22 *day of* May, *19* 67.

Signed John Lankford, 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. 115
File Book 29
16 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 15 May 1967
Name of Physician Thomas Walker M.D.

**FEMALE**
Medical Examination Report Dated 15 May 1967
Name of Physician Thomas Walker M.D.

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

## MALE APPLICANT

Name: First Paul Middle C. Last Jordan
Date of Birth: Month September Day 14 Year 1911
Place of Birth (State or foreign country) Westville, Ill.
Residence Address: Street or R. R. 405 Murphy Ln., City Brownsburg County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☑ Annulment ☐ Marion '50
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Diesel Engr. N.Y.C.
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 |
|---|---|---|
| Pat Swan | Second marr. | |

    (b) Are you supporting or contributing to their 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 Chester Jordan.
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Indianola, Ill.
12. Full maiden name of mother Orpha Ethel Shute
    Residence of mother (if deceased so state) Kingman, Ind.
    Occupation of mother Retired. Race of mother White
    Birthplace of mother (State or foreign country) Fountain Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Paul C Jordan
New Address 511 S. Green St, Brbg.
Subscribed and sworn to before me this 16th day of May, 1967
John Swanson Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

## FEMALE APPLICANT

Name: First Dorothy Middle M. Last Manis
Date of Birth: Month April Day 19 Year 1923
Place of Birth (State or foreign country) Kentland, Indiana.
Residence Address: Street or R.R. 415 William Dr, City Brownsburg County Hen. State Ind.
Maiden Name if Different Dorothy M. Lawson
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 53 Marion, 66 Hen.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk-Typist: St. Bd. Health.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers Lic. Emp.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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 Melvin Lawson.
   Residence of father (if deceased so state) Clinton, Ind.
   Occupation of father Retired. Race of father White
   Birthplace of father (State or foreign country) Knightsville, Ind.
8. Full maiden name of mother Mary Hannah Jones
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Clinton, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Dorothy M Manis
New Address Same.
Subscribed and sworn to before me this 16th day of May, 1967
John Swanson Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 20th day of May, 19 67, authorizing the joining together as husband and wife and Paul C. Jordan and Dorothy M. Manis

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

I, Rev. S. S. Knopfmeier hereby certify that on the 1st day of June, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Paul C. Jordan of Hendricks County, State of Indiana, and, Bride Dorothy M. Manis of Hendricks County, State of Indiana, were by me united 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 June, 19 67. Signed Rev. S. S. Knopfmeier
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of June, 19 67. Signed John W Penfield, 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. 116
File Book 29
16 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 13 May 1967
Name of Physician M.O. Scamahorn M.D.

**FEMALE**
Medical Examination Report Dated 13 May 1967
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: First Jack Middle H. Last Rardin

Date of Birth: Month May Day 29 Year 1943

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

Residence Address: Street or R. R. 30 Rebecca Dr. City Indpls. County Marion State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Airman 3rd. USAF.

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

☐ Other (Specify).....

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Austin Havens Rardin.
    Residence of father (if deceased so state) Indpls, Ind.
    Occupation of father Purchaser: Allsa. Race of father White
    Birthplace of father (State or foreign country) Rushville, Ind.
12. Full maiden name of mother Zelma Ruth Dolan
    Residence of mother (if deceased so state) Indpls, Ind.
    Occupation of mother Teacher: Gordon City. Race of mother White
    Birthplace of mother (State or foreign country) Marion, Ind.

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

Signed Jack H. Rardin
New Address 409 E. Lockwood, Rantoul, Ill.

Subscribed and sworn to before me this 16th day of May, 1967.
John Tandy Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Nancy Middle J. Last Halsey

Date of Birth: Month September Day 2 Year 1939

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

Residence Address: Street or R. R. RR1 Bx 91 City Brownsburg, Hen, Ind. 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 Stend.

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 Jones Anderson Halsey.
   Residence of father (if deceased so state) B'burg, Ind.
   Occupation of father Machinist. Allsa Race of father White
   Birthplace of father (State or foreign country) Grant, Virginia
8. Full maiden name of mother Naomi Malveen Waltz
   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) New Ross, Ind.

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

Signed Nancy J Halsey
New Address Same.

Subscribed and sworn to before me this 16th day of May, 1967
John Tandy Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 16 May 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. Ila Waltz.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be 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* May, 19 67, *authorizing the joining together as husband and wife* Jack H. Rardin *and* Nancy J. Halsey

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

*I,* Reverend Donald Tyler *hereby certify that on the* 20th *day of* May, *one thousand nine hundred and* sixty-seven *at* Bethesda Baptist Church, *County of* Hendricks, *State of Indiana, Groom* Jack H. Rardin *of* Brownsburg, Indiana *County, State of* Indiana *and, Bride* Nancy J. Halsey *of* Hendricks *County, State of* Indiana, *were by me united 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* May, 19 67.

Signed Rev. Donald Tyler
Official Designation Baptist Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 31st *day of* May, 19 67.

Signed John T. Arnold, 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. 117
File Book 29
16 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 8 May 1967
Name of Physician Irving Cohen M.D.

**FEMALE**
Medical Examination Report Dated 8 May 1967
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: First Ervin Middle R. Last Simpson
Date of Birth: Month June Day 21 Year 1942
Place of Birth (State or foreign country) Fairfield Wayne Co. Ill.
Residence Address: Street or R. R. R3 City Martinsville County Morgan State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver. McClain.
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 Orlando Bernard Simpson.
    Residence of father (if deceased so state) Fairfield, Ill.
    Occupation of father Trucker. self. Race of father White
    Birthplace of father (State or foreign country) Fairfield, Ill.
12. Full maiden name of mother Ruth Louise Carder
    Residence of mother (if deceased so state) Fairfield, Ill
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Fairfield, Ill.

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

Signed Ervin R Simpson
New Address R3 Martinsville, Ind.

Subscribed and sworn to before me this 16th day of May, 19 67
John Hamblet Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Nancy Middle E. Last Lowe
Date of Birth: Month March Day 19, Year 1944
Place of Birth (State or foreign country) Southport, Indiana
Residence Address: Street or R. R. R1 City Mooresville County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Sales lady.
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 Lowe
   Residence of father (if deceased so state) Silver City N.M.
   Occupation of father Retired. Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Mabel Genevieve Rike Reed
   Residence of mother (if deceased so state) R1 Mooresville, Ind
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Nancy E. Lowe
New Address Same.

Subscribed and sworn to before me this 16th day of May, 19 67
John Hamblet Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 20 *day of* May, 19 67, *authorizing the joining together as husband and wife* Ervin R Simpson *and* Nancy E Lowe

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

*I,* Paul Taylor *hereby certify that on the* 21st *day of* May, *one thousand nine hundred and* sixty-seven *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Ervin R. Simpson *of* Morgan *County, State of* Indiana, *and, Bride* Nancy E. Lowe *of* Hendricks *County, State of* Indiana, *were by me united 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* May, 19 67. *Signed* Paul Taylor
*Official Designation* Minister Methodist Church

*Filed and recorded in accordance with the laws of the State of Indiana this* 29th *day of* May, 19 67. *Signed* John Hamblet, 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. 118
File Book 29
17 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 16 May 1967
Name of Physician James Black M.D.

**FEMALE**
Medical Examination Report Dated 16 May 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: First James Middle Tyrrell Last Burress
Date of Birth: Month April Day 2 Year 1936
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 3744 Manor Ct. City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion '65
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Systems Dev. Supr. Buehler Corp
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 |
|---|---|---|
| Douglas Jay | 9 | 3907 N. Emerson Indpls |
| Steven Kenneth | 2 | |
| Linda Maureen | 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 Arthur Kenneth Burress.
    Residence of father (if deceased so state) Deceased
    Occupation of father —— Race of father White
    Birthplace of father (State or foreign country) Ragelsville, Ind.
12. Full maiden name of mother Marguerite Pierzol
    Residence of mother (if deceased so state) Indpls, Ind.
    Occupation of mother Opr. Ind Bell Race of mother whit
    Birthplace of mother (State or foreign country) Ida Grove, Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed James Tyrrell Burress
New Address 3744 Manor Ct., Indpls, Ind.
Subscribed and sworn to before me this 17th day of May, 1967.
John Landwehr Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

## FEMALE APPLICANT

Name: First Shirley Middle Suzann Last Moore
Date of Birth: Month April Day 19 Year 1945
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RI Bx 13A City Lizton County Hend. State Ind.
Maiden Name if Different Shirley S. Ray
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 66 Hend.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Cashier, Live Ins Co. Va
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 Russell Harold Ray.
   Residence of father (if deceased so state) R1 Box 13A Lizton, Ind.
   Occupation of father Invok Dr. Comm Rep. Race of father White
   Birthplace of father (State or foreign country) Canton, Ind.
8. Full maiden name of mother Elnore Anna Sanger.
   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) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Shirley Suzann Moore
New Address Same.
Subscribed and sworn to before me this 17th day of May, 1967.
John Landwehr Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 22nd *day of* May, 1967, *authorizing the joining together as husband and wife* James Tyrrell Burress *and* Shirley Suzann Moore.

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

I, William Lipp hereby certify that on the 2nd day of June, one thousand nine hundred and Sixty-seven at Indianapolis, Indiana, County of Marion, State of Indiana, Groom James Tyrrell Burress of Marion County, State of Indiana, and, Bride Shirley Suzann Moore of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 2nd day of June, 1967.

Signed William O. Lipp
Official Designation Ordained Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1967.

Signed John Landwehr, 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. 119
File 29
May 20 - 1967
Date of Application

**MALE**
Medical Examination Report Dated 5-12-67
Name of Physician Laurence Allen MD

**FEMALE**
Medical Examination Report Dated 5-12-67
Name of Physician Laurence Allen MD.

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

## MALE APPLICANT

Name: First Dennis Middle Allen Last Smith
Date of Birth: Month May Day 20 Year 1949
Place of Birth (State or foreign country): Kokomo Ind.
Residence Address: Street or R. R. 6 Greenacre Dr City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: B & M Heating & Cooling
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 Luther Smith
    Residence of father (if deceased so state) Brownsburg
    Occupation of father Ins Agent Race of father
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Rebecca Ann Woodard
    Residence of mother (if deceased so state) Brownsburg
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Dennis Allen Smith
New Address
Subscribed and sworn to before me this 20 day of May, 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
Consent of mother Waived by the Court

State of Indiana, County of HENDRICKS } ss:
Signed Luther Smith Father
Signed Mother
Subscribed and sworn to before me this 20 day of May, 1967.
John Gambold, Jr Clerk

## FEMALE APPLICANT

Name: First Karen Middle J Last Kershaw
Date of Birth: Month Dec Day 4 Year 1949
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. 130 Greenacre Drive City Brownsburg County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: none
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 Louis Kershaw
   Residence of father (if deceased so state) Brownsburg
   Occupation of father Chemical operator Race of father W
   Birthplace of father (State or foreign country) Utah
8. Full maiden name of mother Dorthea Allene Lingeman
   Residence of mother (if deceased so state) Brownsburg
   Occupation of mother Clerk-typist Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Karen J. Kershaw
New Address
Subscribed and sworn to before me this 20 day of May, 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
Consent of mother Waived by the Court

State of Indiana, County of HENDRICKS } ss:
Signed Louis A Kershaw Father
Signed Mother
Subscribed and sworn to before me this 20 day of May, 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 Judge Richard J Groover and filed Hendricks County Circuit Court by written order issued 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 2nd day of June, 1967, authorizing the joining together as husband and wife Dennis Allen Smith and Karen J. Kershaw
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, The Rev Keith L Kenney hereby certify that on the 21st day of May, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Dennis Allen of Hendricks County, State of Indiana, and, Bride Karen J. Kershaw of Hendricks County, State of Indiana, were by me united 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 May, 1967.
Signed Keith L. Kinney
Official Designation Pastor - Messiah Lutheran Church Brownsburg
Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of June, 1967.
Signed John L 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. 120
File Book 29
May 20, 1967
Date of Application

**MALE**
Medical Examination Report Dated May 10, 1967
Name of Physician J. C. Kerlin, M. D.

**FEMALE**
Medical Examination Report Dated May 10, 1967
Name of Physician J. 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: First Steven Middle J. Last Berry
Date of Birth: Month May Day 8 Year 1942
Place of Birth (State or foreign country): Washington (Daviess Co) Ind
Residence Address: 2514½ Street or R. R. Prospect City Indpls County (Marion) State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Billing Clerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Reserve 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: Ray A. Berry
    Residence of father (if deceased so state): R. 2 Washington, Ind
    Occupation of father: Carman Race of father: White
    Birthplace of father (State or foreign country): Washington, Ind
12. Full maiden name of mother: Reby Mae Sharp
    Residence of mother (if deceased so state): R. 2 Washington, Ind
    Occupation of mother: Housewife Race of mother: White
    Birthplace of mother (State or foreign country): Bicknell, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Steven J Berry
New Address.....
Subscribed and sworn to before me this 20 day of May, 19 6.
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Ruth Middle Mc Ferron Last
Date of Birth: Month June Day 1 Year 1949
Place of Birth (State or foreign country): Rock Castle County, Ky.
Residence Address: R. 1 Street or R. R. Box 302 City Hend. Co. Danville County State
Maiden Name if Different: Ruth Mc Ferron
Previous 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: Fred A. Mc Ferron
   Residence of father (if deceased so state): R. 1, Box 302, Danville
   Occupation of father: Construction Race of father: White
   Birthplace of father (State or foreign country): Rock Castle Co, Ky.
8. Full maiden name of mother: Zora B. Payne
   Residence of mother (if deceased so state): same
   Occupation of mother: Sizer at Steel Plant Race of mother: White
   Birthplace of mother (State or foreign country): Rock Castle, Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ruth Mc Ferron
New Address 2514½ Prospect - Indpls
Subscribed and sworn to before me this 20 day of May, 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, County of HENDRICKS } ss:
Signed Fred Mc Ferron Father
Signed Zora Mc Ferron Mother
Subscribed and sworn to before me this 20 day of May, 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.....Court by written order issued....., 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* May, 19 67, *authorizing the joining together as husband and wife* Steven J. Berry *and* Ruth Mc Ferron
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Bige Carnahon *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* sixty-seven *at* Bloy Church of God, *County of* Johnson, *State of Indiana, Groom* Steven J. Berry *of* Marion *County, State of* Indiana, *and, Bride* Ruth Mc Ferron *of* Hendricks *County, State of* Indiana, *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* June, 19 67.

*Signed* Bige Carnahon
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 12th *day of* June, 19 67
*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. 121
File Book 29
22 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 17 May 1967
Name of Physician D.D. Cheesman MD

**FEMALE**
Medical Examination Report Dated 17 May 1967
Name of Physician D.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: First Ronald Middle R. Last Hutchinson
Date of Birth: Month July Day 12 Year 1943
Place of Birth (State or foreign country) Charleston, Ill.
Residence Address: Street or R. R. 217 S. Washington City Danville County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Trouble Shooter: 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? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Ross Hutchinson
    Residence of father (if deceased so state) RR3 B#49A Danville Ind.
    Occupation of father RR. N/C. Race of father White
    Birthplace of father (State or foreign country) Charleston Ill.
12. Full maiden name of mother Billie Jean Ferris
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Charleston, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ronald R. Hutchinson
New Address 875 W Clinton, D'ville, Ind
Subscribed and sworn to before me this 22nd day of May 1967
John Ramsdell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

## FEMALE APPLICANT

Name: First Charlene Middle K. Last Clark.
Date of Birth: Month December Day 19 Year 1948
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 875 W. Clinton City Danville County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Waitress: C&E Drugs Avon.
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 Russell S. Clark.
   Residence of father (if deceased so state) Washington, Ind.
   Occupation of father Unknown. Race of father White
   Birthplace of father (State or foreign country) Bloomfield, Ind.
8. Full maiden name of mother Marjorie Lourle Hess Ames.
   Residence of mother (if deceased so state) RR2 Box 181K Plfld.
   Occupation of mother Domestic. Race of mother White
   Birthplace of mother (State or foreign country) Plainfield, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Charlene K. Clark
New Address Same.
Subscribed and sworn to before me this 22nd day of May, 1967
John Ramsdell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 26th day of May 19 67, authorizing the joining together as husband and wife Ronald R. Hutchinson and Charlene K. Clark

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

I, Ted O Younce hereby certify that on the 2nd day of June, one thousand nine hundred and sixty-seven at Iron Christian Church, County of Hendricks, State of Indiana, Groom Ronald R. Hutchinson of Hendricks County, State of Indiana, and, Bride Charlene Clark of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 2nd day of June, 19 67. Signed Ted O Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of June, 19 67. Signed John Ramsdell, 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. 122
File Book K29
23 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 22 May 1967
Name of Physician V. Shorster, M.D.

**FEMALE**
Medical Examination Report Dated 22 May 1967
Name of Physician V. Shorster M.D.

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

## MALE APPLICANT

Name: First Richard Middle C. Last Westerfield
Date of Birth: Month January Day 22 Year 1923
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R1 Bx 151 City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 58 Johnson, 60 Marion.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Truck Driver. Transport Motor Exp
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 Cleady Westerfield
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Danville, Ind.
12. Full maiden name of mother Ruby Dell Wilson
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Spencer, Ind.

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

Signed Richard C Westerfield
New Address R1 Bx 151 Danville, Ind.
Subscribed and sworn to before me this 23rd day of May, 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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Norma Middle J. Last Thompson
Date of Birth: Month August Day 16 Year 1926
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 1335 S. Biltmore City Indpls. County Marion State Ind
Maiden Name If Different Norma J. Whitlow
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 59 Marion.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Solder. Nolan Smyser,
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 William Shafter Whitlow.
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Ky.
8. Full maiden name of mother Stella Ixene Middleton
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Norma J Thompson
New Address Same
Subscribed and sworn to before me this 23rd day of May, 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, County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 27 day of May, 1967, authorizing the joining together as husband and wife Richard C. Westerfield and Norma J. Thompson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank E. Wynn hereby certify that on the 27th day of May, one thousand nine hundred and 67 at Danville, County of Hendricks, State of Indiana, Groom Richard C. Westerfield of Hendricks County, State of Indiana and, Bride Norma J. Thompson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.
Dated this 27th day of May, 19 67.

Signed Frank E. Wynn
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of October, 1968.
Signed John A 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. 123
File Book 29
23 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 24 May 1967
Name of Physician R.W. Kortley M.D.

**FEMALE**
Medical Examination Report Dated 24 May 1967
Name of Physician R.W. Kortley M.D.

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

## MALE APPLICANT

Name: First Arthur Middle L. Last Thomas
Date of Birth: Month January Day 8 Year 1946
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RI Box 67 City North Salem County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Farmer.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William Ellis Thomas
    Residence of father (if deceased so state) N. Salem Ind.
    Occupation of father Farmer. Race of father White
    Birthplace of father (State or foreign country) Big Stone Zionsville Ind. OK.
12. Full maiden name of mother Ruth Anna Smiley
    Residence of mother (if deceased so state) N. Salem, Ind.
    Occupation of mother Groc clerk: Smiths Race of mother White
    Birthplace of mother (State or foreign country) Whitestown, Ind.

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

Signed Arthur L. Thomas
New Address RI Box 67 N. Salem, Ind.
Subscribed and sworn to before me this 23rd day of May, 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.....
.....
.....

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

## FEMALE APPLICANT

Name: First Joyce Middle K. Last Frazier
Date of Birth: Month February Day 26 Year 1946
Place of Birth (State or foreign country) Lebanon Indiana.
Residence Address: Street or R. R. RI New Ross, Hend. City County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secy: King School Equip.
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 Abner Frazier.
   Residence of father (if deceased so state) New Ross, Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Big Stone Gap Va.
8. Full maiden name of mother Opal Irene Stewart.
   Residence of mother (if deceased so state) New Ross, Ind
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) N. Salem, Ind.

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

Signed Joyce Kay Frazier
New Address Same.
Subscribed and sworn to before me this 23rd day of May, 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.....
.....
.....
.....

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

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

### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 27 day of May, 19 67, authorizing the joining together as husband and wife Arthur L. Thomas and Joyce K. Frazier.

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

I, Reverend Orcas Hoskins hereby certify that on the 28th day of May, at New Ross, County of Hendricks, one thousand nine hundred and Sixty-seven, State of Indiana, Groom Arthur L. Thomas of Hendricks County, State of Indiana, and, Bride Joyce K. Frazier of Hendricks County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 28th day of May, 19 67. Signed Orcas Hoskins
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of June, 19 67. 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. 124
File Book 29
27 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 16 May 1967
Name of Physician James Black MD

**FEMALE**
Medical Examination Report Dated 16 May 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Howard Middle M Last Adkins
Date of Birth: Month June Day 2 Year 1928
Place of Birth (State or foreign country) Somerset, Ky.
Residence Address: Street or R. R. 2845 Elwren Dr. Apt D, City Indpls, County Marion, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion 66
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Machine Setter: Western Elect
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 Melvin A. Adkins.
    Residence of father (if deceased so state) Deceased.
    Occupation of father ——— Race of father White
    Birthplace of father (State or foreign country) Somerset Ky.
12. Full maiden name of mother Pearl May Randall
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother ——— Race of mother White
    Birthplace of mother (State or foreign country) Somerset. Ky.

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

Signed Howard M. Adkins
New Address 313 N. Grant, B'burg, Ind
Subscribed and sworn to before me this 27th day of May, 1967.
John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Frances Middle J. Last Adkins
Date of Birth: Month October Day 28 Year 1929
Place of Birth (State or foreign country) Somerset Ky.
Residence Address: Street or R. R. 313 N. Green City B'burg County Hen. State Ind.
Maiden Name if Different Frances J. Stogsdill
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Remarriage Marion
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Acct. clerk: Ind. Bell.
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 Neil Stogsdill
   Residence of father (if deceased so state) Shoprville, Ky.
   Occupation of father former Race of father white
   Birthplace of father (State or foreign country) Shoprville Ky.
8. Full maiden name of mother Alma Lura Estep
   Residence of mother (if deceased so state) Shoprville, Ky.
   Occupation of mother H/W Race of mother white
   Birthplace of mother (State or foreign country) Shoprville, Ky.

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

Signed Frances J. Adkins
New Address Same.
Subscribed and sworn to before me this 27th day of May, 1967.
John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 31st *day of* May, 1967, *authorizing the joining together as husband and wife* Howard M. Adkins *and* Frances J. Adkins

*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*

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 125
File Book 29
27 May 1967
Date of Application

**MALE**
Medical Examination Report Dated May 24, 1967
Name of Physician John P. Calhoon, M.D.

**FEMALE**
Medical Examination Report Dated May 24, 1967
Name of Physician John P. Calhoon

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Bobbie Middle A. Last Mayfield
Date of Birth: Month Dec. Day 7 Year 1928
Place of Birth (State or foreign country) Sullivan Co. Indiana
Residence Address: Street or R. R. P.O. Box 101, City Clayton, County Hend., State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ May 1967 Clay Co. Ind.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Iron Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

| Name | Age | Address |
|---|---|---|
| Debra R. Mayfield | 17 | Sullivan, Ind. |
| Larry " | 15 | " " |
| Peggy " | 14 | " " |

    (b) Are you supporting or contributing to their 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 J. Mayfield
    Residence of father (if deceased so state) Shelburn, Ind.
    Occupation of father Self employed Farming Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Gladys V. Stanifer
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Bobbie A. Mayfield
New Address P.O. Box 101, Clayton, Ind.
Subscribed and sworn to before me this 27 day of May, 19 67
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, County of HENDRICKS } ss:
.....Father
Signed.....Mother
Signed.....
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Juanita Middle M. Last Ward
Date of Birth: Month Aug. Day 16 Year 1939
Place of Birth (State or foreign country) Rockdale, Ind.
Residence Address: Street or R. R. R.R. #1, Box 161 City Clayton, County Hend. State Ind.
Maiden Name if Different Hall
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Wm. Hall
   Residence of father (if deceased so state) RR#1, Clayton, Ind.
   Occupation of father Farming Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lavina Mae Morgan
   Residence of mother (if deceased so state) Same
   Occupation of mother Waitress & Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Juanita M. Ward
New Address Same
Subscribed and sworn to before me this 27 day of May, 19 67
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 31 day of May 19 67, authorizing the joining together as husband and wife Bobbie A. Mayfield and Juanita M. Ward
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank H. Johnson hereby certify that on the 3rd day of June, at Belleville, County of Hendricks, one thousand nine hundred and sixty-seven
State of Indiana, Groom Bobbie A. Mayfield of Hendricks County, State of Indiana,
and, Bride Juanita M. Ward of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 3rd day of June, 19 67. Signed Frank H. Johnson
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 19 67. John Lambold, Jr. Clerk
Signed 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. 126
File Book 29
27 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 16 May 1967
Name of Physician L.E. Foltz M.D

**FEMALE**
Medical Examination Report Dated 16 May 67
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: First Randey Middle Wayne Last Faulkner
Date of Birth: Month February Day 14 Year 1949
Place of Birth (State or foreign country) Mare Island Calif.
Residence Address: Street or R. R. 343 N. Green St. City Brbury County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Office: Buyer chef.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wilbur Hazel Faulkner.
    Residence of father (if deceased so state) Indpls, Ind.
    Occupation of father Mgr. Saunders Rest. Race of father white
    Birthplace of father (State or foreign country) Columbus, Ind.
12. Full maiden name of mother Joan Green Kiste.
    Residence of mother (if deceased so state) San Altos, Calif.
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Randey Wayne Faulkner
New Address 58 Port Sylvania Dr. Indpls, Ind
Subscribed and sworn to before me this 27th day of May, 1967
John Landolf Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Paternal grandmother gives consent as gdn. Given Sup. Ct. Marion Co. Apr 18, 1951 Cause B-80853

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed Jessie Hardisty Gdn. Mother
Subscribed and sworn to before me this 27th day of May, 1967
John Landolf Clerk

## FEMALE APPLICANT

Name: First Sandra Middle Lee Last Graham
Date of Birth: Month October Day 15 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 4520 Arcadia Sty City Indpls County Marion State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secy: Lilly Ind. Coating.
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 D. Graham
   Residence of father (if deceased so state) Indpls, Ind.
   Occupation of father Mechanic. Race of father White
   Birthplace of father (State or foreign country) Franklin, Ind.
8. Full maiden name of mother Shirley Jean Walker.
   Residence of mother (if deceased so state) Indpls, Ind.
   Occupation of mother Secy. Nat Guard Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Sandra Lee Graham
New Address San.
Subscribed and sworn to before me this 27th day of May, 1967
John Landolf Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Sandra was legally born Stivers and adopted Marion Co. BK 6 ? 249 1956

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 31 day of May, 1967, authorizing the joining together as husband and wife Randey Wayne Faulkner and Sandra Lee Graham
Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, Rev. L.E. Knopfmeier hereby certify that on the 3rd day of June, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Randey Wayne Faulkner of Hendricks County, State of Indiana, and, Bride Sandra Lee Graham of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 3rd day of June, 1967.

Signed Rev. L.E. Knopfmeier
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1967.
Signed John D. Landolf, Junior Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 127
File Book 29
27 May 1967 Date of Application

**MALE**
Medical Examination Report Dated 17 May 1967
Name of Physician E.J. Price Sr. M.D.

**FEMALE**
Medical Examination Report Dated 26 May 1967
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 Michael Middle James Last Burch
Date of Birth: Month May Day 31 Year 1947
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address: Street or R. R. Rt 3 City Amo County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cr. Sign Painter.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Army I.D.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? 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 Hubert Allen Burch
    Residence of father (if deceased so state) Amo, Ind.
    Occupation of father Construction. Race of father White
    Birthplace of father (State or foreign country) Amo, Ind.
12. Full maiden name of mother Delores Clere Snyder.
    Residence of mother (if deceased so state) Amo, Ind.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Madison, Ind.

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

Signed Michael James Burch
New Address 910 Cimmaron, Colorado Springs. Colo.

Subscribed and sworn to before me this 27th day of May, 1967
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:
Signed Hubert A. Burch Father
Signed Doloris Clere Burch Mother
Subscribed and sworn to before me this 27th day of May, 1967
John Lambdin Clerk

## FEMALE APPLICANT

Name: First Susan Middle Jean Last Gibbs
Date of Birth: Month December Day 27 Year 1947
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. Rt 3 x 265 City Plainfield County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Clerk-Typist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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 Elvin Eugene Gibbs.
   Residence of father (if deceased so state) Plfld, Ind.
   Occupation of father Mgr. Hdwe store. Race of father white
   Birthplace of father (State or foreign country) Plainfield, Ind.
8. Full maiden name of mother Katherine Laurabgle Smith
   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) Clayton, Ind.

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

Signed Susan Jean Gibbs
New Address Same.

Subscribed and sworn to before me this 27th day of May, 1967
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 31 day of May 1967, authorizing the joining together as husband and wife Michael James Burch and Susan Jean Gibbs

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

I, Paul Taylor hereby certify that on the 4th day of June, one thousand nine hundred and sixty-seven at Clayton, County of Hendricks, State of Indiana, Groom Michael James Burch of Hendricks County, State of Indiana, and, Bride Susan Jean Gibbs of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 4th day of June, 1967. Signed Paul Taylor
Official Designation Minister Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of June, 1967. Signed John J. Lambdin, 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. 128
File Book K29
27 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 20 May 1967
Name of Physician James E. Moneyhun M.D.

**FEMALE**
Medical Examination Report Dated 13 May 1967
Name of Physician F.M. Cooper M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Keith Middle E. Last Merrill
Date of Birth: Month January Day 22, Year 1943
Place of Birth (State or foreign country) Connersville, Ind.
Residence Address: Street or R. R. 112 Unadachto Dr. City Pendleton County Madison State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Engineer. Guide Lamp.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Silas Edward Merrill.
    Residence of father (if deceased so state) 828 College S. Bend Ind.
    Occupation of father Accountant. Roth-Wirth. Race of father White
    Birthplace of father (State or foreign country) Connersville, Ind.
12. Full maiden name of mother Ruth Alice Preght.
    Residence of mother (if deceased so state) S. Bend, Ind.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Brookville, Ind.

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

Signed Keith E. Merrill
New Address 112 Unadachto Dr., Pendleton
Subscribed and sworn to before me this 27th day of May, 19 67
John Sandhoff Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Claudia Middle D. Last Truax
Date of Birth: Month September Day 21 Year 1944
Place of Birth (State or foreign country) Quantico, Va.
Residence Address: Street or R. R. 1555 Harding Ct. City Pfld. County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Grad Student. Purdue.
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 Kenneth Eugene Truax.
   Residence of father (if deceased so state) Pfld, Ind.
   Occupation of father Agr. Dir. Ameche Race of father White
   Birthplace of father (State or foreign country) Monrovia, Ind.
8. Full maiden name of mother Mabel Pauline VanGundy.
   Residence of mother (if deceased so state) Pfld, Ind.
   Occupation of mother Teacher. Monrovia Hts. Race of mother White
   Birthplace of mother (State or foreign country) Cloverdale, Ind.

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

Signed Claudia D. Truax
New Address Same.
Subscribed and sworn to before me this 27th day of May, 19 67
John Sandhoff Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 31st *day of* May, 1967, *authorizing the joining together as husband and wife* Keith E Merrill *and* Claudia D Truax
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Donald F. McMahan *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* sixty-seven *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Keith E. Merrill *of* Madison *County, State of* Indiana *and, Bride* Claudia D. Truax *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 67.

*Signed* Donald McMahan
*Official Designation* Methodist Clergy Plainfield Methodist Church

*Filed and recorded in accordance with the laws of the State of Indiana this* 5th *day of* June, 1967
*Signed* John Sandhoff, 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. 129
File Bk. 29
27 May 67
Date of Application

**MALE**
Medical Examination Report Dated May 10, 1967
Name of Physician James. Black, M.D.

**FEMALE**
Medical Examination Report Dated May 10, 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: First Nile Middle R. Last Herrin
Date of Birth: Month June Day 12 Year 1918
Place of Birth (State or foreign country) Edwards Co. Ill.
Residence Address: Street or R. R. RR 3 Box 54, City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Crawford Co. Ill may 67
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Pipefitter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers Licence

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

| Name | Age | Address |
|---|---|---|
| Richard Wayne | 17 — | 606 N. Lincoln Robinson 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? (No Support Order Made) Yes ☐ No ☑

11. Full name of father Henry Norton Herrin
    Residence of father (if deceased so state) Deceased.
    Occupation of father ____ Race of father ____
    Birthplace of father (State or foreign country) Edwards Co., ILL.
12. Full maiden name of mother Ada Rikens
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother ____ Race of mother ____
    Birthplace of mother (State or foreign country) Iowa

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

Signed Nile R. Herrin
New Address RR #2, Brownsburg.

Subscribed and sworn to before me this 27 day of May, 19 67
John L. 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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Joanne Middle B. Last Guillaume
Date of Birth: Month Nov. Day 16 Year 1924
Place of Birth (State or foreign country) Seymour Indiana
Residence Address: Street or R. R. R.R. 2 - Box 54, City Brownsburg County Hend., State Ind.
Maiden Name if Different Balfe
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 Reg. Nurse - Hend. Co. Hospital
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Roland Balfe
   Residence of father (if deceased so state) Deceased
   Occupation of father ____ Race of father ____
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Verna Wilamina Begeman
   Residence of mother (if deceased so state) Deceased
   Occupation of mother ____ Race of mother ____
   Birthplace of mother (State or foreign country) Indiana

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

Signed Joanne B. Guillaume
New Address ____

Subscribed and sworn to before me this 27 day of May, 19 67
John L. 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, County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 27 day of May, 19 67, authorizing the joining together as husband and wife Nile R. Herrin and Joanne B. Guillaume

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

I, Lester B. Yeoricks hereby certify that on the 11th day of June, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Nile R. Herrin of Hendricks County, State of Indiana, and, Bride Joanne B. Guillaume of Hendricks County, State of Indiana, 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 June, 19 67. Signed Lester B Yeoricks
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of June, 19 67. Signed John L 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. 130
File Book 29
29 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 26 May 1967
Name of Physician A.N. Scudder M.D

**FEMALE**
Medical Examination Report Dated 26 May 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: First Carl Middle E. Last Johnson

Date of Birth: Month October Day 21 Year 1923

Place of Birth (State or foreign country) R3 Danville Ind.

Residence Address: Street or R. R. R3 Bx 271 City Brownsburg County Hen. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hen 67

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

Usual Occupation Sales: Roberts Dairy

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 |
|---|---|---|
| Dianne C. | 9 | R1 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 ☐
11. Full name of father Ballard B. Johnson
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father wht.
    Birthplace of father (State or foreign country) Berrea, Ky.
12. Full maiden name of mother Zipha Ann Pigg.
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother white
    Birthplace of mother (State or foreign country) Berrea Ky.

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

Signed Carl E Johnson
New Address R3 Bx 185. Brownsburg Ind

Subscribed and sworn to before me this 29th day of May, 19 67
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Genevieve Middle F Last Johnson

Date of Birth: Month May Day 1 Year 1933

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

Residence Address: Street or R.R. R1 City Mooresville County Morgan State Ind

Maiden Name if Different Genevieve Pendergraft.

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

Last Marriage Ended By: Remarriage. Death ☐ Divorce ☑ Annulment ☐ Hen 67

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

Usual Occupation Hand Finisher. Crating & Packing

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers 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 Clyde Roy Pendergraft.
   Residence of father (if deceased so state) Mooresville, Ind
   Occupation of father Custodian: Methodist Church Race of father white
   Birthplace of father (State or foreign country) Orleans Co, Ind.
8. Full maiden name of mother Cleola Irene Craft.
   Residence of mother (if deceased so state) Mooresville, Ind.
   Occupation of mother H/W. Race of mother white
   Birthplace of mother (State or foreign country) Marion Co, Ind.

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

Signed Genevieve F. Johnson
New Address Same.

Subscribed and sworn to before me this 29th day of May, 19 67
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2nd day of June, 19 67, authorizing the joining together as husband and wife Carl E. Johnson and Genevieve I. Johnson

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

I, James S. Ray hereby certify that on the 2nd day of June, one thousand nine hundred and sixty-seven at Mooresville, County of Morgan, State of Indiana, Groom Carl E. Johnson of Hendricks County, State of Indiana, and, Bride Genevieve I. Johnson of Morgan County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 2nd day of June, 19 67.

Signed James S. Ray
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of June, 19 67.

Signed John Hendricks Jr. Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 131
File Book 29
29 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 23 May 1967
Name of Physician James Black MD

**FEMALE**
Medical Examination Report Dated 29 May 1967
Name of Physician D.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: First Wesley Middle J. Last Lowery Jr.
Date of Birth: Month November Day 13 Year 1935
Place of Birth (State or foreign country) Marion Co. Ky.
Residence Address: Street or R. R. Pittsboro, City Indiana. County Hendricks. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ 62 Annulment ☐ Danville, Ky.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Carpenter. English Construction Co
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Baptism Record

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

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

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

11. Full name of father Wesley Harry Lowery
    Residence of father (if deceased so state) Deceased.
    Occupation of father ——— Race of father white
    Birthplace of father (State or foreign country) Marion Co. Ky.
12. Full maiden name of mother Bessie Russell
    Residence of mother (if deceased so state) Bradfordsville Ky.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Marion Co. Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Wesley J Lowery
New Address Pittsboro, Ind.
Subscribed and sworn to before me this 29th day of May 19 67.
John Sandlapp Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

## FEMALE APPLICANT

Name: First Ruth Middle Ann Last Pruitt
Date of Birth: Month September Day 21 Year 1939
Place of Birth (State or foreign country) Green Co., Ky.
Residence Address: Street or R. R. RI Box 143 City Hilton, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Seag & Bookkeeper.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Insurance Policy 27 yrs in 1966

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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 Fulton Pruitt
   Residence of father (if deceased so state) Greensburg, Ky
   Occupation of father Interior Dec. Race of father White
   Birthplace of father (State or foreign country) Green Co., Ky.
8. Full maiden name of mother Josie Marie Berry.
   Residence of mother (if deceased so state) Greensburg Ky.
   Occupation of mother Seamstress H/W Race of mother White
   Birthplace of mother (State or foreign country) Green Co., Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ruth Ann Pruitt
New Address Same.
Subscribed and sworn to before me this 29th day of May, 67.
John Sandlapp Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... 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* 2nd *day of* June, 67, *authorizing the joining together as husband and wife* Wesley J Lowery Jr *and* Ruth ann Pruitt

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

*I,* Lewis W. Button *hereby certify that on the* 3rd *day of* June, *at* Lizton, *County of* Hendricks, *one thousand nine hundred and* sixty-seven *State of Indiana, Groom* Wesley J. Lowery, Jr. *of* Greene *County, State of* Kentucky, *and, Bride* Ruth Ann Pruitt *of* Hendricks *County, State of* Indiana *were by me united 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* June, 19 67. *Signed* Lewis W. Button
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 10th *day of* June, 19 67. *Signed* John Sandlapp, 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. 132
File Book 29
29 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 29 May 1967
Name of Physician James Black M.D.

**FEMALE**
Medical Examination Report Dated 29 May 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: First Waldo Middle L. Last Carpenter
Date of Birth: Month October Day 4 Year 1946
Place of Birth (State or foreign country) Evansville, Indiana.
Residence Address: Street or R. R. 278 Magnolia, City Pfld, County Hen, State Ind.
Previous Marital Status: ~~Never~~ Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Engineer: Maria G. Gen Hosp.
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 Waldo Carpenter.
    Residence of father (if deceased so state) Pfld. Ind.
    Occupation of father Mechanic: Lane Truck. Race of father white
    Birthplace of father (State or foreign country) Spence Co. Ind.
12. Full maiden name of mother Mary Gwendolyn Lloyd.
    Residence of mother (if deceased so state) Pfld, Ind.
    Occupation of mother Instru. Opr. RCA H/W Race of mother White
    Birthplace of mother (State or foreign country) Henderson Co. Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Waldo L. Carpenter
New Address R8 Box 270 Indpls, Ind.
Subscribed and sworn to before me this 29th day of May, 1967.
John Turnbull 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, County of HENDRICKS } ss:
Signed Waldo Carpenter Father
Signed Mary Gwendolyn Carpenter Mother
Subscribed and sworn to before me this 29th day of May, 1967
John Turnbull Jr. Clerk

## FEMALE APPLICANT

Name: First Paula Middle Merle Last Corder
Date of Birth: Month February Day 3 Year 1947
Place of Birth (State or foreign country) Ind: Anapolis, Ind.
Residence Address: Street or R. R. R8 Box A269 City Indpls, County Hen, State Ind.
Maiden Name if Different McHugh
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Instrument Opr: 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? 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 Edward Corder.
   Residence of father (if deceased so state) ~~Unknown.~~
   Occupation of father — Race of father white
   Birthplace of father (State or foreign country) Crawfordsville, Ind.
8. Full maiden name of mother Betty Delores McHugh Merriman.
   Residence of mother (if deceased so state) R8 Bx 273 Indpls
   Occupation of mother Utility grl: W.E. Race of mother white
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Paula Merle Corder
New Address Same
Subscribed and sworn to before me this 29th day of May, 19 67
John Turnbull 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 2 *day of* June *19*67*, authorizing the joining together as husband and wife* Waldo L. Carpenter *and* Paula Merle Corder
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Rev Thomas E. Berry *hereby certify that on the* 10th *day of* June, *one thousand nine hundred and* sixty-seven *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Waldo L. Carpenter *of* Hendricks *County, State of* Indiana *and, Bride* Paula M. Corder *of* Hendricks *County, State of* Indiana, *were by me united 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* June, *19*67.
*Signed* Rev Thomas E. Berry
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 13th *day of* June, *19*67.
*Signed* John Turnbull 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. 133

File Book 29

29 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 22 May 1967
Name of Physician D'J B. Haggard MD

**FEMALE**
Medical Examination Report Dated 22 May 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: First Bobbie Middle M. Last McBride

Date of Birth: Month February Day 18 Year 1947

Place of Birth (State or foreign country) Celina, Tenn.

Residence Address: Street or R. R. R1 3x156 City Clayton County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Scaler. Stark & Wetzel

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

☐ Other (Specify).....

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Willie Hugh McBride
    Residence of father (if deceased so state) Clayton, Ind.
    Occupation of father Stuffr. Stark & Wetz. Race of father White
    Birthplace of father (State or foreign country) Celina, Tenn.
12. Full maiden name of mother Eddie Lee Dagley
    Residence of mother (if deceased so state) Clayton, Ind.
    Occupation of mother Housewife. Waffle Race of mother White
    Birthplace of mother (State or foreign country) Celina, Tenn.

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

Signed Bobbie M McBride

New Address 4923 Rockville Rd, Indpls.

Subscribed and sworn to before me this 29th day of May, 1967

John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of 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 form of father attached dated 1 June 1967

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed Bobbie M McBride Mother

Subscribed and sworn to before me this 29th day of May, 1967

John Lambdin Clerk

## FEMALE APPLICANT

Name: First Carlyn Middle S. Last Calhoun

Date of Birth: Month December Day 3 Year 1943

Place of Birth (State or foreign country) Sand Springs, Ky.

Residence Address: Street or R. R. 4923 Rockville Rd, City Indpls, County Marion, State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages 3

Last Marriage Ended By: Death ☑ Divorce ☑ Annulment ☐ Marion 63 & 67

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

Usual Occupation Cook: Frost Top

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 Lewis Calhoun
   Residence of father (if deceased so state) Deceased.
   Occupation of father..... Race of father White
   Birthplace of father (State or foreign country) Sand Springs, Tenn.
8. Full maiden name of mother Vernia May Call Schrier
   Residence of mother (if deceased so state) 2842 S. Foltz, Mary Hill.
   Occupation of mother Reads. RCA Race of mother White
   Birthplace of mother (State or foreign country) Sand Springs, Ky.

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

Signed Carlyn S Calhoun

New Address Same.

Subscribed and sworn to before me this 29th day of May, 1967

John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2 day of June, 19 67, authorizing the joining together as husband and wife Bobbie M. McBride and Carlyn S Calhoun

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

I, Rev. Ralph E. Ellington hereby certify that on the 3rd day of June, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom Bobbie McBride of Hendricks County, State of Indiana, and, Bride Carlyn S. Calhoun of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 3rd day of June, 19 67.

Signed Ralph E. Ellington

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of June, 19 67.

Signed ~~Ralph E. Ellington~~ John Lambdin p/c Clerk

Hendricks Circuit Court

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

No. 133

HENDRICKS County

File Book 29

29 May 1967
Date of Application

22 May 1967
Haggard MD

FEMALE
Medical Examination Report Dated 22 May 1967
Name of Physician Dd B. Haggard MD.

Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-
ive hundred dollars ($500.00)".

Last Mc Bride
Year 1947
County Hen, State Ind.
Previous Marriages
Annulment ☐
(Specify)
Wetzel
considered as: No ☑ Yes ☐
No ☑ Yes ☐
d? No ☑ Yes ☐
n inmate of a county asylum or No ☑ Yes ☐
been removed? No ☐ Yes ☑
No ☑ Yes ☐
No ☑ Yes ☐
or? No ☑ Yes ☐
No ☑ Yes ☐
Yes ☑ No ☐
Yes ☑ No ☐
arriages? No ☐ Yes ☐
Address
Yes ☐ No ☐
ued for Yes ☐ No ☐

## FEMALE APPLICANT

Name First Carlyn Middle S. Last Calhoun
Date of Birth Month December Day 3 Year 1943
Place of Birth (State or foreign country) Sand Springs, Ky.
Residence Address 4923 Rockville Rd, Indpls, Marion, Ind.
Street or R. R. City County State
Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion 6 Jan 67
Color or Race White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Cook: Frost Top
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 Lewis Calhoun
Residence of father (if deceased so state) Deceased.
Occupation of father ——— Race of father White
Birthplace of father (State or foreign country) Sand Springs, Tenn.
8. Full maiden name of mother Vernia May Call Schriar.
Residence of mother (if deceased so state) 2842 S. Foltz, Mars Hill.
Occupation of mother Reads: RCA Race of mother White
Birthplace of mother (State or foreign country) Sand Springs, Ky.

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Carlyn S Calhoun
New Address Same.
Subscribed and sworn to before me this 29th day of May 19 67
John Lambdin Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

I, Willis H. McBride hereby give my consent for my Son, Bobbie M. McBride to marry Carlyn S. Calhoun.
Willis H. McBride
Subscribed and sworn to before me this 1 day of June 1967
Dorothy J. Johnson Notary Public
My Commission Expires 8-23-70

Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Shuffl. Stake Welt. Race of father White
Birthplace of father (State or foreign country) Celina, Tenn.
12. Full maiden name of mother Eddie Lee Dailey.
Residence of mother (if deceased so state) Clayton, Ind.
Occupation of mother Dshwasher. Waitr. Race of mother White
Birthplace of mother (State or foreign country) Celina, Tenn.

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Bobbie M McBride
New Address 4923 Rockvill Rd, Indpls.
Subscribed and sworn to before me this 29th day of May 67
John Lambdin Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 form of father attached
dated 1 June 1967

State of Indiana, County of HENDRICKS } ss:
Signed ——— Father
Signed Bobbie M McBride Mother
Subscribed and sworn to before me this 29th day of May 67
John Lambdin Clerk

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Hendricks Circuit Court

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana, dated the 2 day of June, 19 67, authorizing the joining together as husband and wife Bobbie M. Mc Bride and Carlyn S. Calhoun

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

I, Rev. Ralph E. Ellington hereby certify that on the 3rd day of June, one thousand nine hundred and Sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom Bobbie Mc Bride of Hendricks County, State of Indiana, and, Bride Carlyn S. Calhoun of Marion County, State of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 3rd day of June, 19 67.

Signed Ralph E. Ellington
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of June, 19 67.

Signed ~~Ralph E. Ellington~~ John Lambdin 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. 134
File Book 29
29 May 1967
Date of Application

**MALE**
Medical Examination Report Dated 26 May 1967
Name of Physician J.L. Arbogast MD.

**FEMALE**
Medical Examination Report Dated 26 May 1967
Name of Physician J.L. Arbogast MD

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

## MALE APPLICANT

Name: First Jerry Middle Paul Last Padgett
Date of Birth: Month January Day 29 Year 1933
Place of Birth (State or foreign country) Worthington, Indiana.
Residence Address: Street or R. R. R2 Box 62 City Martinsville County Morgan State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☑ Annulment ☐ Morgan 66
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Accountant. I.U. Med Center.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers Licens.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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
    Not from the divorced marr.
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Theadore Roosevelt Padgett
    Residence of father (if deceased so state) Worthington, Ind.
    Occupation of father Painter. retired Race of father White
    Birthplace of father (State or foreign country) Greene Co., Ind.
12. Full maiden name of mother Mabel Elizabeth Griffith
    Residence of mother (if deceased so state) Worthington Ind.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Worthington, Ind.

State of Indiana,
County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Jerry Paul Padgett
New Address R2 Box 62 Martinsville Ind.

Subscribed and sworn to before me this 29th day of May, 19 67.
John Hendricks Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Jean Middle Marie Last Western
Date of Birth: Month February Day 1 Year 1943
Place of Birth (State or foreign country) Clayton, Indiana.
Residence Address: Street or R. R. RR 1 Box 16 City Clayton County Hen. State Ind.
Maiden Name if Different Jean M. Lawson
Previous Marital Status: Never Married ☐ Number of Previous Marriages .....
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation Payroll clerk. I.U. Med Center.
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 William C Lawson.
   Residence of father (if deceased so state) Rt. Clayton Ind.
   Occupation of father Contractor Foreign Race of father White
   Birthplace of father (State or foreign country) Roanoke Va.
8. Full maiden name of mother Viola Mae Stranger
   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) Roanoke, Va.

State of Indiana,
County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Jean Marie Western
New Address .....

Subscribed and sworn to before me this 29th day of May, 19 67.
John Hendricks Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

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

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

### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 2nd *day of* June, 19 67, *authorizing the joining together as husband and wife* Jerry Paul Padgett *and* Jean Marie Western

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

I, S. Howard Davidson *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* sixty-seven *at* First Methodist Church Bloomfield, *County of* Greene, *State of Indiana, Groom* Jerry Paul Padgett *of* Worthington *County, State of* Indiana *and, Bride* Jean Marie Western *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 67.

Signed S. Howard Davidson
Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 7th *day of* June, 19 67.

Signed John Hendricks, Jr. Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 135
File Book 29
1 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 1 June 1967
Name of Physician Don E. Kelly M.D.

**FEMALE**
Medical Examination Report Dated 1 June 1967
Name of Physician Don E. Kelly M.D.

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

## MALE APPLICANT

Name: First Charles Middle — Last Reckel
Date of Birth: Month July Day 22 Year 1916
Place of Birth (State or foreign country) Marion Co. Ind.
Residence Address: Street or R. R. 435 Douglas Dr. City B'burg County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Supervisor. Engr. Metal Prod.
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 John Reckel.
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father white
    Birthplace of father (State or foreign country) Marion Co. Ind.
12. Full maiden name of mother Ruth Rachel Cook.
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Marion Co. Ind.

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

Signed Charles Reckel
New Address 435 Douglas Dr. B'burg Ind.
Subscribed and sworn to before me this 1st day of June, 1967
John 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.....

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First June Middle E. Last Jones
Date of Birth: Month June Day 10 Year 1923
Place of Birth (State or foreign country) Hendricks Co. Ind.
Residence Address: Street or R. R. 170 N. Grant City Brownsburg County Hen. State Ind.
Maiden Name If Different Helen June Everett
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 Dental Asst, Dr. Eaton
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 William Earl Everett
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Hendricks Co. Ind.
8. Full maiden name of mother Nancy Malinda Magrel
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Retired. Race of mother White
   Birthplace of mother (State or foreign country) Hend. Co, Ind.

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

Signed June E. Jones
New Address Same.
Subscribed and sworn to before me this 1st day of June, 1967
John 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.....

State of Indiana, County of HENDRICKS } ss:

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

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

### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 5th day of June, 1967, authorizing the joining together as husband and wife Charles Reckel and June E. Jones

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

I, Rev. Charles Nolle hereby certify that on the 10th day of June, one thousand nine hundred and sixty-seven at St. Malachy, Brownsburg County of Hendricks, State of Indiana, Groom Charles Reckel of Hendricks County, State of Indiana, and, Bride June E. 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 5th day of June, 1967.

Signed Rev Charles Nolle
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of June, 1967.

Signed John F Rinehart, 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. 136
File Bk. 29
2 June, 1967
Date of Application

**MALE**
Medical Examination Report Dated May 31, 1967
Name of Physician Kourany

**FEMALE**
Medical Examination Report Dated May 31, 1967
Name of Physician Kourany

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Billy Middle M. Last Ferguson
Date of Birth: Month June Day 3 Year 1945
Place of Birth (State or foreign country) Jacksonville, North Carolina
Residence Address: Street or R. R. RR#2 City Clayton County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Contractor - (Army presently)
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) D. D. Card

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

| Name | Age | Address |
|---|---|---|
| April Louise | 5 | 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 ☑ *
11. Full name of father Marvin D. Ferguson
    Residence of father (if deceased so state) RR#2, Clayton,
    Occupation of father Contractor Race of father W.
    Birthplace of father (State or foreign country) Martinsville, Ind.
12. Full maiden name of mother Betty Lou Sage
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country)

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

Signed Billy M Ferguson
New Address

Subscribed and sworn to before me this 2 day of June, 19 67
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 * Court order modified - No support Judge Grant notified Prior to issuing Warrt. John Gambold Jr. clerk

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Janet Middle Last Couch
Date of Birth: Month March Day 11 Year 1947
Place of Birth (State or foreign country) Hyden, Ky.
Residence Address: Street or R. R. RR#1 City Cumby, County Marion, State 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: Western Electric Corp.
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 Willie B. Couch
   Residence of father (if deceased so state) Same
   Occupation of father Switzer Corp. Race of father W
   Birthplace of father (State or foreign country) Hyden, Ky.
8. Full maiden name of mother Mae Carnahan
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country)

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

Signed Janet Couch
New Address

Subscribed and sworn to before me this 2 day of June, 19 67
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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued June 2, 1967 and filed in Clerks' Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day Waiver

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 2 *day of* June, 19 67, *authorizing the joining together as husband and wife* Billy M. Ferguson *and* Janet Couch

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

I, Donald Endsley *hereby certify that on the* 3rd *day of* June, *one thousand nine hundred and* sixty-seven *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Billy M. Ferguson *of* Hendricks *County, State of* Indiana *and, Bride* Janet Couch *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

*Dated this* 3rd *day of* June, 19 67.

Signed Donald Endsley
Official Designation Baptist Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 3rd *day of* June, 19 67.

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. 137
File Book 29
2 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 25 May 1967
Name of Physician John D. Holbrook M.D.

**FEMALE**
Medical Examination Report Dated 26 May 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: First Michael Middle Arthur Last Kessick
Date of Birth: Month March Day 19 Year 1940
Place of Birth (State or foreign country) Surbiton, Surrey, England.
Residence Address: Street or R. R. 1920 Weston Rd, Apt 1101 City Weston County Ontario State Canada.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Research chemist. Canadian Ind Ltd
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arthur Richard Kessick.
    Residence of father (if deceased so state) Deceased.
    Occupation of father..... Race of father white
    Birthplace of father (State or foreign country) London, England.
12. Full maiden name of mother Myra Borein Brown.
    Residence of mother (if deceased so state) Ruislip, Midsex.
    Occupation of mother H/W. Race of mother white
    Birthplace of mother (State or foreign country) Uxbridge, Middsex

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

Signed Michael Arthur Kessick.
New Address 1920 Weston Rd., Apt 1101 Weston Ontario, Canada.

Subscribed and sworn to before me this 8th day of June, 1967
John Hamilton Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Nancy Middle Carole Last Kraft
Date of Birth: Month October Day 2 Year 1942
Place of Birth (State or foreign country) Indianapolis, Indiana.
Residence Address: Street or R. R. RI Box 224 City Danville County Hen. State Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Teacher: Avon Comm Sch.
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 Kraft
   Residence of father (if deceased so state) RI Danville, Ind.
   Occupation of father Mfg Rep: Bonney Tools. Race of father white
   Birthplace of father (State or foreign country) Gary, Ind.
8. Full maiden name of mother Jeannette Aline Printz
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother Teacher: Divide Comm. Race of mother white
   Birthplace of mother (State or foreign country) Danville, Ind.

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

Signed Nancy Carole Kraft
New Address Same

Subscribed and sworn to before me this 2nd day of June, 1967
John Hamilton Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

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

---

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

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### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be 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 June, 1967, authorizing the joining together as husband and wife Michael Arthur Kessick and Nancy Carole Kraft.

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

I, John Phillips Roof hereby certify that on the 10th day of June, one thousand nine hundred and sixty-seven at Danville, County of Hendricks, State of Indiana, Groom Michael Arthur Kessick of York County, State of Ontario, and, Bride Nancy Carole Kraft of Hendricks County, State of Indiana, were by me united 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 June, 1967.

Signed John Phillip Roof
Official Designation Vicar, St. Augustines Episcopal Church

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of June, 1967.

Signed John D. Arnold, 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. 138
File Book 29
3 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 22 May 1967
Name of Physician D. D. Cheesman M.D.

**FEMALE**
Medical Examination Report Dated 22 May 1967
Name of Physician D. 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: First James Middle Neal Last Disney
Date of Birth: Month July Day 17 Year 1945
Place of Birth (State or foreign country) Lebanon, Indiana.
Residence Address: Street or R. R. 1975. Tenn, City Danville, County Hend, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Student: Butler
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 Hursel Cornelius Disney.
    Residence of father (if deceased so state) Danville, Ind.
    Occupation of father VP: 1st Nat'l Bk: Ret'd Race of father white
    Birthplace of father (State or foreign country) Danville, Indiana.
12. Full maiden name of mother Helen Louise Wiley.
    Residence of mother (if deceased so state) Danville, Ind.
    Occupation of mother Cook: Dr'ville Sch. Race of mother white
    Birthplace of mother (State or foreign country) Boone Co., Ind.

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

Signed James Neal Disney
New Address 2202 B White Oaks Dr, Speedway Ind.

Subscribed and sworn to before me this 3rd day of June, 1967
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Helen Middle Josephine Last Collins
Date of Birth: Month October Day 16 Year 1945
Place of Birth (State or foreign country) Elkhart, Indiana
Residence Address: Street or R. R. 461 Western Ave. City Danville, County Hend, State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Secy. Hartford Life.
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 James Leo Collins.
   Residence of father (if deceased so state) Danville, Ind.
   Occupation of father Plantwelder: Link Belt Race of father white
   Birthplace of father (State or foreign country) Gosben, Ind.
8. Full maiden name of mother Mary Ann Buehning
   Residence of mother (if deceased so state) D'ville, Ind.
   Occupation of mother Typist: Taylor & Taylor Race of mother white
   Birthplace of mother (State or foreign country) Arilla, Ind..

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

Signed Helen Josephine Collins
New Address June.

Subscribed and sworn to before me this 3rd day of June, 19 67
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 7 *day of* June, 19 67, *authorizing the joining together as husband and wife* James Neal Disney *and* Helen Josephine Collins
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
I, Edward McLaughlin *hereby certify that on the* 17th *day of* June, *one thousand nine hundred and* sixty-seven *at* St. Mary's, Danville, *County of* Hendricks, *State of Indiana, Groom* James Neal Disney *of* Hendricks *County, State of* Indiana *and, Bride* Helen Josephine 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* Hendricks *County.*
*Dated this* 17th *day of* June, 19 67.

*Signed* Edward McLaughlin
*Official Designation* Catholic Priest - Pastor

*Filed and recorded in accordance with the laws of the State of Indiana this* 19th *day of* June, 19 67.
*Signed* John Lambdin, 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. 139

File Book 29

3 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 15 May 1967
Name of Physician Peter Winters M.D.

**FEMALE**
Medical Examination Report Dated 15 May 1967
Name of Physician Peter Winters M.D

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Edward Middle C. Last Horton

Date of Birth: Month December Day 22 Year 1942

Place of Birth (State or foreign country) West Jefferson, Ohio.

Residence Address: Street or R. R. 5305 E 68th City Indpls, County Marion, State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Engr. Asst: N.Y.C.

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

☐ Other (Specify).....

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

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

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

11. Full name of father George Dean Horton
    Residence of father (if deceased so state) Indpls, Ind.
    Occupation of father Clerk: N.Y.C. Race of father White
    Birthplace of father (State or foreign country) Montrose, Colo.
12. Full maiden name of mother Marjorie Alice Bell
    Residence of mother (if deceased so state) Indpls, Ind.
    Occupation of mother Secy: Farm Bureau Ins. Race of mother White
    Birthplace of mother (State or foreign country) W. Jefferson, Ind.

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

Signed Edward C. Horton

New Address 5305 W 22nd Indpls, Ind.

Subscribed and sworn to before me this 3rd day of June, 1967

John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

## FEMALE APPLICANT

Name: First Kathryn Middle S Last Lynch

Date of Birth: Month December Day 30 Year 1945

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

Residence Address: Street or R. R. 225 N Center City Pfld, County Hen, State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Dental Nurse: Dr. Friedman.

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 Hubert Thomson Lynch.
   Residence of father (if deceased so state) Pfld, Ind.
   Occupation of father Guard: Allen Race of father White
   Birthplace of father (State or foreign country) Darlington, Ind.
8. Full maiden name of mother Mary Frances McKeliever
   Residence of mother (if deceased so state) Pfld, Ind.
   Occupation of mother Student: Meth. Race of mother White
   Birthplace of mother (State or foreign country) Darlington, Ind.

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

Signed Kathryn S. Lynch.

New Address Same

Subscribed and sworn to before me this 3rd day of June, 1967

John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered*, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7th day of June, 19 67, authorizing the joining together as husband and wife Edward C. Horton and Kathryn S. Lynch

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

I, Rev. Robert Hansen hereby certify that on the 10th day of June, one thousand nine hundred and sixty-seven at Darlington, County of Montgomery, State of Indiana, Groom Edward C. Horton of Marion County, State of Indiana, and, Bride Kathryn S. Lynch of Hendricks County, State of Indiana, were by me united 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 June, 19 67.

Signed Rev. Robert Hansen

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of June, 19 67.

Signed John Lankford, 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. 140
File Book 29
3 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 2 June 1967
Name of Physician Carl Hemlein MD

**FEMALE**
Medical Examination Report Dated 2 June 1967
Name of Physician Carl Hemlein MD.

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

## MALE APPLICANT

Name: First Marion Middle O. Last Walker
Date of Birth: Month November Day 23 Year 1918
Place of Birth (State or foreign country) Danville Indiana.
Residence Address: Street or R. R. Bx 525 City North Salem County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hen '63
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Sales: Young Metal Prod.
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 |
|---|---|---|
| Michael Bruce | 13 | N. Salem, 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 George Marshall Walker.
    Residence of father (if deceased so state) Deceased.
    Occupation of father —— Race of father White
    Birthplace of father (State or foreign country) N. Salem Ind.
12. Full maiden name of mother Zona Zenobia Sparks.
    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) Cloverdale, Ind.

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

Signed Marion O Walker
New Address N. Salem, Ind.

Subscribed and sworn to before me this 3rd day of June, 19 67
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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Frances Middle Last Honaker
Date of Birth: Month January Day 12 Year 1923
Place of Birth (State or foreign country) Meadowview, Va.
Residence Address: Street or R. F. 666 W. Mill, City Danville, County Hen, State Ind
Maiden Name if Different Mary Frances Brown.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk. A.S.C.
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 Robert Henry Brown.
   Residence of father (if deceased so state) Ashland, W. Va.
   Occupation of father Retired. Race of father White
   Birthplace of father (State or foreign country) Wash Co., Va.
8. Full maiden name of mother Ollie Hester Minton.
   Residence of mother (if deceased so state) Ashland, W. Va.
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Washington Co., Va.

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

Signed Frances Honaker
New Address 3rd Sane.

Subscribed and sworn to before me this 3rd day of June, 19 67
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, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 7th *day of* June, 19 67, *authorizing the joining together as husband and wife* Marion O. Walker *and* Frances Honaker
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Marvin W. Cook *hereby certify that on the* 7th *day of* June, *one thousand nine hundred and* sixty-seven *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Marion O. Walker *of* Hendricks *County, State of* Indiana *and, Bride* Frances Honaker *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 7th *day of* June, 19 67.

*Signed* Marvin W. Cook
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 8th *day of* June, 19 67.

*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. 141
File Book 29
3 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 31 May 1967
Name of Physician Joseph Kerlin MD.

**FEMALE**
Medical Examination Report Dated 31 May 1967
Name of Physician Joseph Kerlin MD

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

## MALE APPLICANT

Name: First Steven Middle Thomas Last Garrity
Date of Birth: Month June Day 24 Year 1948
Place of Birth (State or foreign country) Indianapolis, Indiana.
Residence Address: Street or R. R. R2 Box 275 City Camby County Morgan State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Mach. Opr. Allisons.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Thomas Albert Garrity.
    Residence of father (if deceased so state) Camby, Ind.
    Occupation of father Mach Opr. Citizen Race of father White.
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Florence Lucille Byers.
    Residence of mother (if deceased so state) Camby, Ind.
    Occupation of mother H/W Race of mother White.
    Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Steven Thomas Garrity
New Address Shoreland Apts., Pltfld, Ind.
Subscribed and sworn to before me this 3rd day of June, 19 67
John Hendricks 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, County of HENDRICKS } ss:
Signed Thomas Albert Garrity Father
Signed Florence L. Garrity Mother
Subscribed and sworn to before me this 3rd day of June, 19 67
John Hendricks Jr. Clerk

## FEMALE APPLICANT

Name: First Karen Middle Sue Last Burch
Date of Birth: Month September Day 28 Year 1948
Place of Birth (State or foreign country) Terre Haute, Indiana.
Residence Address: Street or R. R. 627 Gibbs Ct. City Pltfld County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Key Punch. P.S.I.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers licence.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Albert Ellsworth Burch.
   Residence of father (if deceased so state) Pltfld, Ind.
   Occupation of father Foreman: Allisons. Race of father White
   Birthplace of father (State or foreign country) Terre Haute, Ind.
8. Full maiden name of mother Alice Irm Weaver.
   Residence of mother (if deceased so state) Pltfld, Ind.
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Terre Haute, Ind.

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

Signed Karen Sue Burch
New Address Same
Subscribed and sworn to before me this 3rd day of June, 19 67
John Hendricks 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, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 8 day of June, 19 67, authorizing the joining together as husband and wife Steven Thomas Garrity and Karen Sue Burch
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Donald Coakley hereby certify that on the 9th day of June, at Plainfield, County of Hendricks, one thousand nine hundred and sixty-seven State of Indiana, Groom Steven Thomas Garrity of Morgan County, State of Indiana, and, Bride Karen Sue 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 8th day of June, 19 67. Signed Rev Donald Coakley
Official Designation Catholic Priest
Filed and recorded in accordance with the laws of the State of Indiana this 13th day of June, 19 67.
Signed John Hendricks, Jr. Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 142
File Book 29
3 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 27 May 1967
Name of Physician R.M. Jacobs M.D.

**FEMALE**
Medical Examination Report Dated 27 May 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: First Dickie Middle R. Last Hayden
Date of Birth: Month March Day 31 Year 1949
Place of Birth (State or foreign country) Blackwell, Okla.
Residence Address: Street or R. R. R2 City Coatesville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation clerk. The Y.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    1.
    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 Otis Hayden Sr.
    Residence of father (if deceased so state) R2 Coatesville, Ind.
    Occupation of father Trucker: Schwerman. Race of father White
    Birthplace of father (State or foreign country) Hend Co. Ind.
    Full maiden name of mother Rosa Minta Poland.
    Residence of mother (if deceased so state) R2 C'ville, Ind.
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Hendricks Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Dickie R. Hayden
New Address R1 Coatesville, Ind.
Subscribed and sworn to before me this 3rd day of June, 1967
John Tamboli Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 3rd June 1967 attached.

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Rosa Minta Hayden Mother
Subscribed and sworn to before me this 3rd day of June, 1967
John Tamboli Clerk

## FEMALE APPLICANT

Name: First Brenda Middle Lee Last Sweeney
Date of Birth: Month November Day 16 Year 1949
Place of Birth (State or foreign country) Bethesda Md.
Residence Address: Street or R. R. Box 75 City Stilesville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Louis Earl Sweeney.
   Residence of father (if deceased so state) Woonski, Vermont
   Occupation of father Unknown. Race of father white
   Birthplace of father (State or foreign country) Woonski, Vt.
   Full maiden name of mother Iris Faulita Johnson (Adams)
   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) Scott Co., Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Brenda Lee Sweeney
New Address Same.
Subscribed and sworn to before me this 3rd day of June, 1967
John Tamboli Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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, County of HENDRICKS } ss:
Signed Father
Signed Iris F. Adams Mother
Subscribed and sworn to before me this 3rd day of June, 67
John Tamboli Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks. Circuit Court of Indiana dated the 7th day of June, 1967, authorizing the joining together as husband and wife Dickie R. Hayden and Brenda Lee Sweeney

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

I, Starling Wamsley hereby certify that on the 17th day of June, one thousand nine hundred and sixty-seven at Stilesville, County of Hendricks State of Indiana, Groom Dickie R Hayden of Hendricks County, State of Indiana and, Bride Brenda Lee Sweeney of Hendricks County, State of Indiana, were by me united 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 June, 1967.

Signed Starling Wamsley
Official Designation Minister Disciples of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of June, 1967.

Signed John Tamboli, 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. 142
File Book 29
3 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 27 May 1967
Name of Physician R.M. Jacobs M.D.

**FEMALE**
Medical Examination Report Dated 27 May 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: First Dickie Middle R. Last Hayden
Date of Birth: Month March Day 31 Year 1949
Place of Birth (State or foreign country) Blackwell, Okla.
Residence Address: Street or R. R. R2 City Coatesville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk. The Y.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

| Name | Age | Address |
|---|---|---|
| | | |
| 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 Otis Hayden Sr.
    Residence of father R2 Coatesville, Ind.
    Occupation of father Showman. Race of father White
    Birthplace of father (State or foreign country) Hend Co. Ind.
    Full maiden name of mother Minta Poland
    Residence of mother (if deceased so state) R2 C'ville, Ind.
    Occupation of mother Race of mother White
    Birthplace of mother (State or foreign country) Hendricks Co, Ind.

State of Indiana,
County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Dickie R. Hayden
New Address R2 Coatesville, Ind.
Subscribed and sworn to before me this 3rd day of June, 1967
John Landolf Clerk HENDRICKS Circuit Court

Dickie Ray Hayden has my Consent to marry. State of Indiana County of Hendricks Subscribed & sworn to before me this 3rd day of June 1967 - Hazel R. Tudor
Otis Hayden
My commission expires Sept 12, 1970

Fathers notarized Consent dated 3rd June 1967 attached.

## FEMALE APPLICANT

Name: First Brenda Middle Lee Last Sweeney
Date of Birth: Month November Day 16 Year 1949
Place of Birth (State or foreign country) Bethesda Md.
Residence Address: Street or R. R. RR 5 City Stilesville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Louis Earl Sweeney.
   Residence of father (if deceased so state) Woonski, Vermont
   Occupation of father Unknown. Race of father White
   Birthplace of father (State or foreign country) Woonski, Vt.
   Full maiden name of mother Iris Faulita Johnson (Adams)
   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) Scott Co., Va.

State of Indiana,
County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Brenda Lee Sweeney
New Address Same.
Subscribed and sworn to before me this 3rd day of June, 1967
John Landolf Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of 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,
County of HENDRICKS } ss:

Signed Father
Signed Iris F. Adams Mother
Subscribed and sworn to before me this 3rd day of June 67
John Landolf Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7th day of June, 1967, authorizing the joining together as husband and wife Dickie R. Hayden and Brenda Lee Sweeney
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Starling Wamsley hereby certify that on the 17th day of June, one thousand nine hundred and sixty-seven at Stilesville, County of Hendricks State of Indiana, Groom Dickie R Hayden of Hendricks County, State of Indiana, and, Bride Brenda Lee Sweeney of Hendricks County, State of Indiana, were by me united 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 June, 1967.

Signed Starling Wamsley
Official Designation Minister Disciples of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 1967.

Signed John Landolf, 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. 143
File Book 29
June 3 - 1967
Date of Application

**MALE**
Medical Examination Report Dated 5-29-67
Name of Physician R W Kirtley M D

**FEMALE**
Medical Examination Report Dated 5-29-67
Name of Physician R W Kirtley M D.

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

## MALE APPLICANT

Name: First Dennis Middle Lane Last Easley

Date of Birth: Month 7 Day 13 Year 1948 ✓

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

Residence Address: Street or R. R. R#2 City Danville County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Computer Operator

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

☐ Other (Specify).....

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William Wilbur Easley
    Residence of father (if deceased so state) Danville
    Occupation of father RR agent Race of father W
    Birthplace of father (State or foreign country) Colorado
12. Full maiden name of mother Mura Evelyn Reed
    Residence of mother (if deceased so state) Danville
    Occupation of mother Accountant clerk Race of mother W
    Birthplace of mother (State or foreign country) Illinois

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

Signed Dennis L. Easley

New Address.....

Subscribed and sworn to before me this 3 day of June, 19 67

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, County of HENDRICKS } ss:

Signed William W. Easley Father

Signed Mura E. Easley Mother

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

.....Clerk

## FEMALE APPLICANT

Name: First Bernadine Middle Kay Last Hughes

Date of Birth: Month 4 Day 9 Year 1947

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

Residence Address: Street or R. R. R#2 City Danville County Hend. State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Insurance Co.

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Bernard Hughes
   Residence of father (if deceased so state) Danville
   Occupation of father Supervisor Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Thelma Mae Cooper
   Residence of mother (if deceased so state) Danville
   Occupation of mother Central Service Hospital Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Bernadine Kay Hughes

New Address.....

Subscribed and sworn to before me this 3 day of June, 19 67

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7th day of June, 19 67, authorizing the joining together as husband and wife Dennis Lane Easley and Bernadine Kay Hughes

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

I, a Minister of The Christian Church hereby certify that on the 17th day of June, one thousand nine hundred and sixty-seven at The Danville Christian Church, County of Hendricks, State of Indiana, Groom Dennis Lane Easley of Hendricks County, State of Indiana, and, Bride Bernadine Kay Hughes of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 17th day of June, 19 67. Signed Rev. George A. Harris

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 19 67.

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. 144
File 29
June 3-1967
Date of Application

**MALE**
Medical Examination Report Dated 5-20-67
Name of Physician John R Melin M D.

**FEMALE**
Medical Examination Report Dated 5-20-67
Name of Physician John R Melin M D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Walter Middle Simon Last Wiseman Jr

Date of Birth: Month 6 Day 12 Year 1945 ✓

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

Residence Address: Street or R. R. 913 E Main St City Plainfield County State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Public accountant

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Registration 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 Walter A Wiseman Jr.
    Residence of father (if deceased so state) Plainfield
    Occupation of father Shipping clerk Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Betty Ruth White
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Walter Simon Wiseman, Jr.

New Address.....

Subscribed and sworn to before me this 3 day of June, 19 67.

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

## FEMALE APPLICANT

Name: First Joan Middle Lee Last Alfred

Date of Birth: Month 6 Day 15 Year 1945 ✓

Place of Birth (State or foreign country) Mattoon Illinois

Residence Address: Street or R. R. 1323 Stafford Rd City Plainfield County State Ind.

Maiden Name if Different.....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Reg. Nurse.

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Dale C Alfred
   Residence of father (if deceased so state) Plainfield
   Occupation of father Director of Labor Relations Race of father W
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Frances E Bouck
   Residence of mother (if deceased so state) Plainfield W
   Occupation of mother housewife Race of mother
   Birthplace of mother (State or foreign country) Illinois

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

Signed Joan Lee Alfred

New Address.....

Subscribed and sworn to before me this 3 day of June, 19 67.

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7th day of June, 1967, authorizing the joining together as husband and wife Walter Simon Wiseman Jr and Joan Lee Alfred

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

I, Donald F. McMahon hereby certify that on the 10th day of June, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Walter Simon Wiseman of Hendricks County, State of Indiana, and, Bride Joan Lee Alfred of Hendricks County, State of Indiana, were by me united 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 June, 19 67.

Signed Donald F. McMahon

Official Designation Methodist Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of June, 19 67.

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. 145
File 29
June 3-1967
Date of Application

**MALE**
Medical Examination Report Dated 6-2-67
Name of Physician James Black M.D.

**FEMALE**
Medical Examination Report Dated 6-2-67
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: First Michael Middle Larry Last O'Connor
Date of Birth: Month 12 Day 11 Year 1946 ✓
Place of Birth (State or foreign country) ~~Ft Columbia City~~ Fort Wayne Ind.
Residence Address: Street or R. R. R1 City Columbia City County ~~Ind.~~ State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operators License

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Michael O'Connor
    Residence of father (if deceased so state) South Whitley Ind.
    Occupation of father Meat Cutter Race of father W
    Birthplace of father (State or foreign country) Pennsylvania
12. Full maiden name of mother Julia Belle Lichtey
    Residence of mother (if deceased so state) Columbia City Ind.
    Occupation of mother Factory Race of mother W
    Birthplace of mother (State or foreign country) Ohio

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

Signed Michael O'Connor
New Address.....

Subscribed and sworn to before me this 3 day of June, 19 67
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
Consent of Mother sole guardian notarized ✓ see attached

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 3 day of June, 19 67
John Hambold, Jr Clerk

## FEMALE APPLICANT

Name: First Joy Middle Darlene Last Neese
Date of Birth: Month 1 Day 15 Year 1947 ✓
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: 28 Jeumin St Street or R. R. Brownsburg City County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation None
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 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 Neese
   Residence of father (if deceased so state) Brownsburg
   Occupation of father Newspaper Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Pearl Cora Osbra
   Residence of mother (if deceased so state) Brownsburg
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Joy Neese
New Address.....

Subscribed and sworn to before me this 3 day of June, 19 67
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
consent of Parents notarized ✓ see attached
(error consent not needed)

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 13 day of June, 19 67
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 in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 8 day of June, 19 67, authorizing the joining together as husband and wife Michael Larry O'Connor and Joy Darlene Neese

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

I, Lester B Yeagley hereby certify that on the 10th day of June, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks State of Indiana, Groom Michael L. O'Connor of W hitley County, State of Indiana, and, Bride Joy Darlene Neese of Hendricks County, State of Indiana 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 10th day of June, 19 67. Signed Lester B Yeagley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of June, 19 67. 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

HENDRICKS County

No. 146
File Book 29
3 June 1967
Date of Application

**MALE**
Medical Examination Report Dated June 5, 1967
Name of Physician Elmer L. Cook, M.D.

**FEMALE**
Medical Examination Report Dated 31 May 1967
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 Billy Middle Gene Last Montgomery
Date of Birth: Month Dec. Day 11 Year 1944
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R. R. 710 E. Main St. City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Retail Foods, Mgr.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Elza H. Montgomery
    Residence of father (if deceased so state): Same
    Occupation of father: Retail Foods Race of father: W.
    Birthplace of father (State or foreign country): Mt. Carmel, Ill.
12. Full maiden name of mother: Thelma Irene Knight
    Residence of mother (if deceased so state): Same
    Occupation of mother: Secretary Race of mother: W.
    Birthplace of mother (State or foreign country): Rushville, Ind.

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

Signed: Billy Gene Montgomery
New Address: 69 Fort Robert Dr. Apt D, Indpls, Ind.

Subscribed and sworn to before me this 7 day of June, 19 67
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, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Patricia Middle Kay Last Pope
Date of Birth: Month January Day 9 Year 1948
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: Street or R. R. R1 Bx 148 City Pittsboro County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Secy: Peoples Home Life.
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 William Pope
   Residence of father (if deceased so state): R1 Pittsboro, Ind.
   Occupation of father: Mgr. Citizens Loan Race of father: white
   Birthplace of father (State or foreign country): Parke Co., Ind
8. Full maiden name of mother: Frances Lorraine Moffatt
   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): Galveston, Texas

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

Signed: Patricia Kay Pope
New Address: Same.

Subscribed and sworn to before me this 3rd day of June, 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.....

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 7th *day of* June, 1967, *authorizing the joining together as husband and wife* Billy Gene Montgomery *and* Patricia Kay Pope

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

*I,* Edgar Byram *hereby certify that on the* 10th *day of* June, *one thousand nine hundred and* sixty-seven *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Billy Gene Montgomery *of* Hendricks *County, State of* Indiana *and, Bride* Patricia Kay Pope *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

*Dated this* 10th *day of* June, 19 67.

*Signed* Edgar Byram
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 27th *day of* June, 19 67.

*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. 147
File Book 29
3 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 2 June 1967
Name of Physician E.J. O'Brian M.D

**FEMALE**
Medical Examination Report Dated 2 June 1967
Name of Physician E.J. O'Brian M.D.

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

## MALE APPLICANT

Name: First William Middle A. Last Ralph
Date of Birth: Month March Day 11 Year 1945
Place of Birth (State or foreign country) Ohio Co. Ky.
Residence Address: Street or R. R. ASF Det., 5027 Billets T461 City Ft Harrison, Indpls Marion, Ind. County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 65 Davis Co, Ky.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation R.F.S. : US Army.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Army I.D

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William Taylor Ralph.
    Residence of father (if deceased so state) RR 2 Whitesville Ky
    Occupation of father Farmer. Race of father White
    Birthplace of father (State or foreign country) Ohio Co., Ky.
12. Full maiden name of mother Oma Charley Roach.
    Residence of mother (if deceased so state) Whitesville, Ky
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Davis Co., Ky.

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

Signed William H. Ralph
New Address Indpls, Ind.
Subscribed and sworn to before me this 3rd day of June, 1967.
John Hamilton Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

## FEMALE APPLICANT

Name: First Donna Middle D. Last Colbert
Date of Birth: Month January Day 14 Year 1943
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R8 Bx 406 City Indpls County Hend State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation School Teacher. Sch 100 Indpls.
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 Walter Perry Colbert.
   Residence of father (if deceased so state) RR Indpls, Ind.
   Occupation of father Fireman: IU. Med Center. Race of father White
   Birthplace of father (State or foreign country) Trimble Co, Ky.
8. Full maiden name of mother Lillian Marie Cylbertson.
   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) Rush Co, Ind.

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

Signed Donna D. Colbert
New Address Same.
Subscribed and sworn to before me this 3rd day of June, 1967
John Hamilton Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 8th day of June, 1967, authorizing the joining together as husband and wife William A. Ralph and Donna D. Colbert

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

I, R. Powell Mead hereby certify that on the 10th day of June, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom William A Ralph of Marion County, State of Indiana, and, Bride Donna D Colbert 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 10th day of June, 19 67.

Signed R. Powell Mead
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of June, 19 67.

Signed John Hamilton, Jr. Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 148
File Book 29
5 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 2 June 1967
Name of Physician J.W. Gibbs M.D.

**FEMALE**
Medical Examination Report Dated 2 June 1967
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: First James Middle F. Last Snelling Jr.
Date of Birth: Month June Day 24 Year 1944
Place of Birth (State or foreign country) New Albany Ind.
Residence Address: Street or R.R. RR3 Box 209 City Jeffersonville County Clark State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation 2nd Lt. U.S. Army.
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☑ Other (Specify) Army I.D.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? 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 Edward Snelling Sr.
    Residence of father (if deceased so state) Jeffersonville, Ind.
    Occupation of father Offset printer Race of father White
    Birthplace of father (State or foreign country) Jeffersonville, Ind.
12. Full maiden name of mother Marian Lucille Wells
    Residence of mother (if deceased so state) Jeffersonville, Ind.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) New Albany, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed James E Snelling Jr.
New Address Ft. Bragg, N.C.
Subscribed and sworn to before me this 5th day of June, 1967.
John Hamblen Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

## FEMALE APPLICANT

Name: First Marian Middle F. Last Wishmire
Date of Birth: Month October Day 11 Year 1946
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address: Street or R.R. Stilesville City Stilesville County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Student: Ball State
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 Robert Wishmire
   Residence of father (if deceased so state) Stilesville, Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Pauline Grace Reeves
   Residence of mother (if deceased so state) Stilesville, Ind.
   Occupation of mother Retail: Rd. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Marian F. Wishmire
New Address Same,
Subscribed and sworn to before me this 5th day of June, 19 67
John Hamblen Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks' *Circuit Court of Indiana dated the* 10th *day of* June, 19 67, *authorizing the joining together as husband and wife* James E. Snelling *and* Marian F. Wishmire
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Fred R. Smith *hereby certify that on the* 2nd *day of* July, *one thousand nine hundred and* sixty-seven *at* Stilesville, *County of* Hendricks *State of Indiana, Groom* James E Snelling Jr. *of* Clarke *County, State of* Indiana *and, Bride* Marian F. Wishmire *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 2nd *day of* July, 19 67.

Signed Fred R. Smith
Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 5th *day of* July, 19 67.
Signed John Hamblen, 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. 149
File Book 29
5 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 6-5-67
Name of Physician Lloyd A Zerry M D

**FEMALE**
Medical Examination Report Dated 6-5-67
Name of Physician Lloyd A Zerry M D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Walter Middle — Last Crowe
Date of Birth: Month Jan Day 7 Year 1936 ✓
Place of Birth (State or foreign country)
Residence Address: Street or R. R. R 1 City Stilesville County — State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Produce Manager Standard Bros.
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 Lester Crowe
    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 Geneva Lois Broadstreet
    Residence of mother (if deceased so state) Stilesville
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed ✕ Walter Crowe
New Address
Subscribed and sworn to before me this 5 day of June, 19 67
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Edna Middle — Last Cox
Date of Birth: Month March Day 15 Year 1943 ✓
Place of Birth (State or foreign country) Princeton Ind.
Residence Address: Street or R. R. R 1 City Stilesville County — State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Elementary Teacher
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 Stewart Laureace Cox
   Residence of father (if deceased so state) R2 Oakland City Ind.
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Flora May Dozier
   Residence of mother (if deceased so state) Oakland City Ind.
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Kentuckey

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed ✕ Edna Cox
New Address
Subscribed and sworn to before me this 5 day of June, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 9th *day of* June, 19 67 *authorizing the joining together as husband and wife* Walter Crowe *and* Edna Cox

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

*I,* Rev. Louis D Gray *hereby certify that on the* 9th *day of* June, *one thousand nine hundred and* sixty-seven *at* Clayton Baptist Church, *County of* Hendricks, *State of* Indiana, *Groom* Walter Crowe *of* Stilesville Hendricks *County, State of* Indiana, *and, Bride* Edna Cox *of* Oakland City Gibson *County, State of* Indiana, *were by me united 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* June, 19 67. *Signed* Rev Louis D Gray
*Official Designation* Baptist Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 12th *day of* June, 19 67
*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. 150
File Book 29
6 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 23 May 1967
Name of Physician J. Newma Capt MC.

**FEMALE**
Medical Examination Report Dated 31 May 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: First Billy Middle Ross Last Eden
Date of Birth: Month July Day 15 Year 1947
Place of Birth (State or foreign country) Portland, Tenn.
Residence Address: Street or R. R. R2 Box 196B City Plainfield County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation PFC: US Army
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? 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 Benny James Eden
    Residence of father (if deceased so state) R2 Plfld, Ind.
    Occupation of father Mechanic: Self Race of father White
    Birthplace of father (State or foreign country) Robinson Co, Tenn.
12. Full maiden name of mother Jean Louise Manting
    Residence of mother (if deceased so state) R2, Plfld, Ind
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Simpson Co, Ky.

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

Signed Billy Ross Eden
New Address 8841 Roberts St., Apt 5, El Paso, Texas.
Subscribed and sworn to before me this 6th day of June, 1967
John Yandell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:
Signed Benny James Eden Father
Signed Jean L Eden Mother
Subscribed and sworn to before me this 6th day of June, 1967
John Yandell Clerk

## FEMALE APPLICANT

Name: First Jennifer Middle Susan Last Cummins
Date of Birth: Month December Day 19 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R.R. R1 Shoreland Apt 10 City P'fld County Hen State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Student.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John M. Cumming.
   Residence of father (if deceased so state) 680 Jackson St, Indpls.
   Occupation of father Mechanic: Self Race of father White
   Birthplace of father (State or foreign country) Ky.
8. Full maiden name of mother Adelaide Wayne
   Residence of mother (if deceased so state) Shoreland Apts P'fld.
   Occupation of mother Files: PSI. Race of mother White
   Birthplace of mother (State or foreign country) Warrington, England.

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

Signed Jennifer Susan Cummins
New Address Same.
Subscribed and sworn to before me this 6th day of June, 1967
John Yandell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* ~~10th~~ *day of* June, 19—, *authorizing the joining together as husband and wife* Billy Ross Eden *and* Jennifer Susan Cummins.

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

I, Gary L. Rudisill *hereby certify that on the* 10th *day of* June, *one thousand nine hundred and* sixty-seven *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Bill E. Eden *of* Hendricks *County, State of* Indiana *and, Bride* Jennifer 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* 10th *day of* June, 19 67.

Signed Gary L. Rudisill
Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 13th *day of* June, 19 67.

Signed John L Yandell, 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. 151
File Book 29
6 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 5 June 1967
Name of Physician D J B. Haggard MD

**FEMALE**
Medical Examination Report Dated 5 June 1967
Name of Physician D J 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: First John Middle R. Last Sanders
Date of Birth: Month December Day 29 Year 1943
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R8 Bx 256 City Indpls, County Hen, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation L.B.M. Computer Supervisor: State Ind.
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 Russell Bernard Sanders
    Residence of father (if deceased so state) R8 Indpls, Ind.
    Occupation of father Foreman: Alloa Race of father white
    Birthplace of father (State or foreign country) Summitville, Tenn.
12. Full maiden name of mother Gwendalene Segan Cox
    Residence of mother (if deceased so state) R8 Indpls, Ind.
    Occupation of mother Public Rel: SOB Race of mother white
    Birthplace of mother (State or foreign country) Kansas, Ill.

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

Signed John R Sanders
New Address R2 Pt Sylvania Apt A, Indpls.
Subscribed and sworn to before me this 6th day of June, 1967
John 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.....

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Lonijane Middle E. Last Sewell
Date of Birth: Month July Day 1 Year 1947
Place of Birth (State or foreign country) Columbus, Indiana.
Residence Address: Street or R. R. 57 Pt Sylvania Dr. Apt A City Indpls, County Marion, State Ind.
Maiden Name If Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Receptionist: SOB
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 Robert William Sewell
   Residence of father (if deceased so state) Westport, Ind.
   Occupation of father L.B.M. opr: Cummins Race of father White
   Birthplace of father (State or foreign country) Seymour, Ind.
8. Full maiden name of mother Betty Jane Miller.
   Residence of mother (if deceased so state) Westport, Ind.
   Occupation of mother Secy: Sand Gr. Sch. Race of mother White
   Birthplace of mother (State or foreign country) Columbus, Ind.

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

Signed Lonijane E. Sewell
New Address Same.
Subscribed and sworn to before me this 6th day of June, 19 67
Jah 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.....

State of Indiana, County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

*Be It Remembered*, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 10th day of June, 1967, authorizing the joining together as husband and wife John R. Sanders and Lonijane E. Sewell

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

I, The Reverend Canon Charles D. Gilson hereby certify that on the 2nd day of July, one thousand nine hundred and sixty-seven at St. Paul's Episcopal Church, County of Bartholomew, State of Indiana, Groom John Russell Sanders of Hendricks County, State of Indiana, and, Bride Lonijane Ellen Sewell 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 2nd day of July, 19 67.

Signed Charles D. Gilson
Official Designation Canon, Christ Church Cathedral Indianapolis, Indiana

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of July, 19 67.

Signed John R Sanders, 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. 152
File Book K29
7 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 2 June 1967
Name of Physician Joseph C. Kerlin M.D

**FEMALE**
Medical Examination Report Dated 2 June 1967
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: First Kenneth Middle W. Last Arthur
Date of Birth: Month May Day 3 Year 1946
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. R. Bx 21 City Cartersburg County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Assembler, Bryant Heating.
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 Kenneth Leon Arthur.
    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 Wilma Lucille Williams Johnson
    Residence of mother (if deceased so state) Bx 21 Cartersburg, Ind
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Greencastle, Ind.

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

Signed Kenneth W. Arthur
New Address Cartersburg, Ind.
Subscribed and sworn to before me this 7th day of June, 1967.
John Tandell, Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Rose Middle Ann Last Starnes
Date of Birth: Month January Day 19 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. R. Bx 21 City Cartersburg, County Hen., State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Cashier: Std. Grac. P'fld.
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 Richard Starnes.
   Residence of father (if deceased so state) Cartersburg, Ind.
   Occupation of father Dispatch. chem. Race of father White
   Birthplace of father (State or foreign country) Spencer, Ind.
8. Full maiden name of mother Lola Mae Langdon.
   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) Indpls, Ind.

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

Signed Rose Ann Starnes
New Address Same.
Subscribed and sworn to before me this 7th day of June, 1967
John Tandell, Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 14th *day of* June, 1967, *authorizing the joining together as husband and wife* Kenneth W. Arthur *and* Rose Ann Starnes
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Jon Steven Burres *hereby certify that on the* 24th *day of* June, *one thousand nine hundred and* sixty-seven *at* Cartersburg, *County of* Hendricks, *State of Indiana, Groom* Kenneth W. Arthur *of* Hendricks *County, State of* Indiana *and, Bride* Rose Ann Starnes *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 67.

*Signed* Jon Steven Burres
*Official Designation* Elder

*Filed and recorded in accordance with the laws of the State of Indiana this* 27th *day of* June, 19 67.

*Signed* John Tandell, 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. 153
File Book 29
8 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 7 June 1967
Name of Physician Maurice V. Kahler M.D.

**FEMALE**
Medical Examination Report Dated 7 June 1967
Name of Physician Maurice V. Kahler M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Wallace Middle Wayne Last Baugh
Date of Birth: Month July Day 12 Year 1942
Place of Birth (State or foreign country) Upton, Indiana.
Residence Address: Street or R. R. 410 N. Concord City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Clarksville Tenn. '65
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation E5 US. Army.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Military I.D.

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles William Baugh.
    Residence of father (if deceased so state) Anderson, Ind.
    Occupation of father Owner Junkyd. Race of father White
    Birthplace of father (State or foreign country) Elkhart, Ind.
12. Full maiden name of mother Catherine Ellen Seder Rizzo
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wallace Wayne Baugh
New Address RI Box 106B Danville, Ind.
Subscribed and sworn to before me this 8th day of June, 1967.
John 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.....

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Eva Middle Estella Christine Last Witte
Date of Birth: Month April Day 30 Year 1942
Place of Birth (State or foreign country) Montezuma Ind.
Residence Address: Street or R. R. RI Box 106B City Danville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1966 Marion.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Book Binder.
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 Elmer Carl Frederick Witte.
   Residence of father (if deceased so state) Deceased.
   Occupation of father ——— Race of father White
   Birthplace of father (State or foreign country) Cumberland, Md.
8. Full maiden name of mother Jessie Mae Lewis
   Residence of mother (if deceased so state) RI Danville, Ind.
   Occupation of mother Mgr. Laundromat. Race of mother White
   Birthplace of mother (State or foreign country) Bloomingdale, Ind.

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

Signed Eva Estella Christine Witte
New Address Same.
Subscribed and sworn to before me this 8th day of June, 1967
John 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.....

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 8 June 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 Da Wam.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be 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 June, 1967, authorizing the joining together as husband and wife Wallace Wayne Baugh and Eva Estella Christine Witte

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

I, Paul S Norris hereby certify that on the 11th day of June, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom Wallace W Baugh of Marion County, State of Indiana, and, Bride Eva Estella Christine Witte of Hendricks County, State of Indiana, were by me united 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 June, 1967. Signed Paul S Norris
Official Designation Chaplain U.S. Army

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of June, 1967. John Lamb 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. 154
File Book 29
8 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 5 June 1967
Name of Physician Hudner Hobbs M.D.

**FEMALE**
Medical Examination Report Dated 5 June 1967
Name of Physician Hudner Hobbs MD

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

## MALE APPLICANT

Name: First Merle Middle L. Last Denney
Date of Birth: Month November Day 22 Year 1910
Place of Birth (State or foreign country) Fortville Ind.
Residence Address: Street or R. R. 1402 N. Alabama Apt 308, Indpls, Marion. City County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 62 Marion 57 Johnson
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Maint & Const. Meth Hosp.
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 Leevi Marion Denney. Deceased.
    Residence of father (if deceased so state)
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Fortville, Ind.
12. Full maiden name of mother Bertha Elizabeth Enoch. Deceased.
    Residence of mother (if deceased so state)
    Occupation of mother — Race of mother white
    Birthplace of mother (State or foreign country) Hancock Co., Ind.

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

Signed Merle L. Denney
New Address R1 Bx 579 Plainfield Ind.
Subscribed and sworn to before me this 8th day of June, 1967
John Hadlett Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Hannah Middle Elizabeth Last Laughman
Date of Birth: Month April Day 8 Year 1947
Place of Birth (State or foreign country) Grindstone Pa.
Residence Address: Street or R. R. RR1 Bx 579 City Plainfield County Hen State Ind.
Maiden Name if Different Hannah E. Addis
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 Supervisor & Inst. Housekeeping. Meth Hosp.
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 Addis.
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Grindstone, Pa.
8. Full maiden name of mother Blanche Gibboney Goff.
   Residence of mother (if deceased so state) Bradford, Ohio.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Mt Pleasant, Pa.

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

Signed Hannah Elizabeth Laughman
New Address Sand
Subscribed and sworn to before me this 8th day of June, 1967
John Hadlett Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 12th day of June, 19 67, authorizing the joining together as husband and wife Merle L. Denney and Hannah Elizabeth Laughman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William J. Hadlett hereby certify that on the 12th day of June, one thousand nine hundred and sixty-seven at 8:00 p.m., County of Morgan, State of Indiana, Groom Merle L. Denney of Marion County, State of Indiana, and, Bride Hannah Laughman of Hendricks County, State of Indiana, were by me united 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 June, 19 67

Signed William J. Hadlett
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of July, 19 67
Signed John Hadlett, 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. 155
File Book 29
8 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 22 May 1967
Name of Physician Melvin L. Grossman Capt MC.

**FEMALE**
Medical Examination Report Dated 26 May 1967
Name of Physician D.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: First Donald Middle G. Last Bracchi
Date of Birth: Month May Day 16 Year 1944
Place of Birth (State or foreign country) Los Angeles, Calif.
Residence Address: Street or R. R. 716 McVey Ave, City Lake Oswego, County Clackamas, State Ore.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: 2nd Lt: USAF
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Ray Bracchi
    Residence of father (if deceased so state) Lake Oswego, Ore
    Occupation of father Elect. Engr. Race of father White
    Birthplace of father (State or foreign country) Portland, Ore.
12. Full maiden name of mother Mary Elizabeth Dunkin.
    Residence of mother (if deceased so state) Lake Oswego, Ore.
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Portland, Ore.

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

Signed Donald G. Bracchi
New Address Rebel Motel Apt Broadway Biloxi Miss.
Subscribed and sworn to before me this 16th day of June, 1967
John Lamblett. Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Lou Middle Ann Last Golden
Date of Birth: Month September Day 29 Year 1944
Place of Birth (State or foreign country) Crawfordsville, Ind.
Residence Address: Street or R. R. RI Box 62, City North Salem, County Hend, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Teacher: Danville Comm Sch Corp.
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 Harold Deere Golden.
   Residence of father (if deceased so state) N. Salem, Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Russellville, Ind.
8. Full maiden name of mother Harriet Catharine Sharp
   Residence of mother (if deceased so state) N. Salem, Ind.
   Occupation of mother Teacher: N.S. Race of mother White
   Birthplace of mother (State or foreign country) Hadoga, Ind.

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

Signed Lou Ann Golden
New Address.....
Subscribed and sworn to before me this 8th day of June, 1967
John Lamblett. Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 16th *day of* June, 19 67, *authorizing the joining together as husband and wife* Donald G. Bracchi *and* Lou Ann Golden

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

I, Sayers C Zeigler *hereby certify that on the* 17th *day of* June, *one thousand nine hundred and* sixty-seven *at* North Salem, *County of* Hendricks, *State of Indiana, Groom* Donald G Bracchi *of* Clackamas *County, State of* Oregon, *and, Bride* Lou Ann Golden *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 67. *Signed* Sayers C Zeigler
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 19th *day of* June, 19 67.
*Signed* John Lamblett, 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. 156
File Book 29
9 June 1967
Date of Application

**MALE**
Medical Examination Report Dated D. F. McLeod MD
Name of Physician 6 June 1967

**FEMALE**
Medical Examination Report Dated M. M. Artkan MD
Name of Physician 7 June 1967

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

## MALE APPLICANT

Name: First Joe Middle Edward Last Foust

Date of Birth: Month August Day 19 Year 1943

Place of Birth (State or foreign country) Anderson Indiana.

Residence Address: Street or R. R. 1903 W. 9th City Anderson County Madison State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Highway Engr. State Calif.

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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 Thomas W. Foust
    Residence of father (if deceased so state) Deceased.
    Occupation of father ..... Race of father White
    Birthplace of father (State or foreign country) Sullivan Ind.
12. Full maiden name of mother Doris Wanda McKinley Driggers.
    Residence of mother (if deceased so state) Anderson, Ind.
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Paxton, Ind.

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

Signed Joe Edward Foust
New Address Los Angeles Calif.

Subscribed and sworn to before me this 9th day of June, 19 67
John 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.....

State of Indiana,
County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Alice Middle Joyce Last Hadley

Date of Birth: Month August Day 22 Year 1944

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

Residence Address: Street or R. R. 560 S. Center, City Plainfield, County Hen, State Ind.

Maiden Name if Different .....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers 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 Parks Hadley.
   Residence of father (if deceased so state) Pltfld, Ind.
   Occupation of father Retired. Race of father White
   Birthplace of father (State or foreign country) Pltfld, Ind.
8. Full maiden name of mother Garnet Marie Sims
   Residence of mother (if deceased so state) Pltfld, Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Martin Co., Ind.

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

Signed Alice Joyce Hadley
New Address Same

Subscribed and sworn to before me this 9th day of June, 19 67
John 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.....

State of Indiana,
County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 13 *day of* June, 19 67, *authorizing the joining together as husband and wife* Joe Edward Foust *and* Alice Joyce Hadley
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Robert F. DeBorg *hereby certify that on the* 12th *day of* June,
*one thousand nine hundred and* sixty-seven *at* Plainfield, *County of* Hendricks,
*State of Indiana, Groom* Joe Edward Foust *of* Madison *County, State of* Indiana
*and, Bride* Alice Joyce Hadley *of* Hendricks *County, State of* Indiana,
*were by me united 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* June, 19 67.

*Signed* Robert F. DeBorg
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 22nd *day of* June, 19 67.
*Signed* John Lamb, 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. 157
File Book 29
9 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 9 June 1967
Name of Physician C.L. Henlein M.D.

**FEMALE**
Medical Examination Report Dated 9 June 1967
Name of Physician C.L. Henlein M.D.

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

## MALE APPLICANT

Name: First Thomas Middle [illegible] Last Booker
Date of Birth: Month March Day 2 Year 1946
Place of Birth (State or foreign country): Princeton Indiana.
Residence Address: Street or R.R. Irrs. J. Gerdts RR2 Bx 157 City Brownsburg County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Apr 66 Marion, Ind
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Mechanic. Paul Johnson Enco.
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: James Osborn Booker.
    Residence of father (if deceased so state): Santa Susana, Calif.
    Occupation of father: Foreman. Aircraft Race of father: White
    Birthplace of father (State or foreign country): Princeton, Ind.
12. Full maiden name of mother: Vera Lynn Henry Collins.
    Residence of mother (if deceased so state): 1131 Lilly, Indpls, Ind.
    Occupation of mother: Cashier. Zayres (Eastgate) Race of mother: White
    Birthplace of mother (State or foreign country): Princeton, Ind.

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

Signed Thomas Booker
New Address 104 S. Rural St Indpls, Ind.

Subscribed and sworn to before me this 9th day of June, 1967
John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Jacklyn Middle Sue Last Jaggers
Date of Birth: Month July Day 20 Year 1946
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R.R. 104 S. Rural City Indpls County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Esle Clerk.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Employment I.D. Ind Bell.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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: Elmo Esel Jaggers.
   Residence of father (if deceased so state): 1529 S. Banker Indpls.
   Occupation of father: Dis. Vet. Race of father: White
   Birthplace of father (State or foreign country): Indpls, Ind.
8. Full maiden name of mother: Betty Jewell Tingle
   Residence of mother (if deceased so state): Since 815 E 107, Indpls.
   Occupation of mother: H/W. Race of mother: White
   Birthplace of mother (State or foreign country): Indpls, Ind.

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

Signed Jacklyn Sue Jaggers
New Address Same.

Subscribed and sworn to before me this 9th day of June, 1967
John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 9 *day of* June, 19 67, *authorizing the joining together as husband and wife* Thomas Booker *and* Jacklyn Sue Jaggers.

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

I, Clarence E. Fike Jr. *hereby certify that on the* 9th *day of* August, *one thousand nine hundred and* sixty seven *at* Brownsburg, *County of* Hendricks *State of Indiana, Groom* Thomas Booker *of* Marion *County, State of* Indiana, *and, Bride* Jacklyn Sue Jaggers *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* 9th *day of* August, 19 67. *Signed* Clarence E. Fike Jr.
*Official Designation* Justice of the Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 9th *day of* August, 19 67. *Signed* John Lankford, 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. 158
File Book 29
10 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 8 June 1967
Name of Physician L.E. Foltz M.D.

**FEMALE**
Medical Examination Report Dated 8 June 1967
Name of Physician L.E. Foltz MD

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

## MALE APPLICANT

Name: First Larry Middle E. Last Schrier
Date of Birth: Month August Day 29 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R2 Bx 182 (56th St) City B'burg, Hend, County, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Acct: O'Farrell wright & Aboe
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Srivas 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 Herbert Dale Schrier.
    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) Shelby Co, Ind.
12. Full maiden name of mother Violet Ellen Abel.
    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) Martin Co, Ind.

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

Signed Larry E. Schrier
New Address 110 Franklin St, Apt 7 B'burg.
Subscribed and sworn to before me this 10th day of June, 1967.
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:
Signed Herbert D. Schrier Father
Signed Violet Ellen Schrier Mother
Subscribed and sworn to before me this 10th day of June, 1967.
John Lambdin Clerk

## FEMALE APPLICANT

Name: First Sherry Middle L. Last McClure
Date of Birth: Month October Day 24 Year 1947
Place of Birth (State or foreign country) Shelbyville Ind.
Residence Address: Street or R. R. 5045 Stephendr, City B'burg, County Hend, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Personnel Clerk: TCA
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 Noble Jurine McClure.
   Residence of father (if deceased so state) B'burg Ind.
   Occupation of father Signalmant: NYC Race of father White
   Birthplace of father (State or foreign country) Shelby Co. Ind
8. Full maiden name of mother Orpha Evelyn Kuhn.
   Residence of mother (if deceased so state) B'burg, Ind.
   Occupation of mother Cashier. Kroger. Race of mother White
   Birthplace of mother (State or foreign country) Shelby Co, Ind.

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

Signed Sherry L. McClure
New Address Same
Subscribed and sworn to before me this 10th day of June, 1967.
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 14th *day of* June *19*67*, authorizing the joining together as husband and wife* Larry E. Schrier *and* Sherry L. McClure

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

*I,* Lester B. Yeagley *hereby certify that on the* 18th *day of* June, *one thousand nine hundred and* sixty-seven *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Larry E. Schrier *of* Hendricks *County, State of* Indiana *and, Bride* Sherry L. McClure *of* Hendricks *County, State of* Indiana, *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* June, *19*67*.

*Signed* Lester B. Yeagley
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 21st *day of* June, *19*67*.

*Signed* John Lambdin, 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. 159
File Book 29
10 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 27 May 1967
Name of Physician E. Kouramy M.D.

**FEMALE**
Medical Examination Report Dated 31 May 1967
Name of Physician E. Kouramy M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Randell Middle S. Last Legg
Date of Birth: Month July Day 4 Year 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street & R. R. RI Bx 240 City Clayton County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Grinder: Allison
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arthur Freeman Legg.
    Residence of father (if deceased so state) Clayton, Ind.
    Occupation of father Tool Tryout: Allison Race of father white
    Birthplace of father (State or foreign country) Frankton, Ind.
12. Full maiden name of mother Mary Maxine Summers.
    Residence of mother (if deceased so state) Clayton, Ind.
    Occupation of mother Cook: Cascade Race of mother white
    Birthplace of mother (State or foreign country) Alexandria, Ind.

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

Signed Randell S. Legg
New Address Duffy St Plainfield

Subscribed and sworn to before me this 10th day of June, 1967.
John Lambdin Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Arthur F. Legg Father
Signed Mary M. Legg Mother
Subscribed and sworn to before me this 10th day of June, 1967
John Lambdin Clerk

## FEMALE APPLICANT

Name: First Linette Middle L. Last Monday
Date of Birth: Month August Day 29 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RI Bx 230 City Plainfield County Hen State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk-typist: PSI.
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 Leon Monday.
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Farmer Race of father white
   Birthplace of father (State or foreign country) Ind., Ind.
8. Full maiden name of mother Virginia Lee Blount.
   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) Indpls, Ind.

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

Signed Linette L. Monday
New Address Same

Subscribed and sworn to before me this 10th day of June, 1967
John Lambdin Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Circuit Court of Indiana dated the 10th day of June, 1967, authorizing the joining together as husband and wife Randell S. Legg and Linette L. Monday.

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 June, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Randall S. Legg of Hendricks County, State of Indiana, and, Bride Linette L. Monday of Hendricks County, State of Indiana, were by me united 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 June, 19 67.
Signed Warren A Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of June, 19 67.
Signed John Lambdin 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. 160
File Book 29
10 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 8 June 1967
Name of Physician H. Sherstar MD

**FEMALE**
Medical Examination Report Dated 8 June 1967
Name of Physician H Sherstar M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Ezra Middle S. Last Padgett
Date of Birth: Month April Day 23 Year 1948
Place of Birth (State or foreign country) Murfreesboro, Tenn.
Residence Address: Street or R. R. 1213 S. Continental City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Icecream Cone maker: Cream Cone Maker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Dr's Rec.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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 Hubert Padgett
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father white
    Birthplace of father (State or foreign country) Monroe Tenn
12. Full maiden name of mother Lillie Elva Rich.
    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) White Co., Tenn.

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

Signed Ezra S. Padgett
New Address Indpls, Ind.
Subscribed and sworn to before me this 10th day of June, 1967
Jake Hamilton Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Betty Middle Gail Last Hammons.
Date of Birth: Month December Day 31 Year 1947
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. 103 Greenacre Dr. City Bburg. County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Steno: Herff-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 Chester Hammons.
   Residence of father (if deceased so state) Bburg, Ind.
   Occupation of father Welder: Ray's Arnett Race of father white
   Birthplace of father (State or foreign country) Clay Co., Ky.
8. Full maiden name of mother Ida Vivian Jones.
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Boone Co., Ind.

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

Signed Betty Gail Hammons
New Address Same.
Subscribed and sworn to before me this 10th day of June, 1967
Jake Hamilton Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

State of Indiana, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 14th day of June, 1967, authorizing the joining together as husband and wife Ezra S. Padgett and Betty Gail Hammons.

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

I, Lester B. Yearicks hereby certify that on the 16th day of June, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Ezra S. Padgett of Marion County, State of Indiana, and, Bride Betty Gail Hammons of Hendricks County, State of Indiana, were by me united 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 June, 19 67.

Signed Lester B. Yearicks
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of June, 19 67.

Signed John Hamilton, Jr. Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 161
File Book 29
12 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 7 June, 1967
Name of Physician D'd B. Haggard M.D.

**FEMALE**
Medical Examination Report Dated 7 June 1967
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: First George Middle A. Last Screes Sr.
Date of Birth: Month September Day 12 Year 1923
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 304 W. North City Plainfield County Hen, State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Boiler Fireman : IBS
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Derived hrs.

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father George Albert Screes Sr.
    Residence of father (if deceased so state) Indpls, Ind.
    Occupation of father Retired. Race of father white
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Mary Susan Williams.
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George A. Screes Jr.
New Address 304 W. North Plainfield
Subscribed and sworn to before me this 12th day of June, 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.....

State of Indiana, County of HENDRICKS } ss:

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

## FEMALE APPLICANT

Name: First Beverly Middle June Last Kibbe
Date of Birth: Month February Day 17 Year ~~1925~~ 1921
Place of Birth (State or foreign country) Thorntown, Ind.
Residence Address: Street or R. R. R2 Box 40 City Indpls County Hen, State Ind.
Maiden Name if Different Beverly June Caldwell
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ '38 Boone, '62 Monroe
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Cafeteria : PSI.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
7. Full name of father Harry Lee Caldwell
   Residence of father (if deceased so state) Deceased.
   Occupation of father ——— Race of father white
   Birthplace of father (State or foreign country) Thorntown, Ind.
8. Full maiden name of mother Hazel Ruby Ward.
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother ——— Race of mother white
   Birthplace of mother (State or foreign country) Frankfort, Ind.

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

Signed Beverly June Kibbe
New Address Same
Subscribed and sworn to before me this 12th day of June, 19 67
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, County of HENDRICKS } ss:

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** Hendricks Circuit Court

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 17 day of June, 1967, authorizing the joining together as husband and wife George A. Screes Jr. and Beverly June Kibbe

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

I, Mary L. Crawley hereby certify that on the 12th day of June, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom George A. Screes Jr. of Hendricks County, State of Indiana, and, Bride Beverly June Kibbe of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Indiana County.

Dated this 12th day of June, 19 67.

Signed Mary L Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of June, 19 67.

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. 162
File Book 29
12 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 12 June 1967
Name of Physician M.D. Scamahorn M.D.

**FEMALE**
Medical Examination Report Dated 12 June 1967
Name of Physician M.D. 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: First John Middle Thomas Last Cowley
Date of Birth: Month February Day 18 Year 1947
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 99 Fisher City Pittsboro County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation PFC. US Army
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Military I.D.

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

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

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles Curtis Cowley.
    Residence of father (if deceased so state) Pibaro, Ind.
    Occupation of father Machinist. Allison Race of father White
    Birthplace of father (State or foreign country) Pittsboro, Ind.
12. Full maiden name of mother Julia Idora Milam.
    Residence of mother (if deceased so state) Pibaro, Ind.
    Occupation of mother Recept. Ms. Comm. Blood Bank Race of mother White
    Birthplace of mother (State or foreign country) Danville Ind.

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

Signed John Thomas Cowley
New Address 403 TC 6, TML Trans. APO. San Francisco.

Subscribed and sworn to before me this 12th day of June, 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, County of HENDRICKS } ss:
Signed Charles Curtis Cowley Father
Signed Julia Idora Milam Cowley Mother
Subscribed and sworn to before me this 12th day of June, 1967
John Campbell Clerk

## FEMALE APPLICANT

Name: First Linda Middle Jo Last Ragsdale
Date of Birth: Month February Day 25 Year 1947
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. RIBX45 City Pittsboro County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Nurse student. I.U.
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 Edward Ragsdale.
   Residence of father (if deceased so state) Pittsboro, Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Pittsboro, Ind.
8. Full maiden name of mother Florence Lillian Brayles.
   Residence of mother (if deceased so state) Pibaro, Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Brownsburg, Ind.

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

Signed Linda Jo Ragsdale
New Address RI Bx 45 Pibaro, Ind

Subscribed and sworn to before me this 12th day of June, 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, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 12 June 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da 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* 12th *day of* June, 19 67, *authorizing the joining together as husband and wife* John Thomas Cowley *and* Linda Jo Ragsdale

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

*I,* Raymond R. Chavers *hereby certify that on the* 16th *day of* June, *one thousand nine hundred and* sixty-seven *at* Pittsboro, Hendricks, *County of* , *State of Indiana, Groom* John Thomas Cowley *of* Hendricks *County, State of* Indiana *and, Bride* Linda Jo Ragsdale *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 67.

Signed Raymond R. Chavers
Official Designation Minister of the Gospel

*Filed and recorded in accordance with the laws of the State of Indiana this* 22nd *day of* June, 19 67.

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. 163

File Book 29

June 13-1967
Date of Application

**MALE**
Medical Examination Report Dated June 8-1967
Name of Physician Irving Cohen M.D

**FEMALE**
Medical Examination Report Dated June 8-1967
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: First Danny Middle Lee Last Higgins

Date of Birth: Month Aug Day 17 Year 1949 ✓

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

Residence Address: Street or R. R. 3249 Big Pointe Rd City Indpls County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Service Station

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

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

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father George D Higgins
    Residence of father (if deceased so state) Indianapolis
    Occupation of father Tool Crib Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Margaret D Sterrett
    Residence of mother (if deceased so state) Indpls
    Occupation of mother Secretary Race of mother W
    Birthplace of mother (State or foreign country) Oklahoma

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Danny Lee Higgins

New Address.....

Subscribed and sworn to before me this 13 day of June, 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

Notarized Statement of Consent of both parents on file

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this 13 day of June, 1967

John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Janice Middle Marie Last Chism

Date of Birth: Month 11 Day 2 Year 1949 ✓

Place of Birth (State or foreign country) Huntingburg Ind.

Residence Address: Street or R. R. 5036 W Wash. City Indianapolis County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation none

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers 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 Edward Chism
   Residence of father (if deceased so state) Indianapolis
   Occupation of father Mill Wright Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Opal Virginia Miller
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice Marie Chism

New Address.....

Subscribed and sworn to before me this 13 day of June, 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

Notarized Statement of both parents on files

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this 13 day of June, 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 Hendricks County Circuit Court by written order issued 6-13-67 and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties. & 3 days Waived.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 13 *day of* June, 1967, *authorizing the joining together as husband and wife* Danny Lee Higgins *and* Janice Marie Chism. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, William Delbert Lawson *hereby certify that on the* 10th *day of* June, *one thousand nine hundred and* sixty-seven *at* Indianapolis, *County of* Marion, *State of* Indiana. *State of Indiana, Groom* Danny Lee Higgins *of* Hendricks *County, State of* Indiana, *and, Bride* Janice Marie Chism *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* June, 1967.

*Signed* William Delbert Lawson

*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 22nd *day of* June, 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. 164
File June 1 Book 29
June 12, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 12, 1967
Name of Physician John P. Calhoon

**FEMALE**
Medical Examination Report Dated June 12, 1967
Name of Physician John P. Calhoon

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Jerry Middle — Last Bennett
Date of Birth: Month July Day 24 Year 1947
Place of Birth (State or foreign country) Dearborn, Michigan
Residence Address: Street or R. R. R R #1 City Clayton County Hend. State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Drills Water Wells
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

Full name of father Joe Bennett
Residence of father (if deceased so state) Unknown
Occupation of father Unknown Race of father White
Birthplace of father (State or foreign country) Unknown
Full maiden name of mother Marie Poston
Residence of mother (if deceased so state) R.R. #2, Gainsboro, Tenn.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry Bennett
New Address R R #1, Clayton, Ind.

Subscribed and sworn to before me this 13 day of June, 19 67
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 Consent form from Mother who has custody

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Patricia Middle G. Last Thompson
Date of Birth: Month July Day 6 Year 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. R #1, Box 226 City Clayton County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Waitress
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles Lewis Thompson
   Residence of father (if deceased so state) Same
   Occupation of father Welder Specialist Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Leona Mae Sparks
   Residence of mother (if deceased so state) Same
   Occupation of mother Waitress Race of mother White
   Birthplace of mother (State or foreign country) Indpls., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia G. Thompson
New Address Same

Subscribed and sworn to before me this 13 day of June, 19 67
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 17 *day of* June, 19 67, *authorizing the joining together as husband and wife* Jerry Bennett *and* Patricia G. Thompson

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* Rev. Thomas E Berry *hereby certify that on the* 17th *day of* June, *one thousand nine hundred and* sixty-seven *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Jerry Bennett *of* Hendricks *County, State of* Indiana *and, Bride* Patricia G. Thompson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

*Dated this* 17th *day of* June, 19 67.

*Signed* Rev. Thomas E Berry
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 20th *day of* June, 19 67.

*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. 164
File June 1 Book 29
June 12, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 12, 1967
Name of Physician John P. Calhoon

**FEMALE**
Medical Examination Report Dated June 12, 1967
Name of Physician John P. Calhoon

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Jerry Middle — Last Bennett
Date of Birth: Month July Day 24 Year 1947
Place of Birth (State or foreign country) Dearborn, Michigan
Residence Address: Street or R. R. R R #1 City Clayton County Hend. State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Drills Water Wells
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List the[illegible]

## FEMALE APPLICANT

Name: First Patricia Middle G. Last Thompson
Date of Birth: Month July Day 6 Year 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. RR#1, Box 286 City Clayton County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Waitress
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under th[illegible] No ☑ Yes ☐
No ☑ Yes ☐

June 9, 1967

TO WHOM IT MAY CONCERN:

I Marie Hansel here by give my consent for my son Jerry Bennette to marry Patricia Thompson. I forever have full custody of my son.

Marie Hansel

Personally appeared before me, Dewey Denson Notary Public for said County: Marie Hansel and Made Oath in duly form that the above statement is true.

Dewey Denson N.P.

My Commission expires Apr. 6. 1970

This June 9. 1967.

Thompson
father White
iana
Sparks
mother White
ls., Ind.
the information given is true and correct.
mpson
une, 1967
s Circuit Court

If only one parent
ry
Father
Mother

....., 19.....
.....Clerk

Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7 day of June, 1967, authorizing the joining together as husband and wife Jerry Bennett and Patricia G. Thompson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Thomas E Berry hereby certify that on the 12th day of June, one thousand nine hundred and sixty-seven at Avon, County of Hendricks, State of Indiana, Groom Jerry Bennett of Hendricks County, State of Indiana and, Bride Patricia G. Thompson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 12th day of June, 1967.

Signed Rev. Thomas E Berry
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of June, 1967.

Signed John Hamilton, 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. 162

File Book 29

14 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 9 June 1967
Name of Physician Wm. B. Kriel MD.

**FEMALE**
Medical Examination Report Dated 9 June 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: First Cecil Middle L. Last Baker

Date of Birth: Month June Day 19 Year 1899

Place of Birth (State or foreign country): Boone Co Ind.

Residence Address: Street or R. R. 1804 S. Lucerne St, City Indpls, County Marion, State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Retired.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers Licence.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James Daniel Baker. Deceased.
    Residence of father (if deceased so state)
    Occupation of father Race of father White
    Birthplace of father (State or foreign country) Clinton Co Ind.
12. Full maiden name of mother Mollie Lange
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother Race of mother White
    Birthplace of mother (State or foreign country) Boone Co Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cecil L Baker
New Address 1804 S. Lucerne St. Indpls.

Subscribed and sworn to before me this 14th day of June, 19 67
John 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

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

## FEMALE APPLICANT

Name: First Lena Middle P. Last Baker

Date of Birth: Month July Day 2 Year 1902

Place of Birth (State or foreign country) Marion Co Ind.

Residence Address: Street or R. R. R2 Box 330 City Indpls, County Hendricks, State Ind.

Maiden Name if Different Lena Pearl Doane

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. Candy maker.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Florida 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 William Clarence Doane.
   Residence of father (if deceased so state) Indpls, Ind.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Hamilton Co, Ind.
8. Full maiden name of mother Ona Darrell
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Marion Co, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lena P Baker
New Address Same.

Subscribed and sworn to before me this 14th day of June, 19 67
John 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

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19th day of June, 1967, authorizing the joining together as husband and wife Cecil L. Baker and Lena P. Baker.

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Wm O Norris hereby certify that on the 23rd day of June, one thousand nine hundred and sixty-seven at The Bethany Christian Church, County of Marion, State of Indiana, Groom Cecil L Baker of Marion County, State of Indiana, and, Bride Lena P Baker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 19th day of June, 19 67. Signed Wm O Norris
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of June, 19 67. Signed John T Lamb 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. 166
File Book 29
14 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 12 June 1967
Name of Physician H. Sherster M.D.

**FEMALE**
Medical Examination Report Dated 12 June 1967
Name of Physician H. Sherster M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First William Middle K. Last Nichols.
Date of Birth: Month June Day 5 Year 1929
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 702 Turtle Creek Apt 2 City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
66 Marriage.
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Machine Opr. Eli Lilly
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 William Robert Nicholson.
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Madison Co. Ind.
12. Full maiden name of mother Lucille Gilley.
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William R Nichols
New Address 702 Turtle Cr. Apt 2 (Indpls, Ind)
Subscribed and sworn to before me this 14th day of June, 1967
John Sandlap Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Linda Middle D. Last Whitlock.
Date of Birth: Month September Day 24 Year 1943
Place of Birth (State or foreign country) Portsmouth Va,
Residence Address: Street or R. R. R2 3x39C City Cagetsville County Hen. State Ind.
Maiden Name if Different Linda D. Miller
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
67 Poplar Bluff Mo.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Boat Builder.
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 Tully Miller.
   Residence of father (if deceased so state) Portsmouth Va
   Occupation of father Electrician Race of father White
   Birthplace of father (State or foreign country) Portsmouth Va,
8. Full maiden name of mother Mildred Estelle Knowles
   Residence of mother (if deceased so state) Portsmouth Deceased
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) N. Car.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda D. Whitlock
New Address Same.
Subscribed and sworn to before me this 14th day of June, 1967
John Sandlap Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks. *Circuit Court of Indiana dated the* 19th *day of* June, 19 67, *authorizing the joining together as husband and wife* William R. Nichols. *and* Linda D. Whitlock.

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, N. C. Burnett hereby certify that on the 24th day of June, one thousand nine hundred and sixty-seven at Carmel, County of Hamilton, State of Indiana, Groom William R. Nichols of Marion County, State of Indiana, and, Bride Linda D. Whitlock of Hendricks County, State of Indiana, were by me united 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 June, 19 67.

Signed N. C. Burnett
Official Designation Justice of Peace 11th Ave N.E. Carmel, Indiana

*Filed and recorded in accordance with the laws of the State of Indiana this* 26th *day of* June, 19 67.

Signed John Sandlap, 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. 167
File Book 29
14 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 6 June 1967
Name of Physician F. M. Cooper M.D.

**FEMALE**
Medical Examination Report Dated 6 June 1967
Name of Physician F. M. Cooper M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Stephen Middle P. Last Eikenberry
Date of Birth: Month January Day 13 Year 1943
Place of Birth (State or foreign country) Ft. Wayne, Indiana.
Residence Address: Street or R. R. 2318 Fantich Dr. City Ft Wayne County Allen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student. Purdue.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Marlin Leon Eikenberry
    Residence of father (if deceased so state) Ft Wayne, Ind.
    Occupation of father Funeral Director Race of father white
    Birthplace of father (State or foreign country) Flora Ind.
12. Full maiden name of mother Dorothy Elizabeth Miller.
    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) Decatur, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stephen P. Eikenberry
New Address 206 Pierce St, W. Lafy, Ind
Subscribed and sworn to before me this 14th day of June, 1967.
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.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Nancy Middle L. Last Stanley
Date of Birth: Month June Day 1 Year 1943
Place of Birth (State or foreign country) Hendricks Co. Ind.
Residence Address: Street or R. R. R2 City Danville, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student: Purdue
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 Aubrey Henry Stanley.
   Residence of father (if deceased so state) Danville, Ind.
   Occupation of father Implement dealer Race of father white.
   Birthplace of father (State or foreign country) Noble Co. Ind.
8. Full maiden name of mother Norris Mae Dollens.
   Residence of mother (if deceased so state) D'ville Ind.
   Occupation of mother H/W. Race of mother White.
   Birthplace of mother (State or foreign country) Morgan, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy L. Stanley
New Address Same.
Subscribed and sworn to before me this 14th day of June, 19 67
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.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the.....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* 23rd *day of* June, 19 67, *authorizing the joining together as husband and wife* Stephen P. Eikenberry *and* Nancy L. Stanley.

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* Rev. Leo J. Haigerty *hereby certify that on the* 24th *day of* June, *one thousand nine hundred and* sixty-seven *at* St. Thomas Aquinas Church, *County of* Tippecanoe, *State of Indiana, Groom* Stephen P. Eikenberg *of* Tippecanoe *County, State of* Indiana, *and, Bride* Nancy L. Stanley *of* Tippecanoe *County, State of* Indiana, *were by me united 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* June, 19 67. *Signed* Rev. Leo J. Haigerty
*Official Designation* Priest

*Filed and recorded in accordance with the laws of the State of Indiana this* 3rd *day of* June, 19 67. *Signed* John Lambert, 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. 168
File Book 29
14 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 13 ~~Sep~~ June 1967
Name of Physician L.E. Foltz MD

**FEMALE**
Medical Examination Report Dated 13 June 1967
Name of Physician L.E. Foltz MD.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Edward Middle J. Last Castle
Date of Birth: Month August Day 5 Year 1911
Place of Birth (State or foreign country) Nickell Ky.
Residence Address: Street or R. R. Gladden RR 1 City Jamestown, Hen, Ind. County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3-4
Last Marriage Ended By: Death ☑ '48 (1) Divorce ☑ '66 Marion Co, Ky Annulment ☐ '42 $ Marion Co '62
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Tester. Linde
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 Louis Sterling Castle
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Panama, Ky.
12. Full maiden name of mother Amanda Frances Harper
    Residence of mother (if deceased so state) Hazel Green, Ky
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Sellers, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edward J Castle
New Address 429 Centennial, Indpls.
Subscribed and sworn to before me this 14th day of June, 19 67
John Randolph Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Marian Middle R. Last Randolph
Date of Birth: Month February Day 17 Year 1906
Place of Birth (State or foreign country) Media Ill.
Residence Address: Street or R. R. 429 Centennial City Indpls, County Marion State Ind.
Maiden Name if Different Marian R. Rodman
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3-2
Last Marriage Ended By: Death ☑ '60 Divorce ☑ 66 Marion Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk, Emp Sec.
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 Charles Marion Rodman.
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Henderson Co. Ill
8. Full maiden name of mother Rosetta Josephine Hearlinger.
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Ripley Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marian R. Randolph
New Address Same
Subscribed and sworn to before me this 14th day of June, 19 67
John Randolph Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 18 *day of* June, 19 67, *authorizing the joining together as husband and wife* Edward J. Castle *and* Marion R. Randolph

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Roy R. Barnett, Jr. *hereby certify that on the* 18th *day of* June, *one thousand nine hundred and* sixty-seven *at* Indianapolis; *County of* Marion, *State of Indiana, Groom* Edward J. Castle *of* Hendricks *County, State of* Indiana *and, Bride* Marian R Randolph *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* 18th *day of* June, 19 67.

Signed Roy R. Barnett, Jr.
Official Designation Christian Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 20th *day of* June, 19 67.

Signed John Randolph, 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. 168 169

File Book 29

14 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 29 May 1967
Name of Physician Chester C. Conway M.D.

**FEMALE**
Medical Examination Report Dated 29 May 1967
Name of Physician Chester C. Conway M.D

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Herbert Middle E. Last Shepherd

Date of Birth: Month August Day 11, Year 1908

Place of Birth (State or foreign country) Morgan Co., Ind.

Residence Address: Street or R. R. RI Bx 275A City Mooresville, Hen, County Hen, State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 36 Hen.

Color or Race: White ☐ Negro ☐ Other ☐ (specify)

Usual Occupation Machinist: Diamond chasm.

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 William Henry Shepherd.
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father white
    Birthplace of father (State or foreign country) Morgan, Ind.
12. Full maiden name of mother Ella J. Wiland.
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother — Race of mother white
    Birthplace of mother (State or foreign country) Morgan Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Herbert E. Shepherd

New Address RI Bx 275A Mooresville

Subscribed and sworn to before me this 14th day of June, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

## FEMALE APPLICANT

Name: First Ruth Middle Mae Last Gunder

Date of Birth: Month May Day 13, Year 1916

Place of Birth (State or foreign country) Shelbyville, Ind.

Residence Address: Street or R. R. RI Bx 275A City Mooresville, Hen, County Hen, State Ind.

Maiden Name if Different Ruth Mae Ewens.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☑ 50 Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Cook: Kenworth Tr. Stop.

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 Evans Ewens.
   Residence of father (if deceased so state) Manence, Ill.
   Occupation of father Retired. Race of father White
   Birthplace of father (State or foreign country) Brown Co, Ind.
8. Full maiden name of mother Mamie Cora Stater.
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother ——— Race of mother wh. fr
   Birthplace of mother (State or foreign country) Columbus, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruth Mae Gunder

New Address Same.

Subscribed and sworn to before me this 14th day of June, 19 67

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 14th day of June, 19 67, authorizing the joining together as husband and wife Herbert E. Shepherd and Ruth Mae Gunder.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald Eardley hereby certify that on the 18th day of June, one thousand nine hundred and sixty seven at Tapp, County of Hendricks, State of Indiana, Groom Herbert E. Shepherd of Coals, County, State of Illinois, and, Bride Ruth Mae Gunder of Hendricks County, State of Indiana were by me united 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 June, 19 67.

Signed Donald Eardley

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of July, 19 67.

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. ~~H-9~~ 170
File Book K 29
16 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 9 June 1967
Name of Physician Clinton F. Snyder M.D.

**FEMALE**
Medical Examination Report Dated 27 May 1967
Name of Physician W. Donald Woodard M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Beris Middle M. Last Christiansen
Date of Birth: Month September Day 20 Year 1943
Place of Birth (State or foreign country) St. Paul, Minn.
Residence Address: Street or R. R. 1204 Laurel Ave, City St. Paul, County Ramsey, State Minn.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation 2nd Lt. USArmy
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 Vernon Vincent Christransen.
Residence of father (if deceased so state) St. Paul Minn.
Occupation of father Major USArmy. Race of father white
Birthplace of father (State or foreign country) Minneapolis, Minn.
12. Full maiden name of mother Gretchen Ann Hewerenz.
Residence of mother (if deceased so state) St. Paul, Minn.
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Montana.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Beris M. Christiansen
New Address WDEL. Chan Proc. D.V. Edgewood Arsenal MD.
Subscribed and sworn to before me this 16th day of June, 19 67
John Sandford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Linda Middle Ann Last Leach
Date of Birth: Month June Day 6 Year 1944
Place of Birth (State or foreign country) E. Chicago, Ind.
Residence Address: Street or R. R. 13 Karyn Dr, City R2 P'fld, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation School Teacher.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Lawrence Melvin Leagh.
Residence of father (if deceased so state) R2 Pfld, Ind.
Occupation of father Mgr. Farm Bureau. Race of father White
Birthplace of father (State or foreign country) Sellersburg, Ind.
8. Full maiden name of mother Frances Annabelle Stewart.
Residence of mother (if deceased so state) R2 Pfld, Ind.
Occupation of mother Treas. Hen Co. Race of mother White.
Birthplace of mother (State or foreign country) Memphis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda Ann Leach
New Address Same.
Subscribed and sworn to before me this 16th day of June, 19 67
John Sandford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 20 *day of* June *19* 67, *authorizing the joining together as husband and wife* Beris M Christiansen *and* Linda Ann Leach
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Robert F. DeLong *hereby certify that on the* 25th *day of* June, *one thousand nine hundred and* Sixty-seven *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Beris M. Christiansen *of* Ramsey *County, State of* Minnesota *and, Bride* Linda Ann Leach *of* Hendricks *County, State of* Indiana, *were by me united 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* June, *19* 67.

*Signed* Robert F. DeLong
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 30th *day of* June, *19* 67
*Signed* John Sandford, 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. 170171
File Book 29
17 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 9 June 67
Name of Physician Eli A. Coats M.D.

**FEMALE**
Medical Examination Report Dated 12 June 1967
Name of Physician Eli 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: First Donald Middle G. Last Roberts
Date of Birth: Month October Day 1 Year 1945
Place of Birth (State or foreign country) Matoon, Ill.
Residence Address: Street or R. R. R8 Bx 329 City Indpls, County Hen, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Pipe fitter : N.Y.C.
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 Windsor Theodore Roberts.
    Residence of father (if deceased so state) R8 Indpls, Ind.
    Occupation of father Manager : N.Y.C. Race of father white
    Birthplace of father (State or foreign country) Matoon Ill.
12. Full maiden name of mother Gertrude Willideen Rhine
    Residence of mother (if deceased so state) R8, Indpls, Ind.
    Occupation of mother H/W Race of mother white
    Birthplace of mother (State or foreign country) Harrisburg, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Donald G. Roberts
New Address R1 Bx 88F Danville, Ind.
Subscribed and sworn to before me this 17th day of June, 19 67
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Margaret Middle Ann Last Barnett
Date of Birth: Month May Day 29 Year 1947
Place of Birth (State or foreign country) Terre Haute, Ind.
Residence Address: Street or R. R. R1 Bx 88F, Avon Lake Apts City Danville, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Stew : Hano Ind.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Ill 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 Ellwyn Barnett
   Residence of father (if deceased so state) Oakland, Ill.
   Occupation of father Dr. Lic. Dir. State Ill. Race of father White
   Birthplace of father (State or foreign country) Charlestown, Ill.
8. Full maiden name of mother Agnes Marcella Nolan
   Residence of mother (if deceased so state) Oakland, Ill.
   Occupation of mother R.N. Race of mother White
   Birthplace of mother (State or foreign country) Oakland, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Margaret Ann Barnett
New Address Same
Subscribed and sworn to before me this 17th day of June, 19 67
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 21st day of June, 19 67, authorizing the joining together as husband and wife Donald G. Roberts and Margaret Ann Barnett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ira J. Goodman hereby certify that on the 24th day of June, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Donald G Roberts of Hendricks County, State of Indiana, and, Bride Margaret Ann Barnett of Hendricks County, State of Indiana were by me united 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 June, 19 67.

Signed Ira J Goodman
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of July, 19 67.

Signed John Lambdin, 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. 172

Date App. Filed June 17, 1967

File Bk. 29 Date of Application

**MALE**
Medical Examination Report Dated 6-16-67
Name of Physician J. D. Warbinton

**FEMALE**
Medical Examination Report Dated 6-16-67
Name of Physician J. D. Warbinton

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Ronald Middle L. Last Gribble

Date of Birth: Month Jan. Day 3 Year 1943

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 133 Duffy, City Plainfield, County Hend., State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Navy

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Roy Gribble
    Residence of father (if deceased so state) Same
    Occupation of father Purchasing Engineer Race of father W.
    Birthplace of father (State or foreign country) Muncie, Ind.
12. Full maiden name of mother Louise Marguerite Adams
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Muncie, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald L Gribble

New Address .....

Subscribed and sworn to before me this 17 day of June, 19 67

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

## FEMALE APPLICANT

Name: First Judy Middle A. Last Castleman

Date of Birth: Month March Day 18 Year 1944

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 590 Duffy, City Plainfield, County Hend., State 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 Sec.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Thomas Oliver Castleman
   Residence of father (if deceased so state) Same
   Occupation of father Insurance Agent Race of father W.
   Birthplace of father (State or foreign country) Indpls., Ind.
8. Full maiden name of mother Thelma Adiene Williamson
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) West Union, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy A. Castleman

New Address .....

Subscribed and sworn to before me this 17 day of June, 19 67

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 17th *day of* June, 19 67, *authorizing the joining together as husband and wife* Ronald L. Gribble *and* Judy A. Castleman

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* Robert E. DeBorg *hereby certify that on the* 24th *day of* June, *one thousand nine hundred and* sixty-seven *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Ronald Lynn Gribble *of* Hendricks *County, State of* Indiana, *and, Bride* Judith Ann Castleman *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 67.

*Signed* Robert E. DeBorg

*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 30th *day of* June, 19 67.

*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. F72-173

HENDRICKS County

File Book 29

17 June 1967 Date of Application

**MALE**
Medical Examination Report Dated 16 June
Name of Physician J.C. Kerlin M.D.

**FEMALE**
Medical Examination Report Dated 16 June 1967
Name of Physician J.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: First Danny Middle E. Last Lyon

Date of Birth: Month September Day 29 Year 1949

Place of Birth (State or foreign country) Greencastle, Ind.

Residence Address: Street or R. R. 505 E. Madison City G'castle County Putnam State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation M3 : USAF

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☑ Other (Specify) A.F. I.D.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Edward Lyon.
    Residence of father (if deceased so state) R1 Greencastle, Ind.
    Occupation of father Factory worker: Amer. Eng. Race of father White
    Birthplace of father (State or foreign country) Greencastle, Ind.
12. Full maiden name of mother Betty Jo. Umberto. Baldwin
    Residence of mother (if deceased so state) 505 E Madison
    Occupation of mother Cook: Waffle Hse. Race of mother White
    Birthplace of mother (State or foreign country) Greencastle, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Danny E. Lyon

New Address Bx 349 ~ 814th Sup Sqn. Weston AFB. Mass.

Subscribed and sworn to before me this 17th day of June, 19.....

John Sandlapp Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Fathers consent, witnessed by Clerk Putnam Co., attached.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Betty Baldwin Mother

Subscribed and sworn to before me this 17th day of June, 1967

John Sandlapp Clerk

## FEMALE APPLICANT

Name: First Theresa Middle Suzanne Last Brock

Date of Birth: Month September Day 20 Year 1949

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. 484 Midland Dr. City Danville County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Secy. A.S.C.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Daniel Arthur Brock.
   Residence of father (if deceased so state) D'ville, Ind.
   Occupation of father Supt. Allen. Race of father White
   Birthplace of father (State or foreign country) Brownsville, Tex.
8. Full maiden name of mother Virginia Mae Wright.
   Residence of mother (if deceased so state) D'ville, Ind.
   Occupation of mother Meatcutter: D'ville wsale mkt Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Theresa Suzanne Brock

New Address 484 Midland Dr., Divlle

Subscribed and sworn to before me this 17th day of June, 1967

John Sandlapp Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of 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 17 June attached

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Virginia M. Brock Mother

Subscribed and sworn to before me this 17th day of June, 1967

John Sandlapp Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered*, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 21st day of June, 19 67, authorizing the joining together as husband and wife Danny E. Lyon and Theresa Suzanne Brock.

*Be it further remembered*, the following marriage certificate was filed in my office, to-wit:

I, Edward Mc Laughlin hereby certify that on the 24th day of June, one thousand nine hundred and sixty-seven at St. Mary's Church, Danville, County of Hendricks, State of Indiana, Groom Danny E. Lyon of Putnam County, State of Indiana, and, Bride Theresa Suzanne Brock of Hendricks County, State of Indiana were by me united 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 June, 19 67.

Signed Edward Mc Laughlin

Official Designation Catholic Priest - Pastor

*Filed and recorded in accordance with the laws of the State of Indiana this* 26th day of June, 19 67

Signed John M. Sandlapp, 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. ~~172~~ 173

File Book 29

17 June 1967 Date of Application

**MALE**
Medical Examination Report Dated 16 June
Name of Physician D.C. Kerlin MD

**FEMALE**
Medical Examination Report Dated 16 June 1967
Name of Physician D.C. Kerlin MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Danny Middle E. Last Lyon
Date of Birth: Month September Day 29 Year 1949
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address: Street or R. R. 505 E. Madison, City G'castle, County Putnam, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages

## FEMALE APPLICANT

Name: First Theresa Middle Suzanne Last Brock
Date of Birth: Month September Day 20 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 484 Midland Dr., City Danville, County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages

I, Daniel A. Brock, hereby give my consent for my daughter, Theresa Suzanne Brock to marry Danny E. Lyon Jr.

FILED
JUN 19 1967
John Gambold Jr.
CLERK HENDRICKS CIRCUIT SUPERIOR COURT

Daniel A. Brock

Subscribed and sworn to before me this 17 day of June 1967

Don R York
Notary Public

My Commission expires July 17, 1969

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

John Edward Lyon Jr.

8. Full maiden name of mother Virginia [illegible] Wright.
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Meatcutter. Diville wife not Race of mother White
Indpls, Ind.

I, John E. Lyon, hereby give my consent for my Son, Danny E. Lyon to marry Thera Susan Brock.

FILED
JUN 19 1967
John Gambold Jr.
CLERK HENDRICKS CIRCUIT SUPERIOR COURT

John E. Lyon

Subscribed and sworn to before me this 19th day of June 1967

Ennis E Morten Clerk
Notary Public

he information given is true and correct.
e Brock
Dr., Divill
June, 1967
KS Circuit Court

e. If only one parent
ssary
Father
attached

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Betty Baldwin Mother
Subscribed and sworn to before me this 17th day of June, 1967
John Gambold Clerk

Signed Father
Signed Virginia M. Brock Mother
Subscribed and sworn to before me this 17th day of June, 1967
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 21st day of June, 1967, authorizing the joining together as husband and wife Danny E. Lyon and Theresa Suzanne Brock.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward Mc Laughlin hereby certify that on the 24th day of June, at St. Mary's Church, Avon, County of Hendricks, one thousand nine hundred and sixty-seven of Putnam County, State of Indiana, State of Indiana, Groom Danny E. Lyon of Hendricks County, State of Indiana, and, Bride Theresa Suzanne Brock of Hendricks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 21st day of June, 1967.

Signed Edward Mc Laughlin
Official Designation Catholic Priest - Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of June, 1967.

Signed John W Canfield, 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. 173179
File Book 29
19 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 7 June 1967
Name of Physician A.N. Scudder M.D.

**FEMALE**
Medical Examination Report Dated 7 June 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: First Benjamin Middle L. Last Crumpler
Date of Birth: Month December Day 9 Year 1948
Place of Birth (State or foreign country) Houston, Texas.
Residence Address: Street or R. R. 663 Alpha Ave. City B'burg County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Mgr. Training. Firestone.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) School recor statement - notorized

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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 Legon Crumpler
    Residence of father (if deceased so state) Deceased.
    Occupation of father ——— Race of father white
    Birthplace of father (State or foreign country) Lufkin, Texas.
12. Full maiden name of mother Zelma Raspberry Hoff
    Residence of mother (if deceased so state) 72 Sorentrue Ave, Charleston S.C.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Ball Pasture, Tex

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Benjamin L. Crumpler
New Address 65 Ft Robert Dr, Apt A Fort-O-Call Ind
Subscribed and sworn to before me this 19th day of June, 19 67
John 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. Mothers notarized consent and statement of sons age dated — attached.

State of Indiana, County of HENDRICKS } ss:

Signed ——— Father
Signed ——— Mother
Subscribed and sworn to before me this 19th day of June, 19 67
John Lamb Clerk

## FEMALE APPLICANT

Name: First Karen Middle Marie Last Lovell
Date of Birth: Month April Day 19 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 99 Lincoln Ave. City B'burg County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Typist. Blue Cross.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Eugene Leonard Lovell
   Residence of father (if deceased so state) B'burg, Ind.
   Occupation of father Supt. Utility Race of father White
   Birthplace of father (State or foreign country) Jamestown, Ind.
8. Full maiden name of mother Doris Marie Nash
   Residence of mother (if deceased so state) B'burg, Ind.
   Occupation of mother Typist. Bridgeport Bldg. Race of mother White
   Birthplace of mother (State or foreign country) Hendricks Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karen Marie Lovell
New Address Same.
Subscribed and sworn to before me this 19th day of June, 19 67
John 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.

State of Indiana, County of HENDRICKS } ss:

Signed ——— Father
Signed ——— Mother
Subscribed and sworn to before me this ——— day of ———, 19——
——— Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ——— County ——— Court by written order issued ——— and filed in ——— authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23rd day of June, 19 67, authorizing the joining together as husband and wife Benjamin L. Crumpler and Karen Marie Lovell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Willard R. Fair hereby certify that on the 25th day of June, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks State of Indiana, Groom Benjamin L. Crumpler of Hendricks County, State of Indiana and, Bride Karen Marie Lovell of Hendricks County, State of Indiana were by me united 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 June, 19 67.

Signed Rev. Willard R. Fair
Official Designation Methodist Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of June, 19 67.

Signed John Lamb, Jr. Clerk
Hendricks Circuit Court

522

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 156, Ind. Acts 1963

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 173179
File Book 29
19 June 1967
Date of Application

MALE
Medical Examination Report Dated 7 June 1967
Name of Physician A.N. Scudder MD

FEMALE
Medical Examination Report Dated 7 June 1967
Name of Physician A.N. Scudder MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 156, Indiana Acts 1963 prescribes "False statement—Whoever procures the issuance of a license 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: First Benjamin Middle L. Last Crumpler | Name: First Karen Middle Marie Last Lovell |
| | Age 19 |
| | County, State Hendricks, Ind. |

RONALD R. FRENCH, PRINCIPAL — RONALD A. LYNCH, ASS'T PRINCIPAL

BROWNSBURG HIGH SCHOOL
BROWNSBURG, INDIANA 46112
TELEPHONE: 852-2258

June 14, 1967

This is to certify that as far as school records show Benjamin Crumpler was born in Houston, Texas on December 9, 1948.

Donald R. French
Donald R. French

Benjamin L. Crumpler STUDENT

Subscribed and sworn to, before me this 19 day of June 1967

Bonnie Dickey Notary Public

My Commission expires 9-23 1969

FILED
JUN 19 1967
John Turnbull Jr.
CIRCUIT
CLERK HENDRICKS SUPERIOR COURT

No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐

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the information given
is true and correct.

June 19 67

Circuit Court

If only one parent

Father
Mother
19
Clerk

ined parties, the
and filed

Circuit Court

A Member of the North Central Accrediting Association

of persons above the 23rd day of June, 19 67, authorizing the joining together as husband and wife
To (prefer remainder) the following marriage certificate was filed in my office, to-wit:
I, Rev. Willard L. Fair hereby certify that on the 23rd day of June
one thousand nine hundred and Sixty-seven at Brownsburg, County of Hendricks
State of Indiana, Groom Benjamin L. Crumpler, of Hendricks County, State of Indiana
and, Bride Karen Marie Lovell of Hendricks County, State of Indiana
were by me united 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 June, 19 67.

Signed Rev. Willard L Fair
Official Designation Presbyterian Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of June, 19 67

Signed John Turnbull Jr. Clerk
Hendricks Circuit Court

522

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. F73179
File Book 29
19 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 7 June 1967
Name of Physician A.N. Scudder M.D.

**FEMALE**
Medical Examination Report Dated 7 June 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: First Benjamin Middle L. Last Crumpler
Date of Birth: Month ... Year 1949
County Hen, State Ind.

**FEMALE APPLICANT**
Name: First Karen Middle Marie Last Lovell
Date of Birth: Month ... Year 1949
County ..., State Ind.

DONALD R. FRENCH, PRINCIPAL

RONALD A. LYNCH, ASS'T. PRINCIPA

BROWNSBURG HIGH SCHOOL

72 Serentine Ave
Charleston Heights
So. Carolina 29405

June 14, 1967

I Mrs. Zelma Nikoff, sole parent of Benjamin Legon Crumpler here by give my concent for my son Benjamin Legon Crumpler to marry Karen Marie Lowell.
I fruther state my son was born December 9, 1948.

Benjamin Crumpler

ald R. French

pler STUDENT

Mrs. Zelma Nikoff

y of

ary Public

Affirmed to
Frank A. Moore
Notary Public for S.C.
Commission Expires at Pleasure of Govt.

FILED
JUN 19 1967
John Yambold Jr.
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

FILED
JUN 19 1967
John Yambold Jr.
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

A Member of the North Central Accrediting Association

No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐

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Co, Ind.

he information given
s true and correct.

June 19 67

Circuit Court

If only one parent

Father
Mother
19
Clerk

med parties, the
and filed

Circuit Court

of Indiana dated the 12 day of June, 19 67, authorizing the joining together as husband and wife Benjamin L. Crumpler and Karen Marie Lovell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Willard R. Fair hereby certify that on the 25th day of June, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks State of Indiana, Groom Benjamin L. Crumpler of Hendricks County, State of Indiana and, Bride Karen Marie Lovell of Hendricks County, State of Indiana were by me united 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 June, 19 67.

Signed Rev. Willard R. Fair
Official Designation Methodist Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of June, 19 67.

Signed John Yambold, 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. 175
File Book 29
June 19-1967
Date of Application

**MALE**
Medical Examination Report Dated June 8-1967
Name of Physician Thomas J albert M.D.

**FEMALE**
Medical Examination Report Dated June 8-1967
Name of Physician Thomas J albert M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Charles Middle L Last Fancher

Date of Birth: Month 8 Day 6 Year 1942

Place of Birth (State or foreign country): Auburn Washington

Residence Address: Street or R. R. 1613 12 Dudley ave City Anaheim County Orange State California

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License California

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles Almond Fancher
    Residence of father (if deceased so state) Washington state
    Occupation of father Forman Construction Race of father W
    Birthplace of father (State or foreign country) Washington State
12. Full maiden name of mother Alice Viola Robinson
    Residence of mother (if deceased so state) Washington State
    Occupation of mother Secretary Race of mother W
    Birthplace of mother (State or foreign country) Washington State

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles L. Fancher

New Address.....

Subscribed and sworn to before me this 19 day of June, 19 67

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

## FEMALE APPLICANT

Name: First Margaret Middle Jane Last Humke

Date of Birth: Month 12 Day 17 Year 1943

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 1660 W Palm Lane City Anaheim County Orange State California

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License California

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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 Ernst Herman Humke
   Residence of father (if deceased so state) Indiana
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Evelyn Margarita Stoops
   Residence of mother (if deceased so state) Indiana
   Occupation of mother Teacher Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Margaret Jane Humke

New Address.....

Subscribed and sworn to before me this 19 day of June, 19 67

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23rd day of June, 1967, authorizing the joining together as husband and wife Charles L. Fancher and Margaret Jane Humke.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Louis O. Crouch hereby certify that on the 24th day of June, one thousand nine hundred and sixty-seven at Linton, County of Hendricks, State of Indiana, Groom Charles Lonny Fancher of Orange County, State of California, and, Bride Margaret Jane Humke of Orange County, State of Kentucky were by me united 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 June, 1967.

Signed Louis O. Crouch

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of June, 1967.

Signed John Gambold, Jr. Clerk

Hendricks Circuit Court

524

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 176
File Book 29
19 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 16 June 1967
Name of Physician John R. Calhoon MD

**FEMALE**
Medical Examination Report Dated 16 June 1967
Name of Physician John R. 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: First Thomas Middle L. Last Calvert
Date of Birth: Month September Day 15 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RR1 Bx126 City Clayton County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Machinist. Diamond chas.
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 Elzie K. Calvert. Deceased.
    Residence of father (if deceased so state) —
    Occupation of father Race of father white
    Birthplace of father (State or foreign country) Scottsville, Ky.
12. Full maiden name of mother Coleen Marie Mahaney.
    Residence of mother (if deceased so state) Clayton, Ind.
    Occupation of mother Cook: Jones. Race of mother white
    Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas L. Calvert
New Address Indpls, Ind.
Subscribed and sworn to before me this 19th day of June, 19 67
John 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 Father deceased: mother has given full consent:

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Coleen Marie Gibbons Mother
Subscribed and sworn to before me this 19th day of June, 19 67
John Lamb Clerk

## FEMALE APPLICANT

Name: First Linda Middle Charlene Last Holt
Date of Birth: Month March Day 9 Year 1948
Place of Birth (State or foreign country) Lebanon Ky.
Residence Address: Street or R. F. 6525 W. 16th Indpls City Marion County State Ind.
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Student. Cent Bus.
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 Paul Moore Holt
   Residence of father (if deceased so state) unknown
   Occupation of father Laborer. Fork lift. Race of father white
   Birthplace of father (State or foreign country) Clayton, Ky.
8. Full maiden name of mother Hazel Thomas
   Residence of mother (if deceased so state) Indpls, Ind.
   Occupation of mother Secy. Lilly. Race of mother White
   Birthplace of mother (State or foreign country) Bardstown, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Charlene Holt
New Address Same.
Subscribed and sworn to before me this 19th day of June, 19 67
John 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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 24th day of June, 19 67, authorizing the joining together as husband and wife Thomas L. Calvert and Linda Charlene Holt

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Rev. Melvin Hines hereby certify that on the 8th day of July, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom Thomas L. Calvert of Hendricks County, State of Indiana, and, Bride Linda Charlene Holt 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 9th day of July, 19 67.

Signed Rev. Melvin Hines
Official Designation Minister Lutheran Union Church 4751 East Minnesota St. Indianapolis Indiana

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of July, 19 67.

Signed John Lamb, Jr. Clerk
Hendricks Circuit Court

525

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. F 6 177
File Book 29
19 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 7 June 1967
Name of Physician J.G. Barreau 1st Lt MC.

**FEMALE**
Medical Examination Report Dated 16 June 1967
Name of Physician John Michael Hoog M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First James Middle Edwin Last Griffith
Date of Birth: Month February Day 1 Year 1946
Place of Birth (State or foreign country): Boyds Port Ind.
Residence Address: Street or R. R. 159 N. West. City Plfld, County Hen, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Airman: U.S. Navy.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Talmon Griffith.
    Residence of father (if deceased so state): Plfld, Ind.
    Occupation of father: Gen. Utility: Indpls Rwy. Race of father: White
    Birthplace of father (State or foreign country): Martinsville Ind.
12. Full maiden name of mother: Cora Alice Simpson
    Residence of mother (if deceased so state): Plfld, Ind.
    Occupation of mother: Prac. Nurse: Riley Race of mother: White
    Birthplace of mother (State or foreign country): Hend Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: James Edwin Griffith
New Address: VP16 3x36 NAS Jacksonville, Fla.
Subscribed and sworn to before me this 19th day of June, 1967
John Randolph Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Sandra Middle Kay Last Lawrence
Date of Birth: Month October Day 20 Year 1946
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: Street or R. R. 411 Buchanan Sty City Plfld, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed.
Date of birth verified by: ☑ Birth Cert. ☑ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Carl Wesley Lawrence.
   Residence of father (if deceased so state): Plainfield, Ind.
   Occupation of father: Sheetmetal: Allis Race of father: White
   Birthplace of father (State or foreign country): Ano, Ind.
8. Full maiden name of mother: Cora Janice Bennett Weber
   Residence of mother (if deceased so state): 411 Buchanan, Plfld,
   Occupation of mother: Clerk: Danner Race of mother: White
   Birthplace of mother (State or foreign country): Independance, Kan.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Sandra Kay Lawrence
New Address: Same.
Subscribed and sworn to before me this 19th day of June, 1967
John Randolph Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....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 23rd day of June, 1967, authorizing the joining together as husband and wife James Edwin Griffith and Sandra Kay Lawrence.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank S. Surber hereby certify that on the 23rd day of June, one thousand nine hundred and sixty-seven at Plainfield County of Hendricks, State of Indiana, Groom James Edwin Griffith of Hendricks County, State of Indiana, and, Bride Sandra Kay Lawrence of Hendricks County, State of Indiana, were by me united 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 June, 1967.

Signed Frank S Surber
Official Designation Hon Frank Surber

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of July, 1967.

Signed John Randolph, 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. 178
File Book 29
19 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 15 June 1967
Name of Physician James Black M.D

**FEMALE**
Medical Examination Report Dated 15 June 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: First Donald Middle E. Last Portwood
Date of Birth: Month July Day 24 Year 1937
Place of Birth (State or foreign country) ~~Ind~~ Indianapolis, Ind.
Residence Address: Street or R. R. 305 S. Grant St. City Bburg County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Dec 64. Hend.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Met. Tech. Union Carbide.
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 John Tyra Portwood.
    Residence of father (if deceased so state) Retired. B'burg, Ind.
    Occupation of father ——— Race of father White
    Birthplace of father (State or foreign country) Hend Co., Ind.
12. Full maiden name of mother Kathleen Dora Crouch.
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother ——— Race of mother White
    Birthplace of mother (State or foreign country) Hend Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald E. Portwood
New Address 633 S. Tuttle, B'burg, Ind.

Subscribed and sworn to before me this 19th day of June, 19 67.
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First W. Wilma Middle E. Last Poole
Date of Birth: Month May Day 6 Year 1941
Place of Birth (State or foreign country) Morgan Co., Ind.
Residence Address: Street or R. R. 129 S. Marion St. City Martinsville County Morgan State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Typist. Assoc Dist.
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 Walter Poole.
   Residence of father (if deceased so state) Martinsville, Ind
   Occupation of father Mason: Beck Contr. Race of father white
   Birthplace of father (State or foreign country) Morgan Co. Ind.
8. Full maiden name of mother Alice Opal Hammons.
   Residence of mother (if deceased so state) Martinsville Ind.
   Occupation of mother H/W. Race of mother white
   Birthplace of mother (State or foreign country) Morgan Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wilma E. Poole
New Address Same

Subscribed and sworn to before me this 19th day of June, 19 67.
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 22nd *day of* June, 19 67, *authorizing the joining together as husband and wife* Donald E. Portwood *and* Wilma E. Poole

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* Rev Donald Tyler *hereby certify that on the* 24th *day of* June, *one thousand nine hundred and* sixty-seven *at* Bethesda Baptist Church, Brownsburg Indiana, *County of* Hendricks, *State of Indiana, Groom* Donald E. Portwood *of* Hendricks *County, State of* Indiana *and, Bride* Wilma E. Poole *of* Morgan *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

*Dated this* 24th *day of* June, 19 67.

*Signed* Rev Donald Tyler
*Official Designation* Baptist Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 24th *day of* June, 19 67.

*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. 178
File Book 29
19 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 19 June 1967
Name of Physician Eli A. Coats M.D.

**FEMALE**
Medical Examination Report Dated 7 June 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: First Virgil Middle W. Last West Jr.
Date of Birth: Month Feb. Day 26 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R8 Bx 286 City Indpls, County Hen, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Corp. U.S. Marines.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Virgil William West Sr.
    Residence of father (if deceased so state) R8 Indpls, Ind.
    Occupation of father Foreman. Hctl. Race of father White
    Birthplace of father (State or foreign country) Cooper, Ky.
12. Full maiden name of mother Vina Othel Smith
    Residence of mother (if deceased so state) R8, Indpls, Ind.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Burnside, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Virgil W. West Jr.
New Address B Co. 8th Motors F.M.F. Atlantic
Subscribed and sworn to before me this 19th day of June, 19 67
John Landolf Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Virgil W West Father
Signed Virgil West Mother
Subscribed and sworn to before me this 19th day of June, 19 67
John Landolf Clerk

## FEMALE APPLICANT

Name: First Cheri Middle Lynn Last Vincent
Date of Birth: Month October Day 19 Year 1949
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. 109 William Dr. City B'burg, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed.
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☑ Other (Specify) Drivers 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 Harry Albert Vincent
   Residence of father (if deceased so state) B'burg, Ind.
   Occupation of father Foreman. Indpls P&L Race of father White
   Birthplace of father (State or foreign country) Philadelphia, Pa.
8. Full maiden name of mother Sarah Christine Pitcock
   Residence of mother (if deceased so state) B'burg, Ind.
   Occupation of mother Bookkeeper-SOB Race of mother White
   Birthplace of mother (State or foreign country) Glasgow, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Cheri Lynn Vincent
New Address Same.
Subscribed and sworn to before me this 19th day of June, 19 67
John Landolf Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

Camp Le. June N.C.
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Fath
Signed Sara Christine Vincent Mot
Subscribed and sworn to before me this 19th day of June, 19
John Landolf C

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23rd day of June, 1967, authorizing the joining together as husband and wife Virgil W. West Jr. and Cheri Lynn Vincent

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lester B. Learish hereby certify that on the 24th day of June, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Virgil W. West, Jr. of Hendricks County, State of Indiana, and, Bride Cheri Lynn Vincent of Hendricks County, State of Indiana, were by me united 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 June, 19 67. Signed Lester B. Learish
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of June, 19 67.
Signed John Landolf, 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. 178
File Book 29
19 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 19 June 1967
Name of Physician Eli A. Coats MD.

**FEMALE**
Medical Examination Report Dated 7 June 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Virgil Middle W. Last West Jr.
Date of Birth: Month April Day 26 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RR 8 Bx 286 City Indpls, Hen, County State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Corp. U.S. Marines.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Virgil William West Sr.
    Residence of father (if deceased so state) RR 8 Indpls, Ind.
    Occupation of father Foreman. Hdl. Race of father White
    Birthplace of father (State or foreign country) Coopa, Ky.
12. Full maiden name of mother Nina Ethel Smith
    Residence of mother (if deceased so state) RR 8, Indpls, Ind.
    Occupation of
    Birthplace of

State of Indiana,
County of
Subscribed and sw

CONSENT OF PA
We, the parents,
signs, state facts

State of Indiana,
County of

Subscribed and sv

## FEMALE APPLICANT

Name: First Cheri Middle Lynn Last Vincent
Date of Birth: Month October Day 19 Year 1949
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. 109 William Dr, City B'burg, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed.
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☑ Other (Specify) Drivers 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 Harry Albert Vincent.
   Residence of father (if deceased so state) B'burg, Ind.
   Occupation of father Foreman. Indpls P&L Race of father White
   Birthplace of father (State or foreign country) Philadelphia, Pa.
8. Full maiden name of mother Sarah Christine Pitcock.
   Residence of mother (if deceased so state) B'burg, Ind.
   Occupation of mother Book Keep.-SOB Race of mother White
   Birthplace of mother (State or foreign country) Glasgow, Ky.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Cheri Lynn Vincent
Sam.

FILED
JUN 20 1967
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

I, Harry E Vincent, hereby give my consent for my Daughter, Cheri Lynn Vincent to marry Virgil W West Jr.

Harry E Vincent

Subscribed and sworn to before me this 19 day of June 1967

Ralph L. Henderson
Notary Public

My Commission expires: April 29, 1968

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed ..... in ..... authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23rd day of June, 1967, authorizing the joining together as husband and wife Virgil W. West Jr. and Cheri Lynn Vincent

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lester B. Learish hereby certify that on the 24th day of June, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Virgil W. West, Jr. of Hendricks County, State of Indiana, and, Bride Cheri Lynn Vincent of Hendricks County, State of Indiana, were by me united 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 June, 1967.

Signed Lester B. Learish
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of June, 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

HENDRICKS County

No. 779 80
File Book 29
20 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 14 June 1967
Name of Physician R.W. Kirtley M.D.

**FEMALE**
Medical Examination Report Dated 14 June 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: First David Middle E. Last Morgan
Date of Birth: Month June Day 29 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R18 Box 147G City Indpls, County Hen, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Store Keeper: R.C.A.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Carroll Morgan
    Residence of father (if deceased so state) R18 Indpls, Ind.
    Occupation of father Inspector, Linde Race of father White
    Birthplace of father (State or foreign country) Washington, Ind.
12. Full maiden name of mother Mary Elizabeth Raymann
    Residence of mother (if deceased so state) R18 Indpls, Ind.
    Occupation of mother Secy. Lilly Race of mother White
    Birthplace of mother (State or foreign country) Washington, Ind.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David E. Morgan
New Address 197½ Broadway, Danville.
Subscribed and sworn to before me this 20th day of June, 19 67.
John Randall 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,
County of HENDRICKS } ss:
Signed Carroll Morgan Father
Signed Mary E. Morgan Mother
Subscribed and sworn to before me this 20th day of June, 19 67
John Randall Jr. Clerk

## FEMALE APPLICANT

Name: First Joyce Middle Marie Last Lister
Date of Birth: Month February Day 24 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R1 Box 163 City Danville, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Marshall Eugene Lister
   Residence of father (if deceased so state) R1 Danville, Ind
   Occupation of father Trucker. Self. Race of father White
   Birthplace of father (State or foreign country) Edinburgh, Ind
8. Full maiden name of mother Ruth Evelyn Caldwell
   Residence of mother (if deceased so state) R1 Danville, Ind
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) McAlpin, W. Va.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Joyce Marie Lister
New Address Same
Subscribed and sworn to before me this 20th day of June, 19 67.
John Randall 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,
County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 24 day of June, 1967, authorizing the joining together as husband and wife David E Morgan and Joyce Marie Lister
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Thomas E. Berry hereby certify that on the 24th day of June, one thousand nine hundred and sixty-seven at Avon, County of Hendricks, State of Indiana, Groom David E. Morgan of Hendricks County, State of Indiana, and, Bride Joyce M Lister of Hendricks County, State of Indiana, were by me united 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 June, 19 67.

Signed Rev. Thomas E. Berry
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of June, 19 67.
Signed John Randall Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 181
File Book 29
20 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 26 May 1967
Name of Physician John R. Calhoun M.D

**FEMALE**
Medical Examination Report Dated 26 May 1967
Name of Physician John R. 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: First Norman Middle Sanford Last Tillery
Date of Birth: Month September Day 18 Year 1926
Place of Birth (State or foreign country) Orange Co., Ind.
Residence Address: Street or R.R. R23 N. Ala, City Indpls, County Marion, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Machine Opr.: Buehler Corp
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 Lee Alfred Tillery.
    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.
12. Full maiden name of mother Zada Mae Cox
    Residence of mother (if deceased so state) French Lick, Ind.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Orange Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Norman S. Tillery
New Address R2 Box 58 Indpls, Ind.
Subscribed and sworn to before me this 20th day of June, 1967
John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Maggie Middle Artilla Last Redman
Date of Birth: Month May Day 11 Year 1930
Place of Birth (State or foreign country) Clarksville, Ky.
Residence Address: Street or R. R. R2 Box 58 City Indpls, County Hen, State Ind.
Maiden Name if Different Artilla Pennington
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hend '61 (Jan)
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Clerk: Billboard.
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 Jesse Cole Pennington.
   Residence of father (if deceased so state) Jamestown Ind.
   Occupation of father Pennington Lumber Co. Race of father White
   Birthplace of father (State or foreign country) Smyth Co., Va.
8. Full maiden name of mother Flora Allen
   Residence of mother (if deceased so state) Jamestown Ind
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Casey Co., Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Maggie Artilla Redman
New Address Same
Subscribed and sworn to before me this 20th day of June, 1967
John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 24th day of June, 1967, authorizing the joining together as husband and wife Norman Sanford Tillery and Maggie Artilla Redman

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,.....hereby certify that on the.....day of....., at....., County of....., one thousand nine hundred and.....of.....County, State of....., State of Indiana, Groom.....of.....County, State of....., 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.....*

*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. 182
File Book 29
20 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 19 June 1967
Name of Physician A.N. Scudder, M.D.

**FEMALE**
Medical Examination Report Dated 19 June 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: First Ronald Middle Thomas Last Grooms
Date of Birth: Month May Day 10 Year 1944
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 16 W. Vermont City Brownsburg County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Pharmacist. Sugar Loaf Rd.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William Thomas Grooms
    Residence of father (if deceased so state) Bx 27, Lizton, Ind.
    Occupation of father Sr. Station. Race of father White
    Birthplace of father (State or foreign country) Liberty, Ky.
12. Full maiden name of mother Leona Empsdine Shelf
    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) Liberty, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald Thomas Grooms
New Address 16 W. Vermont, Brownsburg, Ind.
Subscribed and sworn to before me this 20th day of June, 1967.
John 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Martha Middle Ellen Last Graham
Date of Birth: Month March Day 18 Year 1947
Place of Birth (State or foreign country) Lebanon, Indiana.
Residence Address: Street or R. R. RT 3 x 184A City Lizton County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Secy. Stokley Van Camp.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driv. 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 Hubert Oral Grahang.
   Residence of father (if deceased so state) Rt Lizton, Ind.
   Occupation of father Dry Wall Cont. Race of father White
   Birthplace of father (State or foreign country) Lebanon Ind.
8. Full maiden name of mother Gladys May Garton.
   Residence of mother (if deceased so state) Rt Lizton, Ind.
   Occupation of mother Distributing. Stokley Contractor Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martha Ellen Graham
New Address Same.
Subscribed and sworn to before me this 20th day of June, 19 67.
John 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 24th *day of* June, 19 67, *authorizing the joining together as husband and wife* Ronald Thomas Grooms *and* Martha Ellen Graham

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* Paul E Whitett *hereby certify that on the* 24th *day of* June, *one thousand nine hundred and* sixty-seven *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Ronald Thomas Grooms *of* Hendricks *County, State of* Indiana *and, Bride* Martha Ellen Graham *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 67.

*Signed* Paul E Whitett
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 28th *day of* June, 19 67.

*Signed* John Lamb by Clerk *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 183
File Book 29
June 22-1967
Date of Application

**MALE**
Medical Examination Report Dated June 21-1967
Name of Physician Fred P Warbinton M D

**FEMALE**
Medical Examination Report Dated June 21-1967
Name of Physician Fred P Warbinton M D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Wayne Middle — Last Ellis
Date of Birth: Month Feb Day 15 Year 1942 ✓
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 1934 Brewer Dr City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages Once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Bus Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Chauffeur 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 |
|---|---|---|
| none | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Fred Ellis
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) England
12. Full maiden name of mother Evelyn Mae Comb
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Wayne Ellis
New Address
Subscribed and sworn to before me this 22 day of June, 19 67.
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Le Anna Middle Mae Last Schroer
Date of Birth: Month Dec Day 23 Year 1941 ✓
Place of Birth (State or foreign country) Poland Ind.
Residence Address: Street or R. R. Oakhurst Trailer Ct. Lot #9 City Brownsburg County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Tourist consultant
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 Kenneth Schroer
   Residence of father (if deceased so state) Poland, Ind.
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mildred agnes Casebeer
   Residence of mother (if deceased so state) Poland Ind.
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Le Anna Schroer
New Address
Subscribed and sworn to before me this 22 day of June, 19 67.
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 6-22-67 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 days Waived

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 22 *day of* June, 19 67, *authorizing the joining together as husband and wife* Wayne Ellis *and* Le Anna Mae Schroer.
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Rev William O Suttrill *hereby certify that on the* 23rd *day of* June, *one thousand nine hundred and* sixty-seven *at* Clermont, *County of* Marion, *State of* Indiana, *Groom* Wayne Ellis *of* Hendricks *County, State of* Indiana, *and, Bride* Le Anna Mae Schroer *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 19 67. *Signed* William O Suttrill
*Official Designation* Methodist Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 7th *day of* September, 19 67. *Signed* John W Arnold, 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. H3 184
File Book 29
22 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 5 June 1967
Name of Physician D J B. Haggard MD

**FEMALE**
Medical Examination Report Dated 5 June 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: First Howard Middle H. Last Smith
Date of Birth: Month March Day 9 Year 1948
Place of Birth (State or foreign country) Danville Ind.
Residence Address: Street or R. R. RI Bx 280 City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Press helper: Bridge Port Brass
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

| | | |
|---|---|---|
| 1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? | No ☑ | Yes ☐ |
| Of Unsound Mind? | No ☑ | Yes ☐ |
| 2. Are you under guardianship as a person of unsound mind? | No ☑ | Yes ☐ |
| 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? | No ☑ | Yes ☐ |
| If answer to 3 is "yes" has the cause of such condition been removed? | No ☐ | Yes ☐ |
| 4. Are you afflicted with a transmissible disease? | No ☑ | Yes ☐ |
| 5. Are you related to the bride closer than second cousin? | No ☑ | Yes ☐ |
| 6. Are you now under the influence of intoxicating liquor? | No ☑ | Yes ☐ |
| 7. Are you now under the influence of a narcotic drug? | No ☑ | Yes ☐ |
| 8. Are you able to support a family? | Yes ☑ | No ☐ |
| 9. Are you likely to so continue? | Yes ☑ | No ☐ |
| 10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) | No ☐ | Yes ☐ |

(a) List their full names, ages and addresses

Name Age Address

.....

.....

.....

| | | |
|---|---|---|
| (b) Are you supporting or contributing to their support? | Yes ☐ | No ☐ |
| (c) Are you complying with any court order or orders issued for their support? | Yes ☐ | No ☐ |

11. Full name of father Arthur Homer Smith
Residence of father (if deceased so state) R1 Danville, Ind.
Occupation of father Job Mill. Bridgeport Race of father White
Birthplace of father (State or foreign country) Whitley Co., Ky.
12. Full maiden name of mother Madge Toney
Residence of mother (if deceased so state) RR Danville
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed R2 Bx 18 Plainfield
New Address Howard H. Smith

Subscribed and sworn to before me this 22nd day of June, 1967
John Campbell 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, County of HENDRICKS } ss:

Signed Arthur H Smith Father
Signed Madge Smith Mother
Subscribed and sworn to before me this 22nd day of June, 1967
John Campbell Jr. Clerk

## FEMALE APPLICANT

Name: First Phyllis Middle J. Last Abbott
Date of Birth: Month October Day 12 Year 1949
Place of Birth (State or foreign country) Stanford Ky.
Residence Address: Street or R. R. R2 Bx 18A City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 Chester B. Abbott
Residence of father (if deceased so state) R2 Plainfield, Ind.
Occupation of father Truck dr. Farm Bureau Race of father White
Birthplace of father (State or foreign country) Crab Orchard, Ky.
8. Full maiden name of mother Martha Pauline Scott
Residence of mother (if deceased so state) R2 P'fld,
Occupation of mother Clerk: Strafford Race of mother White
Birthplace of mother (State or foreign country) Eubank, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Phyllis J. Abbott
New Address Same

Subscribed and sworn to before me this 22nd day of June, 1967
John Campbell 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, County of HENDRICKS } ss:

Signed Chester B Abbott Father
Signed Pauline G Abbott Mother
Subscribed and sworn to before me this 22nd day of June, 1967
John Campbell Jr. Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 26th *day of* June, 19 67, *authorizing the joining together as husband and wife* Howard H. Smith *and* Phyllis J. Abbott

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Harry Lee Reaves hereby certify that on the 1st day of July one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks State of Indiana, Groom Howard H. Smith of County, State of Indiana and, Bride Phyllis J. Abbott of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

*Dated this* 1st *day of* July, 19 67.

Signed Harry Lee Reaves
Official Designation Preacher

*Filed and recorded in accordance with the laws of the State of Indiana this* 26th *day of* July, 19 67.

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. 185
File Book 29
23 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 9 June 1967
Name of Physician Elmer L. Koch M.D.

**FEMALE**
Medical Examination Report Dated 9 June 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: First Richard Middle W. Last Wechsler
Date of Birth: Month April Day 26 Year 1941
Place of Birth (State or foreign country) Marion Co., Ind.
Residence Address: Street or R. R. 5126 Winston Dr. City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation: Real Estate: Sweeney
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) .....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Robert Joseph Wechsler
    Residence of father (if deceased so state): Deceased.
    Occupation of father: ..... Race of father: White
    Birthplace of father (State or foreign country): Marion Co., Ind.
12. Full maiden name of mother: Ethel Elizabeth Meier
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard W Wechsler
New Address 22 Delgin Apts Greenfield
Subscribed and sworn to before me this 23rd day of June, 1967.
John Hamblett Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Martha Middle Ann Last Corrie
Date of Birth: Month January Day 26 Year 1943
Place of Birth (State or foreign country) Plainfield (Ind.)
Residence Address: Street or R. R. Rx 271 (1BS) City Plainfield County Hen. State Ind.
Maiden Name if Different .....
Previous Marital Status: Never Married ☑ Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation: Teacher.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) .....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Paul Edward Corrie
   Residence of father (if deceased so state): 1BS Pfld, Ind.
   Occupation of father: Dr. Soc. Sc: 1BS Race of father: White
   Birthplace of father (State or foreign country): Knox Co., Ind.
8. Full maiden name of mother: Mary Hilda Feagans
   Residence of mother (if deceased so state): Pfld, Ind.
   Occupation of mother: Tele Ops: Ind Bell. Race of mother: White
   Birthplace of mother (State or foreign country): Knox Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martha Ann Corrie
New Address ..... Same
Subscribed and sworn to before me this 23rd day of June, 1967
John Hamblett Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 28th day of June, 1967, authorizing the joining together as husband and wife Richard W. Wechsler and Martha Ann Corrie

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Thomas W. Witham hereby certify that on the 1st day of July, 1967, at St. Susanna - Plainfield, County of Hendricks, one thousand nine hundred and sixty-seven State of Indiana, Groom Richard W. Wechsler of Marion County, State of Indiana, and, Bride Martha Ann Corrie of Hendricks County, State of Indiana, 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 June, 1967.
Signed Rev Thomas W Witham
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of July, 19 67.
Signed John L Hamblett, 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. 186
File Book 29
24 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 31 May 1967
Name of Physician R.S. Yegerlehner MD

**FEMALE**
Medical Examination Report Dated 31 May 1967
Name of Physician R.S. Yegerlehner MD.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First David Middle Ross Last Sarber
Date of Birth: Month April Day 11 Year 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R1 Box 263 City Plainfield County Hen. State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Student: Purdue
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Rhuben Edison Sarber
    Residence of father (if deceased so state) R1 Pltfld, Ind.
    Occupation of father Farmer Race of father Wh[illegible]
    Birthplace of father (State or foreign country) Knox, Ind.
12. Full maiden name of mother Bertha Irene Naylor.
    Residence of mother (if deceased so state) Pltfld, Ind.
    Occupation of mother H/W. Race of mother white
    Birthplace of mother (State or foreign country) Bloomington, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Ross Sarber
New Address 203 Univ. St, W. Lafayette, Ind.
Subscribed and sworn to before me this 24th day of June, 19 67
John Ramsdell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Carol Middle Ann Last Breneman
Date of Birth: Month November Day 30 Year 1947
Place of Birth (State or foreign country) Henry Co. Ind.
Residence Address: Street or R. R. R2 City Clayton County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Key Punch: Purdue U.
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 Melvin H. Breneman
   Residence of father (if deceased so state) R2 Clayton, Ind
   Occupation of father Rep: McCulloch Trucks Race of father white
   Birthplace of father (State or foreign country) Wayne Co., Ind.
8. Full maiden name of mother Wilma Geraldine Macy
   Residence of mother (if deceased so state) Clayton, Ind.
   Occupation of mother Secy: Plastic Equip Race of mother white
   Birthplace of mother (State or foreign country) Henry Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol Ann Breneman
New Address Same
Subscribed and sworn to before me this 24th day of June, 19 67
John Ramsdell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 29th *day of* June, 1967, *authorizing the joining together as husband and wife* David Ross Sarber *and* Carol Ann Breneman

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Rev. Howard D. Breneman hereby certify that on the 2nd day of July one thousand nine hundred and sixty seven at Clayton Hendricks, County of Hendricks State of Indiana, Groom David Ross Sarber of R#1 Plainfield Hendricks County, State of Indiana and, Bride Carol Ann Breneman of R#1 Clayton, Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 2nd day of July, 19 67.

Signed Rev. Howard D. Breneman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of July, 19 67.

Signed John Ramsdell 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. 187
File Book 29
24 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 22 June, 1967
Name of Physician D'd B. Haggard MD

**FEMALE**
Medical Examination Report Dated 22 June 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: First David Middle L. Last Hadley
Date of Birth: Month July Day 25 Year 1948
Place of Birth (State or foreign country) Brazil, Indiana.
Residence Address: Street or R. R. RI 3x81 City Plainfield County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Inspector: BCA
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 Walter Lee Hadley
    Residence of father (if deceased so state) RI Plfld, Ind.
    Occupation of father Time Study: Switzer Corp. Race of father White
    Birthplace of father (State or foreign country) Brazil, Ind.
12. Full maiden name of mother Anna Louise Schlatter
    Residence of mother (if deceased so state) Plfld, Ind.
    Occupation of mother School teach: PCSC Race of mother White
    Birthplace of mother (State or foreign country) Brazil, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David L Hadley
New Address Clermont, Ind.
Subscribed and sworn to before me this 24th day of June, 1967
John Lamb 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
Anna S. Hadley. Fathers notarized consent dated 26th June attached

State of Indiana, County of HENDRICKS } ss:
Signed Anna S. Hadley Mother/Father
Signed ..... Mother
Subscribed and sworn to before me this 24th day of June, 1967
John Lamb Jr. Clerk

## FEMALE APPLICANT

Name: First Patsy Middle A. Last Green
Date of Birth: Month October Day 10 Year 1947
Place of Birth (State or foreign country) Athens, Tenn.
Residence Address: Street or R. R. R2 3x44 City Indpls County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Typist: Hartford Ins.
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 Eugene Green
   Residence of father (if deceased so state) R3 Indpls, Ind.
   Occupation of father Sheet Metal: Kirk's Bloom. Race of father White
   Birthplace of father (State or foreign country) Cleveland, Tenn.
8. Full maiden name of mother Mary Louise McAlister
   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) Cleveland, Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Patsy A. Green
New Address Same.
Subscribed and sworn to before me this 24th day of June, 1967
John Lamb 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 o
signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... F
Signed ..... M
Subscribed and sworn to before me this ..... day of ....., 19..
..... Cl

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, t
.....County.....Court by written order issued.....and file
in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 28th day of June, 1967, authorizing the joining together as husband and wife David L. Hadley and Patsy A. Green

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Irvine S. Parrett hereby certify that on the 30th day of June, at Plainfield, County of Hendricks, one thousand nine hundred and sixty-seven State of Indiana, Groom David L. Hadley of Hendricks County, State of Indiana, and, Bride Patsy Ann Green of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 28th day of June, 19 67. Signed Irvine S. Parrett
Official Designation Clergyman - Plainfield Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of July, 19 67. Signed John Lamb 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. 187
File Book 29
24 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 22 June, 1967
Name of Physician D'd B. Haggard MD

**FEMALE**
Medical Examination Report Dated 22 June 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: First David Middle L. Last Hadley
Date of Birth: Month July Day 25 Year 1948
Place of Birth (State or foreign country) Brazil, Indiana.
Residence Address: Street or R. R. RI 3x81 City Plainfield County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Inspector: RCA
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 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 Walter Lee Hadley
    Residence of father (if deceased so state) RI Pltfld, Ind.
    Occupation of father Time Study: Switzer Corp. Race of father White
    Birthplace of father (State or foreign country) Brazil, Ind.
12. Full maiden name of mother Anna Louise Schlatter
    Residence of mother (if deceased so state) Pltfld, Ind.
    Occupation of mother School teacher: PCSC Race of mother White
    Birthplace of mother (State or foreign country) Brazil, Ind.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David L. Hadley
New Address Same.
Subscribed and sworn to before me this 24th day of June, 1967

HENDRICKS Circuit Court

CONSENT OF
We, the parents
signs, state fac
Anna
Louise
State of Indian
County of

Subscribed and

## FEMALE APPLICANT

Name: First Patsy Middle A. Last Green
Date of Birth: Month October Day 10 Year 1947
Place of Birth (State or foreign country) Athens, Tenn.
Residence Address: Street or R. R. R2 3x44 City Indpls County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Typist: Hartford Ins.
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 Eugene Green.
   Residence of father (if deceased so state) R3 Indpls, Ind.
   Occupation of father Sheet Metal: Kirk's Bloom. Race of father White
   Birthplace of father (State or foreign country) Cleveland, Tenn.
8. Full maiden name of mother Mary Louise McAlister.
   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) Cleveland, Tenn.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patsy A. Green
New Address Same.
Subscribed and sworn to before me this 24th day of June, 1967

HENDRICKS Circuit Court

I, Walter L Hadley, hereby give my consent for my Son, David L Hadley to marry Patsy A. Green.

Walter L Hadley

FILED
JUN 28 1967
John Fankboner Jr.
CLERK HENDRICKS CIRCUIT COURT

Subscribed and sworn to before me this 26th day of June 1967

Robert David Baston
Notary Public

My Commission Expires July 9, 1970

COMPLETE IF MARRIAGE LICENSE ... Court by ...
...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 June, 1967, authorizing the joining together as husband and wife David L. Hadley and Patsy A. Green

*Be it further remembered*, the following marriage certificate was filed in my office, to-wit:

I, Irvine S. Parrett hereby certify that on the 30th day of June, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom David L. Hadley of Hendricks County, State of Indiana, and, Bride Patsy Ann Green of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 28th day of June, 19 67.

Signed Irvine S. Parrett
Official Designation Clergyman - Plainfield Capital Church

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of July, 19 67.

Signed John Hambaker, 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. 188
File Book 29
24 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 13 June 1967
Name of Physician Thos. M. Walker M.D.

**FEMALE**
Medical Examination Report Dated 13 June 1967
Name of Physician Thos 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: First Larry Middle Ray Last Cogswell
Date of Birth: Month Jan Day 18 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R3 Bx 139 City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Shipper: D.J. Case.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Virgil Cogswell
    Residence of father (if deceased so state) R3 Bx 139 Brownsburg, Ind.
    Occupation of father Foreman: Sharon-Cont. Race of father White
    Birthplace of father (State or foreign country) Marion Co., Ind.
12. Full maiden name of mother Sylvia Raymond Mesa.
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother Cook: Brownsch. Race of mother White
    Birthplace of mother (State or foreign country) Buffalo, N.Y.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Ray Cogswell
New Address R3 Bx 139 Brownsburg, Ind.
Subscribed and sworn to before me this 24th day of June, 1967.
John Landolf Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Robert V. Cogswell Father
Signed Sylvia Raymond Cogswell Mother
Subscribed and sworn to before me this 24th day of June, 1967.
John Landolf Clerk

## FEMALE APPLICANT

Name: First Barbara Middle Lee Last Thomas
Date of Birth: Month August Day 1 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. Thomas? 657 Main St. City Bury County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Steno: Blue Cross
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 David Gilbert Thomas.
   Residence of father (if deceased so state) R1 Bx 129A Danville.
   Occupation of father Electrician: Allison Race of father White
   Birthplace of father (State or foreign country) Griffin, Georgia.
8. Full maiden name of mother Sally Zannie Freel
   Residence of mother (if deceased so state) R1 Danville Ind
   Occupation of mother Assembler: RCA Race of mother White
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara Lee Thomas
New Address Same
Subscribed and sworn to before me this 24th day of June, 1967.
John Landolf Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 28th day of June, 19 67, authorizing the joining together as husband and wife Larry Ray Cogswell and Barbara Lee Thomas
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David A. Walker hereby certify that on the 30th day of June, one thousand nine hundred and Sixty-seven at Brownsburg, County of Hendricks State of Indiana, Groom Larry Ray Cogswell of Hendricks County, State of Indiana and, Bride Barbara Lee Thomas of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 30th day of June, 19 67.

Signed David A Walker, Minister
Official Designation Ottoway Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of July, 19 67.
Signed John Landolf, 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. 189
File Book 28
26 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 24 June 1967
Name of Physician Elmer L. Koch M.D.

**FEMALE**
Medical Examination Report Dated 23 June 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: First Teddy Middle J. Last Fisher
Date of Birth: Month October Day 29 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R1 Bx 228-7 City Clayton County Hen State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student. 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☑
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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 Maurice Fisher
    Residence of father (if deceased so state) R1 Clayton Ind.
    Occupation of father Toolmaker. Plastics Engr. Race of father White
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Martha Jane Wolven
    Residence of mother (if deceased so state) R1 Clayton Ind
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Teddy J. Fisher
New Address Clayton, Ind.
Subscribed and sworn to before me this 26th day of June, 1967.
John Trumbull Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Donald M Fisher Father
Signed Martha J Fisher Mother
Subscribed and sworn to before me this 26th day of June, 1967.
John Trumbull Clerk

## FEMALE APPLICANT

Name: First Brenda Middle F. Last Mink
Date of Birth: Month March Day 22 Year 1948
Place of Birth (State or foreign country) Somerset, Ky.
Residence Address: Street or R. R. R2 Bx 207A City Clayton County Hen State Ind.
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Service Rep. 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Alva Mink.
   Residence of father (if deceased so state) R2 Clayton Ind.
   Occupation of father Roadman: Ind. State H'way Race of father White
   Birthplace of father (State or foreign country) Rock Castle Co., Ky.
8. Full maiden name of mother Ethel Flora Lovins.
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Pulaski Co., Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Brenda F. Mink
New Address Same.
Subscribed and sworn to before me this 26th day of June, 19 67.
John Trumbull Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 30th *day of* June, 19 67, *authorizing the joining together as husband and wife* Teddy J. Fisher *and* Brenda F. Mink.

*Be it further remembered the following marriage certificate was filed in my office, to-wit:*

*I,* Harry Lee Lewis *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* sixty-seven *at* Stilesville, *County of* Hendricks, *State of* Indiana, *State of Indiana, Groom* Teddy James Fisher *of* Hendricks *County, State of* Indiana, *and, Bride* Brenda Faye Mink *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

*Dated this* 1st *day of* July, 19 67.

*Signed* Harry Lee Lewis
*Official Designation* Preacher

*Filed and recorded in accordance with the laws of the State of Indiana this* 26th *day of* July, 19 67.

*Signed* John Trumbull, 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. 190
File Bk. 29
June 29, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 24, 1967
Name of Physician Thomas M. Walker, M.D.

**FEMALE**
Medical Examination Report Dated June 24, 1967
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: First Leroy Middle — Last Smith
Date of Birth: Month Sept. Day 10 Year 1943
Place of Birth (State or foreign country) Kempton, Ind.
Residence Address: Street or R. R. R#1 City North Salem County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? 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 Hubert Leslie Smith
    Residence of father (if deceased so state) Jamestown, Ind.
    Occupation of father Mechanic Race of father W.
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Pearl D. Marcum
    Residence of mother (if deceased so state) North Salem, Ind.
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Leroy Smith
New Address North Salem
Subscribed and sworn to before me this 27 day of June, 19 67
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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

## FEMALE APPLICANT

Name: First Marjorie Middle Sue Last Eggers
Date of Birth: Month Dec. Day 10 Year 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RR#1, Bx 222 City Tilden County Hend. State 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 R.C.A. Instrument Operation
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Elmer Harold Eggers
   Residence of father (if deceased so state) Same
   Occupation of father Brownsburg School Corp. Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Belle Heckathorn
   Residence of mother (if deceased so state) Same
   Occupation of mother Brownsburg School Corp. Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marjorie Sue Eggers
New Address North Salem
Subscribed and sworn to before me this 27 day of June, 19 67
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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* ..... *day of* July *19* 67, *authorizing the joining together as husband and wife* Leroy Smith *and* Marjorie Sue Eggers

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* Edgar Byram *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* sixty-seven *at* Natalie Christian Church *County of* Hendricks, *State of Indiana, Groom* Leroy Smith *of* Hendricks *County, State of* Indiana *and, Bride* Marjorie Sue Eggers *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

*Dated this* 1st *day of* July, *19* 67.

*Signed* Edgar Byram
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 7th *day of* July, *19* 67.

*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. 191
File Book 29
27 June 1967
Date of Application

**MALE**
Medical Examination Report Dated 5 June 1967
Name of Physician AA. Hood MD.

**FEMALE**
Medical Examination Report Dated 4 June 1967
Name of Physician AA. Hood MD.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Dennis Middle Wayne Last Jones
Date of Birth: Month May Day 21 Year 1940
Place of Birth (State or foreign country) Christman, Ill.
Residence Address: Street or R. R. R2 Bx 93 City Plainfield County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion 65
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Ag. Chem Sales: Elanco.
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 Lewis Charles Jones.
    Residence of father (if deceased so state) R2 Pittsboro Ind.
    Occupation of father Paint Dept Hd: Lilly Race of father White
    Birthplace of father (State or foreign country) Cayuga, Ind.
12. Full maiden name of mother Martha Bishop
    Residence of mother (if deceased so state) R2 Pittsboro, Ind.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Cayuga, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dennis Wayne Jones
New Address 606 Chesterfield, Indpls.
Subscribed and sworn to before me this 27th day of June, 19 67
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19 .....
..... Clerk

## FEMALE APPLICANT

Name: First Willa Middle Last Halcomb
Date of Birth: Month July Day 8 Year 1940
Place of Birth (State or foreign country) Westmoreland Tenn.
Residence Address: Street or R. R. 606 Chesterfield S. Dr. City Indpls County Marion State
Maiden Name if Different Willa Meador
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 61 Marion.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Lab Tech: Eli Lilly.
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 Earl Edward Meador.
   Residence of father (if deceased so state) Indpls, Ind.
   Occupation of father Watchman: Criteria Gen. Race of father White
   Birthplace of father (State or foreign country) Westmoreland, Tenn
8. Full maiden name of mother Vera Addell Heath
   Residence of mother (if deceased so state) Indpls, Ind.
   Occupation of mother Sewing Dept: Chevrolet Race of mother White
   Birthplace of mother (State or foreign country) Westmoreland, Tenn

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Willa Halcomb
New Address Same
Subscribed and sworn to before me this 27th day of June, 19 67
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19 .....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 27th June 1967 and filed in Clerks 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 27th day of June, 19 67, authorizing the joining together as husband and wife Dennis Wayne Jones and Willa Halcomb

*Be it further remembered*, the following marriage certificate was filed in my office, to-wit:

I, Robert F. De Long hereby certify that on the 28th day of June, one thousand nine hundred and sixty seven at Plainfield, County of Hendricks, State of Indiana, Groom Dennis Wayne Jones of Hendricks County, State of Indiana, and, Bride Willa Halcomb of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 28th day of June, 19 67. Signed Robert F. De Long
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of July, 19 67. Clerk
Signed John D. Lambert, Jr. Circuit Court
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. 192
File Bk. 29.
June 28, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 21, 1967
Name of Physician Donald D. Cheeseman, M.D.

**FEMALE**
Medical Examination Report Dated June 19, 1967
Name of Physician Harold Wiley, M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Charles Middle K. Last Zarse
Date of Birth: Month July Day 11 Year 1942
Place of Birth (State or foreign country) Lafayette, Ind
Residence Address: Street or R. R. R R #2 Box 89A City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Salesman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lester L. Zarse
    Residence of father (if deceased so state) Reynolds, Ind.
    Occupation of father Farmer Race of father W.
    Birthplace of father (State or foreign country) Reynolds, Ind.
12. Full maiden name of mother Phyllis Marie Smith
    Residence of mother (if deceased so state) Same as above
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Brookston, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles K Zarse
New Address R 2 Centerville Ind
Subscribed and sworn to before me this 28 day of June, 19 67
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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Sharon Middle L. Last Andrade
Date of Birth: Month May Day 11 Year 1944
Place of Birth (State or foreign country) Kansas City, Missouri
Residence Address: Street or R. R. 1993 N. Harmon City Indpls. County Marion State 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 Bookkeeper
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 Leo Andrade
   Residence of father (if deceased so state) Same
   Occupation of father Construction Race of father W.
   Birthplace of father (State or foreign country) Texas
8. Full maiden name of mother De Etta P. Pickens
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon L. Andrade
New Address .....
Subscribed and sworn to before me this 28 day of June, 19 67
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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 5th *day of* July *19* 67*, authorizing the joining together as husband and wife* Charles K. Zarse *and* Sharon L. Andrade

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* Rev. Ronald W. Meier *hereby certify that on the* 8th *day of* July *, one thousand nine hundred and* sixty-seven *at* Indianapolis *, County of* Marion *, State of Indiana, Groom* Charles K. Zarse *of* Hendricks *County, State of* Indiana *and, Bride* Sharon L. Andrade *of* Marion *County, State of* Indiana *, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.*

*Dated this* 8th *day of* July *, 19* 67.

*Signed* Rev. Ronald W. Meier
*Official Designation* Pastor, Lutheran Church of Our Savior
Noblesville, Indiana

*Filed and recorded in accordance with the laws of the State of Indiana this* 18th *day of* July *, 19* 67

*Signed* John L. Reynolds, 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. 193
File 29
June 28-1967
Date of Application

**MALE**
Medical Examination Report Dated 6-27-67
Name of Physician Fred R Brooks M.D.

**FEMALE**
Medical Examination Report Dated 6-27-67
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: First Fletcher Middle Thomas Last Brunes
Date of Birth: Month Oct Day 8 Year 1946
Place of Birth (State or foreign country) Hendricks Co Ind.
Residence Address: Street or R. R. R#2 Box 144 City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Allisons & Farming
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Fletcher C. Brunes
    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 Fern Elizabeth DeLong
    Residence of mother (if deceased so state) Brownsburg RR
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Fletcher T. Brunes
New Address.....

Subscribed and sworn to before me this 28 day of June, 19 67
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, County of HENDRICKS } ss:

Signed Deceased. Father
Signed X Fern Elizabeth Baker Mother
Subscribed and sworn to before me this 28 day of June, 19 67
John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Cathy Middle Sue Last Cannon
Date of Birth: Month June Day 14 Year 1948
Place of Birth (State or foreign country) Washington Ind.
Residence Address: Street or R. R. 317 S Green St City Brownsburg County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: State Office Bldg
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 Marlin H Cannon
   Residence of father (if deceased so state) Brownsburg
   Occupation of father State Highway Dept Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Anna Lee Hughes
   Residence of mother (if deceased so state) Brownsburg
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cathy Sue Cannon
New Address.....

Subscribed and sworn to before me this 28 day of June, 19 67
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued June 28-1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 days Waived

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 28 *day of* June, 19 67, *authorizing the joining together as husband and wife* Fletcher Thomas Brunes *and* Cathy Sue Cannon

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, J. Frank Ingram hereby certify that on the 1st day of July, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and sixty-seven Fletcher Thomas Brunes of Hendricks County, State of Indiana, State of Indiana, Groom and, Bride Cathy Sue Cannon of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 1st day of July, 19 67.

Signed J. Frank Ingram
Official Designation Minister (Church of Christ)

*Filed and recorded in accordance with the laws of the State of Indiana this* 5th *day of* July, 19 67

Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

542

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 194
File Bk. 29
June 28, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 9, 1967
Name of Physician R.W. Van Bokkelen

**FEMALE**
Medical Examination Report Dated June 12, 1967
Name of Physician Donald L. 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: First Gary Middle A. Last Chitwood
Date of Birth: Month Apr. Day 10 Year 1947
Place of Birth (State or foreign country) Columbus, Ind.
Residence Address: Street or R. R. 425 Churchill Rd. City Mooresville County Morgan State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Stationary Store Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Deedrick V. Chitwood
    Residence of father (if deceased so state) RR 2, Camby, Ind.
    Occupation of father Insurance Race of father W.
    Birthplace of father (State or foreign country) Manson, Iowa
12. Full maiden name of mother Elizabeth Ann Walker
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Lawrenceburg, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Gary A. Chitwood
New Address Same
Subscribed and sworn to before me this 28 day of June, 19 67
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, County of HENDRICKS } ss:
Signed Deedrick Chitwood Father
Signed Elizabeth Chitwood Mother
Subscribed and sworn to before me this 28 day of June, 19 67
John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Linnea Middle J. Last Lammel
Date of Birth: Month Oct. Day 11 Year 1947
Place of Birth (State or foreign country) Dayton, Ohio
Residence Address: Street or R. R. R.R. #2-Box 376 City Danville County Hend. State 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 Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Lester Henry Lammel
   Residence of father (if deceased so state) Deceased
   Occupation of father Race of father W.
   Birthplace of father (State or foreign country) Buckeyeville, Ohio
8. Full maiden name of mother Betty May Gholson
   Residence of mother (if deceased so state) Same
   Occupation of mother Receptionist Race of mother W.
   Birthplace of mother (State or foreign country) Chicago, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linnea J Lammel
New Address
Subscribed and sworn to before me this 28 day of June, 19 67
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, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 3rd *day of* July, 19 67, *authorizing the joining together as husband and wife* Gary A. Chitwood *and* Linnea J. Lammel

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, David L. Moon hereby certify that on the 8th day of July, one thousand nine hundred and sixty-seven at West Newton, County of Marion, State of Indiana, Groom Gary A. Chitwood of Morgan County, State of Indiana, and, Bride Linnea J Lammel of Hendricks County, State of Indiana, were by me united 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 July, 19 67.

Signed David L Moon
Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 13th *day of* July, 19 67.

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. 195
File BR 29
July 1 - 1967
Date of Application

**MALE**
Medical Examination Report Dated 6-27-67
Name of Physician Lloyd Terry M.D.

**FEMALE**
Medical Examination Report Dated 6-27-67
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 Eddie Middle F Last Dean
Date of Birth: Month May Day 23 Year 1938
Place of Birth (State or foreign country): Spencer City Owen County Ind. State
Residence Address: 27 W Poplar Street or R. R. Danville City Hendricks County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages One
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Printer & Pressman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Eddie O Dean
    Residence of father (if deceased so state): Deceased
    Occupation of father: Mechanic Race of father: —
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Frances Hunt
    Residence of mother (if deceased so state): Danville
    Occupation of mother: Ass't Cashier of Bank Race of mother: W
    Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Eddie F. Dean

New Address:

Subscribed and sworn to before me this 1 day of July, 19 67.

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

## FEMALE APPLICANT

Name: First Anneliese Middle L Last Klopsch
Date of Birth: Month April Day 27 Year 1938
Place of Birth (State or foreign country): Fort Wayne Allen County Ind. State
Residence Address: 97 A. Indiana Street or R. R. Danville City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Office Work
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 Klopsch
   Residence of father (if deceased so state): Fort Wayne
   Occupation of father: Inventory Control Race of father: W
   Birthplace of father (State or foreign country): Germany
8. Full maiden name of mother: Frieda Ullmann
   Residence of mother (if deceased so state): Fort Wayne
   Occupation of mother: Housewife Race of mother: W
   Birthplace of mother (State or foreign country): Germany

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Anneliese L. Klopsch

New Address:

Subscribed and sworn to before me this 1 day of July, 19 67.

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 6th day of July, 1967, authorizing the joining together as husband and wife Eddie F Dean and Anneliese L Klopsch

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, B Dale Thomas hereby certify that on the 22nd day of July, one thousand nine hundred and sixty-seven at Ft Wayne, County of Allen, State of Indiana, Groom Eddie F Dean of Monroe County, State of Indiana and, Bride Anneliese L Klopsch of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 22nd day of July, 19 67.

Signed B Dale Thomas

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of July, 19 67.

Signed John Gambold, Jr. Clerk

Hendricks Circuit Court

544

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 196
File Bk 29
July 1, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 24, 1967
Name of Physician Eli A. Coats

**FEMALE**
Medical Examination Report Dated June 24, 1967
Name of Physician Eli A. Coats

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Robert Middle L. Last Sloo
Date of Birth: Month Dec. Day 16 Year 1946
Place of Birth (State or foreign country) Vincinnes, Ind.
Residence Address: Street or R. R. 2980 Halliburton City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☐ ✓ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Firestone Employee
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 James A. Sloo
    Residence of father (if deceased so state) 1643 N. 12th Vincinnes, Ind.
    Occupation of father Mechanic Race of father W.
    Birthplace of father (State or foreign country) Decker, Ind.
    Full maiden name of mother Georgia Irene Edwards
    Residence of mother (if deceased so state) 1643 N 12th Vincinnes, Ind.
    Occupation of mother Florist Race of mother W.
    Birthplace of mother (State or foreign country) Vincinnes, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert L Sloo
New Address Same
Subscribed and sworn to before me this 7 day of July, 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 Certain Consent of both mother & father attached

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 8 day of July, 1967
John Gambold Clerk

## FEMALE APPLICANT

Name: First Nora Middle J. Last Clements
Date of Birth: Month Nov. Day 29 Year 1947
Place of Birth (State or foreign country) Springfield Missouri
Residence Address: Street or R. R. RR#2 Box 141 City Plainfield County Hend. State 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 L. S. Ayres Employee
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 Claude K. Clements
   Residence of father (if deceased so state) Same
   Occupation of father Sheet Metal Worker Race of father W
   Birthplace of father (State or foreign country) Raylton, Ind.
8. Full maiden name of mother Loretta L. Woodard
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Springfield, Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nora J Clements
New Address RR#1, Box 253, Plainfield
Subscribed and sworn to before me this 7 day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 8th day of July, 19 67, authorizing the joining together as husband and wife Robert L. Sloo and Nora J. Clements

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ray F Sandersville hereby certify that on the 22nd day of July, one thousand nine hundred and sixty-seven at Avon, County of Hendricks, State of Indiana, Groom Robert L Sloo of Avon County, State of Indiana, and, Bride Nora J Clements of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 8th day of July, 19 67.

Signed Ray F Sandersville
Official Designation Minister, Avon Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of July, 19 67.

Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

544

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 196
File Bk 29
July 1, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 24, 1967
Name of Physician Eli A. Coats

**FEMALE**
Medical Examination Report Dated June 24, 1967
Name of Physician Eli A. Coats

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Robert, Middle L., Last Sloo
Date of Birth: Month Dec., Day 16, Year 1946
Place of Birth (State or foreign country) Vincines, Ind.
Residence Address: Street or R. R. 2980 Halliburton, City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Firestone Employee
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 James A. Sloo

## FEMALE APPLICANT

Name: First Nora, Middle J., Last Clements
Date of Birth: Month Nov., Day 29, Year 1947
Place of Birth (State or foreign country) Springfield Missouri
Residence Address: Street or R. R. RR #2 Box 141, City Plainfield, County Hend., State 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 L. S. Ayres Employee
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 Claude K. Clements
Residence of father (if deceased so state) Same
Occupation of father Sheet Metal Worker (Retired) Race of father W.
Birthplace of father (State or foreign country) Raulton, Ind.
8. Full maiden name of mother Loretta L. Woodard
Residence of mother (if deceased so state) Same
Occupation of mother Housewife, Race of mother W.
Birthplace of mother (State or foreign country) Springfield, Missouri

I, James A. Sloo, hereby give my consent for my Son, Robert Lee Sloo to marry Nora Clements.

James A. Sloo

Subscribed and sworn to before me this 5 day of July 1967

Dent G. Haffey
Notary Public 12/30/70

formation given
ue and correct.

Plainfield
....., 1967
.....Circuit Court

only one parent

State of Indiana, HENDRICKS County of..... } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 8 day of July, 1967.
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 .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 8th day of July, 19 67, authorizing the joining together as husband and wife Robert L. Sloo and Nora J. Clements.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ray F Sandersville hereby certify that on the 22nd day of July, one thousand nine hundred and sixty-seven at Avon, County of Hendricks, State of Indiana, Groom Robert L. Sloo of Avon, County, State of Indiana, and, Bride Nora J Clements of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 8th day of July, 19 67.

Signed Ray F Sandersville
Official Designation Minister, Avon Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of July, 19 67.

Signed John H Arnold, Jr., Clerk
Hendricks Circuit Court

544

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 196
File Bk 29
July 1, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 24, 1967
Name of Physician Eli A. Coats

**FEMALE**
Medical Examination Report Dated June 24, 1967
Name of Physician Eli A. Coats

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Robert Middle L. Last Sloo
Date of Birth: Month Dec. Day 16 Year 1946
Place of Birth (State or foreign country) Vincines, Ind.
Residence Address: Street or R. R. 2980 Halliburton City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Firestone Employee
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 James A. Sloo

## FEMALE APPLICANT

Name: First Nora Middle J. Last Clements
Date of Birth: Month Nov. Day 29 Year 1947
Place of Birth (State or foreign country) Springfield Missouri
Residence Address: Street or R. R. RR #2 Box 141, City Plainfield, County Hend, State 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 L. S. Ayres Employee
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 Claude K. Clements
   Residence of father (if deceased so state) Same
   Occupation of father Sheet Metal Worker Race of father W.
   Birthplace of father (State or foreign country) Poulton, Ind.
8. Full maiden name of mother Loretta L. Woodard
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Plainfield, Missouri

I, James A. Sloo, hereby give my consent for my Son, Robert Lee Sloo to

I, Mrs Georgia Sloo, hereby give my consent for my son, Robert Lee Sloo to marry Nora Clements.

Mrs Georgia Sloo

Subscribed and sworn to before me this 5 day of July 1967

Luck G Hasley
Notary Public

formation given
ue and correct.

Plainfield
....., 1967
....Circuit Court

only one parent

....Father
....Mother
....., 19.....
....Clerk

d parties, the
....and filed

COMPLETE IF MARRIAGE LICENSE ISSUED ...
.....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 8th day of July, 19 67, authorizing the joining together as husband and wife Robert L. Sloo and Nora J. Clements

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Ray F Sandersville hereby certify that on the 22nd day of July, one thousand nine hundred and sixty-seven at Avon, County of Hendricks, State of Indiana, Groom Robert L. Sloo of Avon County, State of Indiana, and, Bride Nora J Clements of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 8th day of July, 19 67. Signed Ray Sandersville
Official Designation Minister, Avon Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of July, 19 67. Signed John H Arnold, 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. 197
File Bk 29
July 1, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 26, 1967
Name of Physician Donald D. Cheesman, M.D.

**FEMALE**
Medical Examination Report Dated June 26, 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: First Robert Middle Wayne Last Walls
Date of Birth: Month April Day 22 Year 1927
Place of Birth (State or foreign country): Hendricks Co., Ind.
Residence Address: Street or R. R. RR #1 City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Construction
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 |
|---|---|---|
| Cynthia Ann | 15 - | Lodi, California |
| Ft. Wayne | 17 - | Danville, 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: Wilbur Virgil Walls
Residence of father (if deceased so state): RR1 Danville, Ind.
Occupation of father: Farmer Race of father: W.
Birthplace of father (State or foreign country): Hendricks
12. Full maiden name of mother: Lessie Marie Brady
Residence of mother (if deceased so state): deceased.
Occupation of mother: Race of mother: W.
Birthplace of mother (State or foreign country): Hend. Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Robert W Walls
New Address:
Subscribed and sworn to before me this 6 day of July, 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, County of HENDRICKS } ss:
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of, 19
Clerk

## FEMALE APPLICANT

Name: First Juanita Middle M. Last Mood
Date of Birth: Month Sept. Day 21 Year 1926
Place of Birth (State or foreign country): Columbus, Ohio
Residence Address: Street or R. R. 140 Eastside City Danville County Hend. State Ind.
Maiden Name if Different: Cowles
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: Sec.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☑
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Charles Walter Cowles
Residence of father (if deceased so state): RR#2 Danville Ind.
Occupation of father: Retired Race of father: W.
Birthplace of father (State or foreign country): Kansas City, Missouri
8. Full maiden name of mother: Freda Jane Ellett
Residence of mother (if deceased so state): Same
Occupation of mother: None Race of mother: W.
Birthplace of mother (State or foreign country): Hend. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Juanita M. Mood
New Address:
Subscribed and sworn to before me this 6 day of July, 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, County of HENDRICKS } ss:
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of, 19
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered,* there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 5th day of July, 19 67, authorizing the joining together as husband and wife Robert Wayne Walls and Juanita M. 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 5th day of July, one thousand nine hundred and sixty-seven at New Winchester, County of Hendricks, State of Indiana, Groom Robert W. Walls of Hendricks County, State of Indiana, and, Bride Juanita 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 5th day of July, 19 67.
Signed Brian A. Nelson
Official Designation Pastor, New Winchester Baptist Church
*Filed and recorded in accordance with the laws of the State of Indiana this* 7th day of July, 19 67.
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. 198
File Bk 29
July 1, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 28, 1967
Name of Physician J. G. Warbinton

**FEMALE**
Medical Examination Report Dated June 28, 1967
Name of Physician J. G. Warbinton

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Ronald Middle Last Reeves
Date of Birth: Month Sept. Day 27 Year 1948
Place of Birth (State or foreign country) Greensaddle, Ind.
Residence Address: Street or R. R. 901 S. Grant City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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 F. Reeves
    Residence of father (if deceased so state) Same
    Occupation of father Pharmicist Race of father W
    Birthplace of father (State or foreign country) Greencastle Ind.
12. Full maiden name of mother Margaret E. Morgan
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Fillmore, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ronald Reeves
New Address.....
Subscribed and sworn to before me this 6 day of July, 19 67
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, County of HENDRICKS } ss:
Signed Richard F. Reeves Father
Signed Margaret E. Reeves Mother
Subscribed and sworn to before me this 6 day of July, 19 67
John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Martha Middle Last Herriman
Date of Birth: Month May Day 25 Year 1948
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. R#2, Box 358 City Plainfield County Hend. State 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 State of Ind., Highway Dept.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Warren K. Herriman
   Residence of father (if deceased so state) Same
   Occupation of father Supt of Stores Maternal org. Race of father W.
   Birthplace of father (State or foreign country) Brook, Ind.
8. Full maiden name of mother Catherine I. Schuster
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Kentland, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Martha Herriman
New Address.....
Subscribed and sworn to before me this 6 day of July, 19 67
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 6th day of July, 19 67, authorizing the joining together as husband and wife Ronald Reeves and Martha Herriman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Coakley hereby certify that on the 8th day of July, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Ronald D. Reeves of Hendricks County, State of Indiana and, Bride Martha Jane Herriman of Hendricks County, State of Indiana, were by me united 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 July, 19 67.
Signed Rev. Donald Coakley
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of July, 19 67.
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. 199
File Bk. 29
July 1, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 28, 1967
Name of Physician Elmer L. Bock, M.D.

**FEMALE**
Medical Examination Report Dated June 28, 1967
Name of Physician J. G. Warbinton

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Russell Middle E. Last Denney
Date of Birth: Month Aug. Day 9 Year 1944
Place of Birth (State or foreign country) Clayton, Ind.
Residence Address: Street or R. R. R 1, Box 709, City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Plainfield Bowling Alley
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

| 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 Lloyd Lee Denney
    Residence of father (if deceased so state) Same
    Occupation of father Under care of St. Vincent Assn. Race of father W.
    Birthplace of father (State or foreign country) Morgan Co., Ind.
12. Full maiden name of mother Dorothy Evelyn Shymaker
    Residence of mother (if deceased so state) 419 W. Mich St., Clayton Ind.
    Occupation of mother Unknown Race of mother W.
    Birthplace of mother (State or foreign country) Morgan Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Russell E. Denney
New Address.....
Subscribed and sworn to before me this 5th day of July, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Linda Middle K. Last Parsley
Date of Birth: Month April Day 15 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R1 Box 174P, City Brownsburg, County Hend, State Ind.
Maiden Name if Different Griggs
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
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 David Gerald Griggs
   Residence of father (if deceased so state) Same
   Occupation of father Setupman Allisons Race of father W.
   Birthplace of father (State or foreign country) Hend. Co., Ind.
8. Full maiden name of mother Marjorie May Ferrell
   Residence of mother (if deceased so state) Same
   Occupation of mother Clerk-Typist Race of mother W.
   Birthplace of mother (State or foreign country) Clermont, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Kay Parsley
New Address.....
Subscribed and sworn to before me this 1st day of July, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered,* there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 5th day of July, 1967, authorizing the joining together as husband and wife Russell E. Denney and Linda K. Parsley.

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, .....hereby certify that on the.....day of....., at....., County of....., one thousand nine hundred and.....of.....County, State of....., State of Indiana, Groom.....of.....County, State of....., 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.....

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. 199
File Bk. 29
July 1, 1967
Date of Application

**MALE**
Medical Examination Report Dated June 28, 1967
Name of Physician Elmer L. Koch, M.D.

**FEMALE**
Medical Examination Report Dated June 28, 1967
Name of Physician J. G. Warbinton

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Russell Middle E. Last Denney
Date of Birth: Month Aug. Day 9 Year 1944
Place of Birth (State or foreign country) Clayton, Ind.
Residence Address: Street or R. R. R 1, Box 709, City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑

## FEMALE APPLICANT

Name: First Linda Middle K. Last Parsley
Date of Birth: Month April Day 15 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R1 Box 194P., City Brownsburg, County Hend, State Ind.
Maiden Name if Different Briggs
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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STATE OF INDIANA

# MARRIAGE LICENSE

No. 199
Bk 29, Pg. 547

To any person authorized and empowered by the laws of the State of Indiana to solemnize marriage, GREETINGS:
You are hereby authorized to join together as husband and wife,

Groom Russell E. Denney

and

Bride Linda K. Parsley

FILED
AUG 14 1967
John Gambold Jr.
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

SEAL

for which this shall be your sufficient authority. Given under my signature and seal as Clerk of the Circuit Court of Hendricks County, Indiana, this 5th day of July 1967.

John Gambold, Jr
Clerk

NOTICE TO OFFICIANT:

The official solemnizing this marriage must complete this form. The original marriage certificate shall be given to the persons married. The duplicate marriage certificate, marriage license, and record of marriage are to be completed and filed in the office of the clerk of the county in which the marriage license was issued within 30 days of the marriage solemnization.

A LICENSE TO MARRY SHALL BECOME NULL AND VOID UNLESS A MARRIAGE IS SOLEMNIZED THEREUNDER WITHIN SIXTY DAYS AFTER ITS ISSUANCE. (Chap. 117, Ind. Acts 1959)

**DUPLICATE**

# MARRIAGE CERTIFICATE

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 _____

*were by me united in marriage as authorized by a marriage license issued ...*
*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.....*
*Clerk*
*Signed .....*
*Circuit Court*

548

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 200
File Book K29
3 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 30 June 1967
Name of Physician Leo Kammen M.D.

**FEMALE**
Medical Examination Report Dated 30 June 1967
Name of Physician Leo Kammen M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 R. Last Harvey
Date of Birth: Month May Day 10 Year 1947
Place of Birth (State or foreign country) Princeton Indiana
Residence Address: Street or R. R. 414 W. Lewis, City Pitfld, County Hen, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Data Proc. Stokley-VanCamp
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name Age Address

.....

.....

.....

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

1. Full name of father James Phillips Harvey
   Residence of father (if deceased so state) Pitfld, Ind.
   Occupation of father Const. 5th Cont. Race of father White
   Birthplace of father (State or foreign country) Mt. Ommie Ind.
2. Full maiden name of mother Emma Adeline McRoche
   Residence of mother (if deceased so state) Pitfld, Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Ridge Farm, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry R. Harvey
New Address 215 Ind St, Apt 5, Pitfld.
Subscribed and sworn to before me this 3rd day of July, 1967
John Randall Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed Mrs. Emma A. Harvey Mother
Subscribed and sworn to before me this 3rd day of July, 1967
John Randall Clerk

## FEMALE APPLICANT

Name: First Deborah Middle J. Last Byers.
Date of Birth: Month September Day 24 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 2819 W. 10th City Indpls, County Marion, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 ☐
   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 Franklin Byers. Deceased.
   Residence of father (if deceased so state).....
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Orleans, Ind.
8. Full maiden name of mother Dorothy Mae Gully. (Sham)
   Residence of mother (if deceased so state) Indpls, Ind.
   Occupation of mother Factory. Mallory. Race of mother White
   Birthplace of mother (State or foreign country) Covington, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Deborah J Byers
New Address 3 Same.
Subscribed and sworn to before me this 3rd day of July, 1967
John Randall Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7th day of July, 19 67, authorizing the joining together as husband and wife Larry R. Harvey and Deborah J. Byers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Robbins hereby certify that on the 15th day of July, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Larry R. Harvey of Hendricks County, State of Indiana, and, Bride Deborah J. Byers 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 15th day of July, 19 67.

Signed Warren A Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of July, 19 67.

Signed John Randall, Jr. Clerk
Hen 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. 200
File Book 29
3 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 30 June 1967
Name of Physician Leo Kammen MD

**FEMALE**
Medical Examination Report Dated 30 June 1967
Name of Physician Leo Kammen MD

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Larry Middle R. Last Harvey
Date of Birth: Month May Day 10 Year 1947
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 414 W. Lewis, City Pitts, County Hen, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Data Proc. Stokley-VanCamp
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name Age Address

.....

.....

signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father
Signed Mrs. Emma A. Harvey Mother
Subscribed and sworn to before me this 3rd day of July, 1967
John Lambert Clerk

## FEMALE APPLICANT

Name: First Deborah Middle J. Last Byers
Date of Birth: Month September Day 24 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 2819 W. 10th City Indpls, County Marion, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 ☐
   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 Franklin Byers. Deceased
   Residence of father (if deceased so state).....
   Occupation of father..... Race of father white
   Birthplace of father (State or foreign country) Orleans, Ind.
   ae Gully. Ind.
   her. white
   Ky.

e information given
true and correct.

.....

July 67

.....Circuit Court

If only one parent
ry.....

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.....

.....

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

I, James R. Harvey, hereby give my consent for my Son, Larry R. Harvey to marry Debbie Byers.

James R. Harvey

Subscribed and sworn to before me this 6th day of July 1967

Raymond G. Cochran Jr.
Notary Public
My commission expires May 27, 1968

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7th day of July, 1967, authorizing the joining together as husband and wife Larry R. Harvey and Deborah J. Byers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Robbins hereby certify that on the 15th day of July, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Larry R. Harvey of Hendricks County, State of Indiana, and, Bride Deborah J. Byers 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 15th day of July, 1967.

Signed Warren A Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of July, 1967.

Signed John R Lambert, 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. 201
File Book 29
3 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 3 July 1967
Name of Physician John R. Cathoun MD

**FEMALE**
Medical Examination Report Dated 3 July 1967
Name of Physician John R. Cathoun M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First John Middle Davis Last Surber
Date of Birth: Month September Day 29 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 2745 Earlham Ln City Indpls 31 County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation E3. US Army.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Army I.D.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Frederick Surber
    Residence of father (if deceased so state) Indpls 31, Ind.
    Occupation of father Guard: Allison Race of father White
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Wilma Jean Davis
    Residence of mother (if deceased so state) Indpls, Ind.
    Occupation of mother Secy / Vet Asst. Dr. Parks. Race of mother White
    Birthplace of mother (State or foreign country) ~~Indpls~~, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed John Davis Surber
New Address Yuma Arizona.
Subscribed and sworn to before me this 3rd day of July, 1967.
John Randall Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Fathers consent attached

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed Wilma Jean Surber Mother
Subscribed and sworn to before me this 3rd day of July, 1967
John Randall Clerk

## FEMALE APPLICANT

Name: First Pamela Middle Kaye Last Flanagan
Date of Birth: Month May Day 29 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R2 Box 113 City Pitts County Hen State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Typist: Mauri Grey Fact Claims.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Howard Eugene Flanagan.
   Residence of father (if deceased so state) R2 Pitts, Ind.
   Occupation of father Own: Aron Service. Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Patricia Ann Clark.
   Residence of mother (if deceased so state) R2 Pitts, Ind.
   Occupation of mother Hair Dresser. 1st Lady. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and corr
Signed Pamela Kaye Flana
New Address R2 Bx 113 Pitts
Subscribed and sworn to before me this 3rd day of July, 19
John Randall Clerk HENDRICKS Circuit

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed .....
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7 day of July, 1967, authorizing the joining together as husband and wife John Davis Surber and Pamela Kaye Flanagan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Mark W. Shugart, Jr. hereby certify that on the 9th day of July, one thousand nine hundred and Sixty-seven at Bridgepost Friends Church County of Hendricks, State of Indiana, Groom John Davis Surber of Hendricks County, State of Indiana, and, Bride Pamela Kaye Flanagan of Hendricks County, State of Indiana, were by me united 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 July, 1967.
Signed Mark W Shugart, Jr.
Official Designation Minister, Bridgepost Friends Church
Filed and recorded in accordance with the laws of the State of Indiana this 13th day of July, 1967.
Signed John H Arnold, 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. 201
File Book 29
3 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 3 July 1967
Name of Physician John R. Cathoun MD

**FEMALE**
Medical Examination Report Dated 3 July 1967
Name of Physician John R. Cathour M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First John Middle Davis Last Surber
Date of Birth: Month September Day 29 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 2745 Earlham Ln City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation E3. US Army.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Army I.D.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Frederick Surber
    Residence of father (if deceased so state) Indpls 31, Ind.
    Occupat
    Birthpla
12. Full mai
    Residenc
    Occupati
    Birthpla

State of Indi
County of

Subscribed a

CONSENT O
We, the pare
signs, state f

State of Indi
County of Hendricks

Signed Wilma Joan Surber Father
Signed Mother
Subscribed and sworn to before me this 3rd day of July, 1967
John Campbell Clerk

## FEMALE APPLICANT

Name: First Pamela Middle Kaye Last Flanagan
Date of Birth: Month May Day 29 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R2 3A 113 Pfld City Hen County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Typist: Mauri Grey Fact Claims.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Howard Eugene Flanagan.
   Residence of father (if deceased so state) R2 Pfld, Ind.
   Occupation of father Const. Iron Worker. Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Patricia Ann Clark.
   Residence of mother (if deceased so state) R2 Pfld Ind.
   Occupation of mother Hair Dresser. 1st Lady. Race of mother White
   Birthplace of mother (State or foreign country) Indpls Ind.

Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

I, John F. Surber, hereby give my consent for my Son, John Davis Surber to marry Pamula Kaye Flanagan.

John F Surber

Subscribed and sworn to before me this 5th day of July 1967

Berta E Shaara
Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7 day of July, 19 67, authorizing the joining together as husband and wife John Davis Surber and Pamela Kaye Flanagan

Be (it) further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Mark W. Shugart, Jr. hereby certify that on the 9th day of July, one thousand nine hundred and sixty-seven at Bridgeport Friends Church County of Hendricks, State of Indiana, Groom John Davis Surber of Hendricks County, State of Indiana, and, Bride Pamela Kaye Flanagan of Hendricks County, State of Indiana, were by me united 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 July, 19 67.

Signed Mark W Shugart, Jr.
Official Designation Minister, Bridgeport Friends Church

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of July, 19 67.

Signed John F Arnhold, 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. 202
File Book 29
7 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 5 July 1967
Name of Physician Don Elshoff MD.

**FEMALE**
Medical Examination Report Dated 5 July 1967
Name of Physician Don Elshoff MD.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Herbert Middle E. Last Barclay
Date of Birth: Month May Day 17 Year 1936
Place of Birth (State or foreign country) Newport, Ind.
Residence Address: Street or R. R. RI Farmersburg City Sullivan County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ V-19061 Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Lab Tech. Comm Solvents.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| Herbert Jr. | 11 | RI Farmersburg, Ind |
| Patricia | 10 | |
| Dwayne | 9 | |
| Barbara | 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 Stewart Elliott Barclay.
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Dana, Ind.
12. Full maiden name of mother Juanita Evelyn Baker.
    Residence of mother (if deceased so state) Indpls, Ind.
    Occupation of mother Cook: Beauty Rest. Race of mother White
    Birthplace of mother (State or foreign country) Terre Haute, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Herbert E. Barclay
New Address Agnew Calif.
Subscribed and sworn to before me this 7th day of July, 19 67
John Randall Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Rosemary Middle Last Timmons
Date of Birth: Month November Day 9 Year 1918
Place of Birth (State or foreign country) Boone Co. Ind.
Residence Address: Street or R. R. R 18 Box 122 City Indpls. Hen County Ind. State
Maiden Name if Different Rosmary Carney
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 Cook
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 Mathew Gayle Carney.
   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.
8. Full maiden name of mother Frances Irene Neese (Timmons)
   Residence of mother (if deceased so state) R18 Indpls.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Boone Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rosemary Timmons
New Address Dana.
Subscribed and sworn to before me this 7th day of July, 19 67
John Randall Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 11th day of July, 19 67, authorizing the joining together as husband and wife Herbert E. Barclay and Rosemary Timmons
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yeagley hereby certify that on the 11th day of July, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Herbert E. Barclay of Sullivan County, State of Indiana, and, Bride Rosemary Timmons of Hendricks County, State of Indiana, were by me united 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 July, 19 67.

Signed Lester B. Yeagley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of July, 19 67.

Signed John B. Randall, Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 203
File Book 29
7 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 7 July 1967
Name of Physician John P. Calhoon M.D.

**FEMALE**
Medical Examination Report Dated 7 July 1967
Name of Physician John P. Calhoon M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Phillip Middle R. Last Franklin
Date of Birth: Month October Day 23 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 3817 Rockville City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Prt. U.S. Marines
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Garnett Shirley Franklin
    Residence of father (if deceased so state) Indpls, Ind.
    Occupation of father Moulder. U.S. Rubber. Race of father White
    Birthplace of father (State or foreign country) Wilder, Tenn.
12. Full maiden name of mother Helen Opal Harris
    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) DuBois Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Phillip R. Franklin
New Address Camp Pendleton, Calif.
Subscribed and sworn to before me this 7th day of July, 1967
John Lamblett Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of 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 July 1967 attached.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this 7th day of July, 1967.
John Lamblett Clerk

## FEMALE APPLICANT

Name: First Janet Middle L. Last Coats
Date of Birth: Month July Day 23 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R2 Box 127A City Pitts County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles Richard Coats
   Residence of father (if deceased so state) R2 Pitts, In
   Occupation of father Foreman, N.Y.C. Race of father white
   Birthplace of father (State or foreign country) Indpls. Ind
8. Full maiden name of mother Joan Cecelia Spaul
   Residence of mother (if deceased so state) Pitts, Ind.
   Occupation of mother Secy. Aron Bro. Mi. Race of mother w
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information g in this application is true and cor

Signed Janet L Coats
New Address R2 Pitts, Ind.
Subscribed and sworn to before me this 7th day of July, 19 6
John Lamblett Clerk HENDRICKS Circuit Co

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one paren signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Charles R. Coats Father
Signed Joan L Coats Mother
Subscribed and sworn to before me this 7th day of July, 19 67
John Lamblett 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 July 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 day wait

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered*, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7th day of July, 1967, authorizing the joining together as husband and wife Phillip R. Franklin and Janet L. Coats.

*Be it further remembered*, the following marriage certificate was filed in my office, to-wit:

I, Roy F Soudersmith hereby certify that on the 8th day of July, 1967 at Aron Methodist Church, County of Hendricks, one thousand nine hundred and sixty-seven of Marion County, State of Indiana, State of Indiana, Groom Phillip R Franklin of Indianapolis County, State of Indiana, and, Bride Janet L Coats of Hendricks County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 7th day of July, 1967. Signed Roy F Soudersmith
Official Designation Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of July, 1967. Signed John Lamblett, 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. 203
File Book 29
7 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 7 July 1967
Name of Physician John P. Calhoon M.D.

**FEMALE**
Medical Examination Report Dated 7 July 1967
Name of Physician John P. Calhoon M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Phillip Middle R. Last Franklin
Date of Birth: Month October Day 23 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 3817 Rockville, City Indpls, County Marion, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Prt. U.S. Marines
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 a
9. Are you
10. Do you ha
    (If yes, ar
    (a) List th
    (b) Are yo
    (c) Are you their su
11. Full name o
    Residence of
    Occupation o
    Birthplace of
12. Full maiden
    Residence of
    Occupation of
    Birthplace of

State of Indiana,
County of.....

N
Subscribed and swor

CONSENT OF PARE
We, the parents, of th
signs, state facts whic

Date

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 7th day of July, 1967.
.....Clerk

## FEMALE APPLICANT

Name: First Janet Middle L. Last Coats
Date of Birth: Month July Day 23 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R2 Bx 127A City Pfld, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind?

TO WHOM IT MAY CONCERN

We, the undersigned, Parents of Phillip Rodney Franklin, do hereby give our consent to his marriage to Janet Louise Coates.

Signed Garnett S. Franklin
Garnett S.. Franklin-Father
Signed Helen O. Franklin
Helen O. Franklin-Mother

Signed and sworn to before me this 7th Day of July, 1967.

Notary Public Herschel H. Hittle
HERSCHEL H. HITTLE
Notary Public, Marion County, Indiana
My Commission Expires Sept. 3, 1969

County of HENDRICKS } ss:
Signed Charles R. Coates Father
Signed Joan L Coates Mother
Subscribed and sworn to before me this 7th day of July, 1967.
John Swinford Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 7 July 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 32nd page Walnut

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7th day of July, 1967, authorizing the joining together as husband and wife Phillip R. Franklin and Janet L. Coats.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Roy F Soudersmith hereby certify that on the 8th day of July, one thousand nine hundred and sixty-seven at Avon Methodist Church, County of Hendricks State of Indiana, Groom Phillip R Franklin of Marion County, State of Indiana, and, Bride Janet L Coats of Indiana Hendricks County, State of Indiana, were by me united 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 July, 1967. Signed Roy F Soudersmith
Official Designation Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of July, 1967. Signed John Swinford, Jr. Clerk
John 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. 204
File Book 29
8 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 5 July 1967
Name of Physician Irvin Cohen M.D.

**FEMALE**
Medical Examination Report Dated 5 July 1967
Name of Physician Irvin Cohen M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Oscar Middle S. Last Ver Douw
Date of Birth: Month February Day 18 Year 1901
Place of Birth (State or foreign country) Lizton, Indiana.
Residence Address: Street or R. R. 115 W. Main City Pfld County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Pt owner: Pfld Fabric Shop.
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 Sam Ver Douw
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Shelby Co, Ind.
12. Full maiden name of mother Mary Magan
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Oscar J Ver Douw
New Address 204 S. Mill St., P'fld.
Subscribed and sworn to before me this 8th day of July 67
John Sandlin 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Ruth Middle M. Last Shrake
Date of Birth: Month December Day 27 Year 1912
Place of Birth (State or foreign country) Burnettsville (white Co.) Ind
Residence Address: Street or R. R. 204 S. Mill St. City P'fld County Hend. State Ind
Maiden Name If Different Ruth M. Welker.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ '49 Annulment ☐ Hend.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Pt owner: Pfld Fabric Shop.
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 Elmer C. Welker.
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Henry Co, Ind.
8. Full maiden name of mother Jennie May McClelland.
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Clay Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ruth M. Shrake
New Address Same
Subscribed and sworn to before me this 8th day of July 67
John Sandlin 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 12th *day of* July, 19 67, *authorizing the joining together as husband and wife* Oscar J. Ver Douw and Ruth M. Shrake

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Warren A Robbins *hereby certify that on the* 15th *day of* July, *one thousand nine hundred and* sixty-seven, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Oscar J. Ver Douw *of* Hendricks *County, State of* Indiana *and, Bride* Ruth M Shrake *of* Hendricks *County, State of* Indiana, *were by me united 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* July, 19 67.

Signed Warren A Robbins
Official Designation Christian Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 18th *day of* July, 19 67.

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

HENDRICKS County

No. 205
File Book 29
July 8-1967 Date of Application

**MALE**
Medical Examination Report Dated July 5-1967
Name of Physician Fred P. Warbinton

**FEMALE**
Medical Examination Report Dated July 5-1967
Name of Physician Fred P Warbinton

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Sam Middle R Last Richards
Date of Birth: Month April Day 23 Year 1948 ✓
Place of Birth (State or foreign country): Cloversplint Kentucky
Residence Address: Street or R. R. R2 Box 424 City Indpls. County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: assembler Bryant manufacturer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Jack ~~Archer~~ Richards
    Residence of father (if deceased so state): R2 Box 424 Indpls
    Occupation of father: Shipping Dept Heavy Construction Race of father: W
    Birthplace of father (State or foreign country): Tenn.
12. Full maiden name of mother: Flossie Headricks
    Residence of mother (if deceased so state): R2 Box 424 Indpls
    Occupation of mother: Nurse Race of mother: W
    Birthplace of mother (State or foreign country): Kentuckey

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Sam Richards
New Address.....
Subscribed and sworn to before me this 8 day of July, 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, County of HENDRICKS } ss:
Signed X Jack Richards Father
Signed Flossie Richards Mother
Subscribed and sworn to before me this 8 day of July, 1967
John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Rose Middle Mary Last Archer
Date of Birth: Month Feb Day 23 Year 1950 ✓
Place of Birth (State or foreign country): Greencastle Ind.
Residence Address: Street or R. R. 33 Butler Dr. City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Holliday Inn
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father: Warren L Archer
   Residence of father (if deceased so state): R 5 Greencastle
   Occupation of father: Truck Driver Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Mildred L Bodenhamer
   Residence of mother (if deceased so state): Plainfield
   Occupation of mother: Bookkeeper Race of mother: W
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information in this application is true and co
Signed X Rose Mary Archer
New Address.....
Subscribed and sworn to before me this 8 day of July, 19
John Gambold, Jr. Clerk HENDRICKS Circuit

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one p signs, state facts which render the consent of the other parent unnecessary.....
Fathers notarized consent dated 12 July 196 Attached.

State of Indiana, County of HENDRICKS } ss:
Signed.....
Signed Mildred L. Archer Mother
Subscribed and sworn to before me this 8 day of July, 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.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 12th *day of* July, 1967, *authorizing the joining together as husband and wife* Sam R. Richards *and* Rose Mary Archer

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Rev Louis Wilson hereby certify that on the 12th day of July, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom Sam R Richards of Hendricks County, State of Indiana, and, Bride Rose Mary Archer of Hendricks County, State of Indiana were by me united 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 July, 1967 Signed Rev. Louis Wilson
Official Designation Pastor of Charity Tab

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of July, 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. 205
File Book 29
July 8-1967 Date of Application

**MALE**
Medical Examination Report Dated July 5-1967
Name of Physician Fred P. Warbinton

**FEMALE**
Medical Examination Report Dated July 5-1967
Name of Physician Fred P Warbinton

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Sam Middle R Last Richards
Date of Birth: Month April Day 23 Year 1948 ✓
Place of Birth (State or foreign country) Cloversplint Kentucky
Residence Address: Street or R. R. R2 Box 424 City Indpls. County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation assembler Bryant manufacturer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jack Richards
    Residence of father
    Occupation of father
    Birthplace of father
12. Full maiden name of mother
    Residence of mother
    Occupation of mother
    Birthplace of mother

State of Indiana,
County of.....

Subscribed and sworn to before me this.....day of.....19..
John Gambold, Jr. Clerk

CONSENT OF PARENTS
We, the parents,
signs, state facts

State of Indiana,
County of HENDRICKS } ss:
Signed Jack Richards Father
Signed Vessie Richards Mother
Subscribed and sworn to before me this 8 day of July 1967
John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Rose Middle Mary Last Archer
Date of Birth: Month Feb Day 23 Year 1950 ✓
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address: Street or R. R. 33 Butler Dr. City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Holliday Inn
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Warren L Archer
   Residence of father (if deceased so state) R 5 Greencastle
   Occupation of father Truck Driver Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mildred L Bodenhamer
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Bookkeeper Race of mother W
   Birthplace of mother (State or foreign country) Indiana

I, Warren L. Archer, hereby give my consent for my daughter Rose Mary Archer to marry Sam Richards.

Warren L. Archer

Subscribed and sworn to before me this 12 day of July 1967

Emmett L Brooks
Notary Public

NOTARY PUBLIC SEAL INDIANA

FILED
JUL 12 1967
CLERK HENDRICKS CIRCUIT COURT

Signed..... Father
Signed Mildred L. Archer Mother
Subscribed and sworn to before me this 8 day of July 19 67
John Gambold, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 12th day of July, 1967, authorizing the joining together as husband and wife Sam R. Richards and Rose Mary Archer.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Louis Gilson hereby certify that on the 12th day of July, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom Sam R. Richards of Hendricks County, State of Indiana, and, Bride Rose Mary Archer of Hendricks County, State of Indiana were by me united 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 July, 19 67

Signed Rev. Louis Gilson
Official Designation Pastor of Charity Tab

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of July, 19 67.

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. 206
File Book 29
8 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 1 July 1967
Name of Physician A.N. Scudder MD

**FEMALE**
Medical Examination Report Dated 1 July 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: First Reginald Middle B. Last Sechman

Date of Birth: Month May Day 17 Year 1946

Place of Birth (State or foreign country) Ind-ls, Ind.

Residence Address: Street or R. R. Box 96 City Amo County Hen State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Machinist: Allison.

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 Marion Franklin Seelyman
    Residence of father (if deceased so state) Amo, Ind.
    Occupation of father Machinist: B'part Bros. Race of father White
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Virgina Blanche Summers
    Residence of mother (if deceased so state) Amo, Ind.
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Reginald B. Sechman
New Address Pts. Rd., Ind. 8, Ind. RR
Subscribed and sworn to before me this 8th day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Sherry Middle R. Last Bevers

Date of Birth: Month Sept Day 1 Year 1947

Place of Birth (State or foreign country) Bloomington, Ind.

Residence Address: Street or R. R. 7 Marianna Ct City Biburg County Hen State Ind

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Key Punch: PSI

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 Robert James Bevers
   Residence of father (if deceased so state) Biburg, Ind.
   Occupation of father Mgr. Cont Life. Race of father White
   Birthplace of father (State or foreign country) Bloomington, Ind.
8. Full maiden name of mother Velda Dorothy Hast.
   Residence of mother (if deceased so state) Biburg, Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Lake Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sherry R Bevers
New Address Same
Subscribed and sworn to before me this 8th day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 12th day of July, 19 67, authorizing the joining together as husband and wife Reginald B. Sechman and Sherry R. Bevers.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Aubrey Morris hereby certify that on the 23rd day of July, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Reginald B Sechman of Hendricks County, State of Indiana, and, Bride Sherry R Bevers of Hendricks County, State of Indiana, were by me united 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 July, 19 67.

Signed Aubrey Morris
Official Designation Minister Of The Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of July, 19 67.

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

HENDRICKS County

No. 207
File Book 29
8 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 3 July 1967
Name of Physician Carl L. Hemlem MD

**FEMALE**
Medical Examination Report Dated 3 July 1967
Name of Physician Carl L. Hemlem MD.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Warren Middle F. Last Taylor
Date of Birth: Month September Day 16 Year 1927
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R.R. 2918 E Cameron St. City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Foreman: 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 Clarence Omar Taylor
Residence of father (if deceased so state) Deceased.
Occupation of father — Race of father White
Birthplace of father (State or foreign country) Brown Co, Ind.
12. Full maiden name of mother Violet Zilla Smith
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) Oakland City, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Warren F Taylor
New Address 2918 E. Cameron St. Indpls.
Subscribed and sworn to before me this 8th day of July, 1967
John 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.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Theresa Middle Belle Last Hardin
Date of Birth: Month June Day 19 Year 1935
Place of Birth (State or foreign country) Goodland, Kansas.
Residence Address: Street or R.R. 446 S. Kentucky City Danville County Hen State Ind.
Maiden Name if Different Theresa Belle Nolan
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Howard 51 Hancock 63
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Inst. 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 William James Nolan.
Residence of father (if deceased so state) Deceased.
Occupation of father — Race of father white
Birthplace of father (State or foreign country) Salina, Kansas.
8. Full maiden name of mother Mary Belly Lidy (Blye)
Residence of mother (if deceased so state) 424 S. Ky, Danvill
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Salina, Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Theresa Belle Hardin
New Address Same
Subscribed and sworn to before me this 8th day of July, 1967
John 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.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13 day of July, 1967, authorizing the joining together as husband and wife Warren F. Taylor and Theresa Belle Hardin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald A Cox hereby certify that on the 13th day of July, at Indianapolis, County of Marion, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom Warren F. Taylor of Hendricks County, State of Indiana, and, Bride Theresa B Hardin of Hendricks County, State of Indiana were by me united 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 July, 1967. Signed Donald A Cox
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of July, 1967. Signed John F Lamb 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. 208
File Book 29
July 8-1967
Date of Application

**MALE**
Medical Examination Report Dated 7-8-67
Name of Physician Carl L Heinlein MD

**FEMALE**
Medical Examination Report Dated 7-8-67
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: First David Middle D. Last Hadley
Date of Birth: Month Aug Day 1 Year 1944 ✓
Place of Birth (State or foreign country): Indianapolis Ind
Residence Address: Street or R. R. 101 E Broadway City Danville County State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Industrial 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 Harold R Hadley
    Residence of father (if deceased so state) Danville
    Occupation of father Truck driver Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Vivian Eileen Love
    Residence of mother (if deceased so state) Danville
    Occupation of mother none Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David D. Hadley
New Address
Subscribed and sworn to before me this 8 day of July, 19 67
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Melissa Middle R Last Woodfall
Date of Birth: Month March Day 24 Year 1946 ✓
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 478 Midland Dr City Danville County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Charles R Woodfall
   Residence of father (if deceased so state) Danville
   Occupation of father Railroader Race of father W
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Marjeanette Courtney
   Residence of mother (if deceased so state) Danville
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melissa R Woodfall
New Address
Subscribed and sworn to before me this 8 day of July, 19 67
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 12 *day of* July, 19 67, *authorizing the joining together as husband and wife* David D. Hadley *and* Melissa R Woodfall

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, George A. Harris hereby certify that on the 12th day of July, one thousand nine hundred and sixty-seven at the Danville Christian Parsonage County of Hendricks, State of Indiana, Groom David D Hadley of Hendricks County, State of Indiana, and, Bride Melissa R Woodfall of Hendricks County, State of Indiana, were by me united 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 July, 19 67.

Signed Rev. George A Harris
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of July, 19 67.

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. 209

HENDRICKS County

File Book 29

10 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 21 June 1967
Name of Physician S.H. Ringer USN

**FEMALE**
Medical Examination Report Dated 5 July 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: First Gerald Middle A. Last Lahnen

Date of Birth: Month February Day 2 Year 1946

Place of Birth (State or foreign country) Buffalo, N.Y.

Residence Address: Street or R. R. 371 Brozel St., City Lancaster, County Erie, State N.Y.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation (Yn2; USN) Stockroom Supervisor

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father William George Lahnen.
    Residence of father (if deceased so state) Lancaster, N.Y.
    Occupation of father Retired Race of father white
    Birthplace of father (State or foreign country) Fredonia, N.Y.
12. Full maiden name of mother Florence Drinkwater.
    Residence of mother (if deceased so state) Lancaster, N.Y.
    Occupation of mother Saleslady: Hens & Kelly. Race of mother white
    Birthplace of mother (State or foreign country) England.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gerald A. Lahnen

New Address 371 Brozel St., Lancaster N.Y.

Subscribed and sworn to before me this 10th day of July, 1967

John 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.....

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

## FEMALE APPLICANT

Name: First Alice Middle Marie Last Voelkel

Date of Birth: Month August Day 22 Year 1948

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. R3 Box 165 City Danville County Hen, State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Secretary.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Arthur Voelkel.
   Residence of father (if deceased so state) R3 Danville, Ind.
   Occupation of father Retired. Race of father white
   Birthplace of father (State or foreign country) Lyons N.Y.
8. Full maiden name of mother Thelma Viola Huffstickler.
   Residence of mother (if deceased so state) R3 Danville, Ind.
   Occupation of mother H/W. Race of mother white
   Birthplace of mother (State or foreign country) Kings Mtn., N.C.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alice Marie Voelkel

New Address Same.

Subscribed and sworn to before me this 10th day of July, 1967

John 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.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... 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 14th day of July, 1967, authorizing the joining together as husband and wife Gerald A. Lahnen and Alice Marie Voelkel

*Be it further remembered*, the following marriage certificate was filed in my office, to-wit:

I, Sherman Essex hereby certify that on the 15th day of July, 1967 at Pittsboro, County of Hendricks, State of Indiana, one thousand nine hundred and sixty-seven Gerald A. Lahnen of Erie County, State of New York, Groom, and, Alice Marie Voelkel of Hendricks County, State of Indiana, Bride were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 15th day of July, 1967. Signed Sherman Essex

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of July, 1967. Signed John L. Lankford, Jr. Clerk

Hendricks Circuit Court

558

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 210
File Book 29
10 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 6 July 1967
Name of Physician John P. Calhoun MD

**FEMALE**
Medical Examination Report Dated 6 July 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: First John Middle A. Last Roseboom
Date of Birth: Month June Day 13 Year 1944
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address: Street or R. R. RR2 Bx 268 City Plainfield County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Farmer: Jewell R.
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 Jewell Grant Roseboom.
    Residence of father (if deceased so state) RR3 Bx210 Plf
    Occupation of father Farmer Race of father White
    Birthplace of father (State or foreign country) Lebanon, Ind.
12. Full maiden name of mother Mary Constance Salee
    Residence of mother (if deceased so state) Plfd, Ind.
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Lebanon. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John A. Roseboom
New Address RR2 Bx 268 Plainfield Ind
Subscribed and sworn to before me this 10th day of July, 19 67
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Sheila Middle A. Last Wright
Date of Birth: Month July Day 15 Year 1945
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. RR2 Bx 17 City Plainfield County Hen State Ind.
Maiden Name if Different Sheila A. Hopkins.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ '66 Hend. Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Beautician: Charm
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 Rex Henry Hopkins.
   Residence of father (if deceased so state) RR3 Bx 17 Plfd, Ind
   Occupation of father Elect. Albon. Race of father White
   Birthplace of father (State or foreign country) Clay City, Ind.
8. Full maiden name of mother Virginia Rose Moore
   Residence of mother (if deceased so state) R2 Plfd, Ind
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Kirkwood, Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sheila A Wright
New Address Same.
Subscribed and sworn to before me this 10th day of July, 19 67
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 14th *day of* July, 19 67 *authorizing the joining together as husband and wife* John A. Roseboom *and* Sheila A. Wright
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Herman W. Baker *hereby certify that on the* 5th *day of* August, *one thousand nine hundred and* sixty-seven *at* Greencastle, *County of* Putnam, *State of Indiana, Groom* John A. Roseboom *of* Hendricks *County, State of* Indiana *and, Bride* Sheila A Wright *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* August, 19 67.

*Signed* Herman W Baker
*Official Designation* J. P. 2-6-71 Appointed

*Filed and recorded in accordance with the laws of the State of Indiana this* 8th *day of* August, 19 67.

*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. 211
File Book 29
10 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 29 June 1967
Name of Physician Thomas M. Walker MD

**FEMALE**
Medical Examination Report Dated 26 June 1967
Name of Physician Joseph A. Miller MD

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Paul Middle Earl Last Thomas
Date of Birth: Month March Day 1 Year 1940
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R3 Box 75A City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Press metal worker. Chevrolet.
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 Earl Cleo Thomas
    Residence of father (if deceased so state) R3 Danville, Ind.
    Occupation of father Sales: Oil Equip. Race of father White
    Birthplace of father (State or foreign country) Greenfield, Ind.
12. Full maiden name of mother Ruby Evelyn Blocker
    Residence of mother (if deceased so state) R3 Dirtle, Ind.
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Shawmut, Ala.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul Earl Thomas
New Address 3800 W. Mich Apt 801 Indpls.
Subscribed and sworn to before me this 10th day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Helen Middle Maxine Last Turner
Date of Birth: Month January Day 8 Year 1941
Place of Birth (State or foreign country) Perrysville, Ind.
Residence Address: Street or R. R. R5 Box 21 City Greenfield County Hancock State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Jr. Underwriter. Ind Ins.
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 Dana Harmon Turner
   Residence of father (if deceased so state) R5 Greenfield Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Hancock, Tenn.
8. Full maiden name of mother Audrey Genira Boswell
   Residence of mother (if deceased so state) R5 G'field, Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Perrysville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Helen Maxine Turner
New Address Same
Subscribed and sworn to before me this 10th day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 14th day of July, 1967, authorizing the joining together as husband and wife Paul Earl Thomas and Helen Maxine Turner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Tyler hereby certify that on the 15 day of July, one thousand nine hundred and Sixty-seven at Bethesda Baptist Church Brownstown, County of Hendricks, State of Indiana, Groom Paul Earl Thomas of Hendricks County, State of Indiana, and, Bride Helen Maxine Turner of Hancock County, State of Indiana, were by me united 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 July, 1967.

Signed Rev. Donald Tyler
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of August, 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. 212
File Book 29
July 11, 1967
Date of Application

**MALE**
Medical Examination Report Dated July 3, 1967
Name of Physician R. W. Kirtley, M.D.

**FEMALE**
Medical Examination Report Dated July 3, 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: First Michael Middle S. Last Lynch
Date of Birth: Month August Day 2 Year 1944
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 99 W. Broadway City Danville County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Payable Acct. Blue Cross.
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 Paul Daniel Lynch.
    Residence of father (if deceased so state) Danville, Ind.
    Occupation of father Trucker. Ellis. Race of father White
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Mary Margaret May.
    Residence of mother (if deceased so state) Danville, Ind.
    Occupation of mother Cook. DHS. Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael S. Lynch
New Address 99 W. Broadway Port Robt. Dr. Indpls.
Subscribed and sworn to before me this 11th day of July, 1967
John Hamblen Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Michele Middle Lynn Last Hazelwood
Date of Birth: Month July Day 18 Year 1948
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. R3 City Danville County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Secy. Farm Bureau Ins. Indpls.
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 Eugene Hazelwood
   Residence of father (if deceased so state) R3 — D'ville Ind.
   Occupation of father Construction. Retch. Race of father White.
   Birthplace of father (State or foreign country) Blue Ball, Ohio.
8. Full maiden name of mother Phyllis Ann Gaffity
   Residence of mother (if deceased so state) D'ville, Ind
   Occupation of mother Secy. Blue Cross. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michele Lynn Hazelwood
New Address Same.
Subscribed and sworn to before me this 11th day of July, 1967
John Hamblen Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hend. Circuit Court of Indiana dated the 15 day of July, 1967, authorizing the joining together as husband and wife Michael S. Lynch and Michele Lynn Hazelwood.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George A. Harris hereby certify that on the 16th day of July, one thousand nine hundred and Sixty-seven at The Danville Christian Church, County of Hendricks, State of Indiana, Groom Michael S. Lynch of Hendricks County, State of Indiana, and, Bride Michele Lynn Hazelwood of Hendricks County, State of Indiana, were by me united 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 July, 1967.

Signed Rev. George A. Harris
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of July, 1967.

Signed John Hamblen, 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. 213
File Book 29
11 July 1967
Date of Application

**MALE**
Medical Examination Report Dated July 10, 1967
Name of Physician E.J. O'Brian M.D.

**FEMALE**
Medical Examination Report Dated July 10, 1967
Name of Physician E.J. O'Brian M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Mark Middle A. Last Scolaro
Date of Birth: Month March Day 29 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 6019 Cadillac Dr. City Speedway County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation Vending Serviceman: Szabl.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) .....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Anthony Scolaro.
    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 Helen May Miles King.
    Residence of mother (if deceased so state) Speedway City, Ind.
    Occupation of mother H/W. Race of mother white
    Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark A. Scolaro
New Address 5620 Gateway Apt. 2 Sway.
Subscribed and sworn to before me this 11th day of July, 1967.
John Lambeth
Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of 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 Mothers consent below.

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed Helen M. King Mother
Subscribed and sworn to before me this 11th day of July, 1967.
John Lambeth Clerk

## FEMALE APPLICANT

Name: First Jeannie Middle Last Money
Date of Birth: Month April Day 9 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 28 Diana Dr. City B'burg County Hen State Ind
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) .....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles Edward Money.
   Residence of father (if deceased so state) B'burg, Ind.
   Occupation of father Sales: Gen Foods Race of father white
   Birthplace of father (State or foreign country) Indpls
8. Full maiden name of mother Peggy Mary Kathyren Austimeier
   Residence of mother (if deceased so state) Britt, Iowa.
   Occupation of mother H/W. Race of mother white
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jeannie Money
New Address Same.
Subscribed and sworn to before me this 11th day of July, 1967.
John Lambeth
Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15th day of July, 1967, authorizing the joining together as husband and wife Mark A. Scolaro and Jeannie Money.

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, James W Bauer hereby certify that on the 15th day of July, 1967, at Indianapolis, County of Hendricks, State of Indiana, one thousand nine hundred and sixty-seven, Mark A Scolaro of Marion County, State of Indiana, Groom, and, Jeannie Money of Marion County, State of Indiana, Bride, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 15th day of July, 1967.

Signed James W Bauer
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of July, 1967.

Signed John T Lambeth, Jr. Clerk
Hendricks Circuit Court

562

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 214
File Book 29
Date of Application

**MALE**
Medical Examination Report Dated 7 July 1967
Name of Physician R.W. Kirtley M.D.

**FEMALE**
Medical Examination Report Dated 7 July 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: First David Middle Brian Last Noe
Date of Birth: Month April Day 27 Year 1948
Place of Birth (State or foreign country) Lovelle, Ky.
Residence Address: Street or R. R. 608 Worcester Rd. City Lexington County Fayette State 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 Student: Cumberland College
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Draft Reg.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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 ☐

Name of father Benjamin Franklin Noe
Residence of father (if deceased so state) Deceased.
Occupation of father — Race of father white
Birthplace of father (State or foreign country) Harlan Co., Ky.
Full maiden name of mother Nellie Wilson
Residence of mother (if deceased so state) POBX313 Corbin, Ky.
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Salt, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Brian Noe
New Address 608 Worcester St. Lexington Ky.

Subscribed and sworn to before me this 11th day of July, 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 Father deceased. Mother notarized consent dated 8 July 67 attached.

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 11th day of July, 1967
John Gambrell Clerk

## FEMALE APPLICANT

Name: First Brenda Middle Sue Last Ray
Date of Birth: Month January Day 16, Year 1949
Place of Birth (State or foreign country) Blue Diamond Ky.
Residence Address: Street or R. R. RR2 Box 398 City Danville County Boyle State Ky.
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 Alvin Arnold Ray
   Residence of father (if deceased so state) RR2 Danville, Ind
   Occupation of father Farmer. Race of father white
   Birthplace of father (State or foreign country) Vicco, Ky.
8. Full maiden name of mother Hazel Mae Williams
   Residence of mother (if deceased so state) RR2 D'ville, Ind.
   Occupation of mother Cook - Coffee Cup Race of mother white
   Birthplace of mother (State or foreign country) Eubank, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda Sue Ray
New Address Same - July 67

Subscribed and sworn to before me this 11th day of July, 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.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hend. *Circuit Court of Indiana dated the* 15 *day of* July, 1967, *authorizing the joining together as husband and wife* David Brian Noe *and* Brenda Sue Ray
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Frank E. Wynn *hereby certify that on the* 19th *day of* July, *one thousand nine hundred and* Sixty Seven *at* Danville, *County of* Hendricks, *State of Indiana, Groom* David Brian Noe *of* Fayette *County, State of* Kentucky *and, Bride* Brenda Sue Ray *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*
*Dated this* 19th *day of* July, 1967.

*Signed* Frank Wynn
*Official Designation* Justice of Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 25 *day of* October, 1968.
*Signed* John Gambrell Sr. *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. 214
File Book 29
Date of Application

**MALE**
Medical Examination Report Dated 7 July 1967
Name of Physician R.W. Kirtley M.D.

**FEMALE**
Medical Examination Report Dated 7 July 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: First David Middle Brian Last Noe
Date of Birth: Month April Day 27 Year 1948
Place of Birth (State or foreign country) Lovelle, Ky.
Residence Address: Street or R. R. 608 Worcester Rd. City Lexington County Fayette State 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 Student: Cumberland College
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Draft Reg.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a 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 ☐
[illegible] complying with any court order or orders issued for Yes ☐ No ☐

father [illegible] notarized consent dated 8 July 67 attached.

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 11th day of July, 1967
John Gambold.....Clerk

## FEMALE APPLICANT

Name: First Brenda Middle Sue Last Ray
Date of Birth: Month January Day 16, Year 1949
Place of Birth (State or foreign country) Blue Diamond Ky.
Residence Address: Street or R. R. R2 Box 398, City Danville County [illegible] State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Alvin Arnold Ray
   Residence of father (if deceased so state) R2 Danville, Ind
   Occupation of father Farmer. Race of father White
   Birthplace of father (State or foreign country) Vicco, Ky.
8. Full maiden name of mother Hazel Mae Williams
   Residence of mother (if deceased so state) R2 D'ville, Ind.
   Cook: College Cup Race of mother White
   Ky.

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e and correct.
cuy
....., 1967
....Circuit Court
only one parent

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

I, NELLIE NOE, hereby give my consent for my SON, DAVID BRIAN NOE to marry BRENDA RAY. (David's FATHER is dead, I HAVE FULL custody)
X Nellie Noe
Subscribed and sworn to before me this 8th day of July 1967
Eula Rose
Notary Public
Comm Exp 6/8/68
FILED JUL 11 1967
John Gambold Jr. CLERK HENDRICKS CIRCUIT SUPERIOR 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* Hend. *Circuit Court of Indiana dated the* 15 *day of* July, 1967, *authorizing the joining together as husband and wife* David Brian Noe *and* Brenda Sue Ray

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Frank E. Wynn *hereby certify that on the* 19th *day of* July, *one thousand nine hundred and* Sixty Seven *at* Danville, *County of* Hendricks, *State of Indiana, Groom* David Brian Noe *of* Fayette *County, State of* Kentucky *and, Bride* Brenda Sue Ray *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

*Dated this* 19th *day of* July, 1967.

*Signed* Frank Wynn
*Official Designation* Justice of Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 25 *day of* October, 1968.

*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. 215
File Bk. 29
July 11, 1967
Date of Application

**MALE**
Medical Examination Report Dated July 5, 1967
Name of Physician R. W. Kirtley, M.D.

**FEMALE**
Medical Examination Report Dated July 5, 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: First Larry Middle D Last Brock
Date of Birth: Month Aug Day 24 Year 1945 ✓
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. R 2 City Coatesville County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages Once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Multilift operator
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 |
|---|---|---|
| Leah | 3 | Plainfield |

    (b) Are you supporting or contributing to their 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 Brock
    Residence of father (if deceased so state) Coatesville
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Hallie Trent
    Residence of mother (if deceased so state) Coatesville
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Dean Brock

New Address

Subscribed and sworn to before me this 11 day of July, 19 67
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, County of ..... } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Nedra Middle Diane Last Brock
Date of Birth: Month 3 Day 14 Year 1945 ✓
Place of Birth (State or foreign country) Bloomington Ind.
Residence Address: Street or R. R. 246 N Vine City Plainfield County Hend. State Ind.
Maiden Name if Different Nedra Diane Chitwood
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 Stenographer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Allstate Identification Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Cletus Chitwood
   Residence of father (if deceased so state) Camby Ind.
   Occupation of father Machinist Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Beatrice Baugh
   Residence of mother (if deceased so state) Camby
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nedra Diane Brock

New Address

Subscribed and sworn to before me this 11 day of July, 19 67
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15 day of July, 19 67, authorizing the joining together as husband and wife Larry D Brock and Nedra Diane Brock

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A Robbins hereby certify that on the 21st day of July, one thousand nine hundred and Sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Larry D Brock of Hendricks County, State of Indiana and, Bride Nedra Diane Brock of Hendricks County, State of Indiana were by me united 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 July, 19 67.

Signed Warren A Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of July, 19 67.

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. 216
File Book K29
11 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 10 July 1967
Name of Physician D'd B. Haggard MD

**FEMALE**
Medical Examination Report Dated 10 July 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: First Jerry Middle Wayne Last Garland
Date of Birth: Month August Day 19 Year 1948
Place of Birth (State or foreign country) Bardwell Ky.
Residence Address: Street or R. R. R2 Bx 272A City Camby County Morgan State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Construction.
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 Wayne Garland
    Residence of father (if deceased so state) R2 Camby, Ind
    Occupation of father Const. HCH Inc. Race of father White
    Birthplace of father (State or foreign country) Mayfield, Ky.
12. Full maiden name of mother Mary Lavelle Polivick
    Residence of mother (if deceased so state) Camby, Ind.
    Occupation of mother Cailtapr. RCA Race of mother White
    Birthplace of mother (State or foreign country) Bardwell, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry Wayne Garland
New Address 306 E. Main St. P'fld.
Subscribed and sworn to before me this 11th day of July, 1967.
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

State of Indiana, County of HENDRICKS } ss:
Signed Wayne Garland Father
Signed Mary L. Garland Mother
Subscribed and sworn to before me this 11th day of July, 1967.
John Lambert Clerk

## FEMALE APPLICANT

Name: First Roberta Middle lee Last Phillips
Date of Birth: Month April Day 19 Year 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 306 E. Main, P'fld, Hen, Ind City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student: P'fld 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 afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Lee Phillips.
   Residence of father (if deceased so state) 306 E. Main P'fld.
   Occupation of father Truck Dr. Gulf. Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Sylvia Lee Grace Bannister.
   Residence of mother (if deceased so state) P'fld, Ind.
   Occupation of mother Drapery shop: home. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Roberta Lee Phillips
New Address Same. July, 67
Subscribed and sworn to before me this 11th day of July, 1967
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

State of Indiana, County of HENDRICKS } ss:
Signed R. L. Phillips Father
Signed Sylvia L. Phillips Mother
Subscribed and sworn to before me this 11th day of July, 1967.
John Lambert 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**

**By 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 July, 1967, authorizing the joining together as husband and wife Jerry Wayne Garland and Roberta Lee Phillips
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Gerald H. Dooley hereby certify that on the 15th day of July, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Jerry Wayne Garland of Morgan County, State of Indiana, and, Bride Roberta Lee Phillips of Hendricks County, State of Indiana, were by me united 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 July, 1967.

Signed Rev. Gerald H. Dooley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of July, 1967.
Signed John L. Lambert, 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. 217
File Book 29
11 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 11 July 1967
Name of Physician Rene' M. Jacobs M.D.

**FEMALE**
Medical Examination Report Dated 11 July 1967
Name of Physician Rene' 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: First Anthony Middle J. Last Strainer
Date of Birth: Month January Day 25 Year 1942
Place of Birth (State or foreign country) Lockport Ill.
Residence Address: Street or R. R. R2 Bx 72 City Danville County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Housemain Amer. Paper Stock
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 John Paul Strainer
    Residence of father (if deceased so state) R2 Danville Ind.
    Occupation of father Retired. Race of father White
    Birthplace of father (State or foreign country) Chicago, Ill.
12. Full maiden name of mother Antonia Dorothy Smerdel
    Residence of mother (if deceased so state) R2 D'ville, Ind.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Cleveland, Ohio.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Anthony J. Strainer
New Address R1 Coatesville Ind.
Subscribed and sworn to before me this 11th day of July, 1967.
John Canfield Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Mary Middle E. Last Fischer
Date of Birth: Month June Day 19 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R1 Bx 26 City Coatesville County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers 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 Paul Eugene Fischer.
   Residence of father (if deceased so state) R1 Coatesville Ind.
   Occupation of father Carpenter. Tawsley-Sibley Race of father White
   Birthplace of father (State or foreign country) Jennings Co, Ind.
8. Full maiden name of mother Mary Lena Losey.
   Residence of mother (if deceased so state) R1 Coatesville Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Jennings Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Mary E. Fischer
New Address Same.
Subscribed and sworn to before me this 11th day of July, 1967
John Canfield Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15th day of July, 1967, authorizing the joining together as husband and wife Anthony J. Strainer and Mary E. Fischer

*Be it further remembered*, the following marriage certificate was filed in my office, to-wit:

I, Malcolm R Meier hereby certify that on the 15th day of July, one thousand nine hundred and sixty-seven at Coatesville, County of Hendricks, State of Indiana, Groom Anthony J. Strainer of Hendricks County, State of Indiana, and, Bride Mary Ellen Fischer of Hendricks County, State of Indiana, were by me united 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 July, 1967. Signed Malcolm R. Meier, Pastor
Official Designation Coatesville Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 1967. Signed John Canfield, Jr. Clerk
Hendricks Circuit Court

566

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 218
File Book 29
12 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 11 July 1967
Name of Physician Irving Cohen M.D.

**FEMALE**
Medical Examination Report Dated 11 July 1967
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: First Max Middle Richard Last Flynn
Date of Birth: Month September Day 17 Year 1937
Place of Birth (State or foreign country) Hymera, Indiana.
Residence Address: Street or R. R. Hymera City Sullivan County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion 66
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Supervisor. Chev.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| Max Richard II | 5 | 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 Ivan Pearl Flynn
    Residence of father (if deceased so state) Hymera, Ind.
    Occupation of father Retired. Race of father white
    Birthplace of father (State or foreign country) Freedom, Ind.
12. Full maiden name of mother Hazel Marguerite Burton
    Residence of mother (if deceased so state) Hymera, Ind.
    Occupation of mother H/W. Race of mother white
    Birthplace of mother (State or foreign country) Greene Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Max Richard Flynn
New Address 366 Hunter Dr., P'fld, Ind.

Subscribed and sworn to before me this 12th day of July, 19 67
John Goodpaster Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Dixie Middle Louise Last Stuart
Date of Birth: Month August Day 20 Year 1937
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 366 Hunter Dr. City P'fld County Hen. State Ind
Maiden Name If Different Dixie L. Mikels
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hen 67
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Steno.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert Dale Mikels.
   Residence of father (if deceased so state) Compton, Calif.
   Occupation of father unk. Race of father white
   Birthplace of father (State or foreign country) Jackson Co. Ind.
8. Full maiden name of mother Mary Margaret Schulmeyer.
   Residence of mother (if deceased so state) King Indpls, Ind.
   Occupation of mother Bookkeeper. Std. Oil Race of mother white
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dixie Louise Stuart
New Address Same.

Subscribed and sworn to before me this 12th day of July, 19 67
John Goodpaster Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 16th *day of* July, 19 67, *authorizing the joining together as husband and wife* Max Richard Flynn *and* Dixie Louise Stuart.

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Ira J. Goodman *hereby certify that on the* 16th *day of* July, *one thousand nine hundred and* sixty-seven *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Max Richard Flynn *of* Sullivan *County, State of* Indiana, *and, Bride* Dixie Louise Stewart *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Indiana *County.*

*Dated this* 16th *day of* July, 19 67.

Signed Ira J. Goodman
Official Designation Justice of Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 19th *day of* July, 19 67.

Signed John Goodpaster, 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. 219
File Book 29
12 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 5 July 1967
Name of Physician C.E. Steuder M.D.

**FEMALE**
Medical Examination Report Dated 30 June 1967
Name of Physician B.W. Kertley M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First John Middle K. Last Burns
Date of Birth: Month February Day 21 Year 1901
Place of Birth (State or foreign country) Oaklawn Ill.
Residence Address: Street or R. R. Gosport, City Owen County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Retired.
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 Benjamin Franklin Burns.
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Oaklawn, Ill.
12. Full maiden name of mother Ellen Elizabeth Zimmerman.
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Oaklawn, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John K. Burns
New Address Main St., Gosport, Ind.
Subscribed and sworn to before me this 12th day of July, 19 67
John Sandlff Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Margaret Middle — Last Pickard
Date of Birth: Month July Day 10 Year 1906
Place of Birth (State or foreign country) Breckenridge Minn.
Residence Address: Street or R. R. 340 W. Main, City Danville, County Hend, State Ind.
Maiden Name if Different Margaret Armstrong.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Retired
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers 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 Dr. Louis Woodruff Armstrong
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) New York City, N.Y.
8. Full maiden name of mother House Hyger
   Residence of mother (if deceased so state) Deceased.
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Breckenridge, Minn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Margaret Pickard
New Address Same
Subscribed and sworn to before me this 12th day of July, 19 67
John Sandlff Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... 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 17th day of July, 1967, authorizing the joining together as husband and wife John K. Burns and Margaret Pickard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, W E Potts hereby certify that on the 23rd day of July, one thousand nine hundred and sixty-seven at Danville, County of Hendricks, State of Indiana, Groom John K Burns of Owen County, State of Indiana and, Bride Margaret Pickard of Hendricks County, State of Indiana were by me united 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 July, 1967

Signed W E Potts
Official Designation Minister Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of July, 1967
Signed James Waskom, 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. 220
File Book 29
12 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 14 July 1967
Name of Physician Dd L. Hartenbower

**FEMALE**
Medical Examination Report Dated 14 July 1967
Name of Physician Dd L. Hartenbower

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Lloyd Middle Keith Last White
Date of Birth: Month November Day 8 Year 1931
Place of Birth (State or foreign country) Christian Co. Ky.
Residence Address: Street or R. R. 109 Prairie Pkwy, City B'burg, County Hen, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Dec 6, 57 Henderson Co, Ky '58
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Car Salesman: Dellen
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Marine 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 |
|---|---|---|
| Gregory Lloyd | 17 | Henderson Ky |
| Rhonda Lynn | 9 | Lebanon Ind |
| Colleen Keona | 8 | |
| Russell Largo | 6 | |

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Owsley Hendrix White
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Ky.
12. Full maiden name of mother Nancy Leona Allen
    Residence of mother (if deceased so state) St. Petersburg, Fla.
    Occupation of mother Waitress Race of mother White
    Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lloyd Keith White
New Address 109 Prairie Pkwy, B'burg
Subscribed and sworn to before me this 15th day of July, 1967
John Landwell 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Jannis Middle V. Last Rader
Date of Birth: Month February Day 8 Year 1938
Place of Birth (State or foreign country) Clarksdale, Indiana.
Residence Address: Street or R. R. 109 Prairie Pkwy City B'burg, County Hen, State Ind.
Maiden Name if Different Jannis V. Larkin.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 64 Putnam Co X
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Clerk.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers Lic exp.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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 Versal Nicholas Larkin.
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Ind Engr. Bryant Race of father White
   Birthplace of father (State or foreign country) Putnam Co, Ind.
8. Full maiden name of mother Frances Pauline Powell
   Residence of mother (if deceased so state) Pitts, Ind.
   Occupation of mother Cook. PSI Race of mother White
   Birthplace of mother (State or foreign country) Owen Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jannis V. Rader
New Address Same
Subscribed and sworn to before me this 15th day of July, 1967
John Landwell 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 19th *day of* July, 19 67, *authorizing the joining together as husband and wife* Lloyd Keith White *and* Jannis V. Rader
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Rev Willard R Fair *hereby certify that on the* 19th *day of* July, *one thousand nine hundred and* sixty-seven *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Lloyd Keith White *of* Hendricks *County, State of* Indiana *and, Bride* Jannis V Rader *of* Hendricks *County, State of* Indiana, *were by me united 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* July, 19 67.

*Signed* Rev Willard R Fair
*Official Designation* Methodist Clergyman

*Filed and recorded in accordance with the laws of the State of Indiana this* 7th *day of* August, 19 67.

*Signed* John Landwell, 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. 221
File Book 29
5 July 67
Date of Application

**MALE**
Medical Examination Report Dated 5 July 1967
Name of Physician Joseph C. Kerlin, M.D.

**FEMALE**
Medical Examination Report Dated 5 July 1967
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: First James Middle R. Last Graham
Date of Birth: Month May Day 9 Year 1940
Place of Birth (State or foreign country): Boone Co. Ind.
Residence Address: Street or R. R. 445 N. Darlington City Jamestown County Boone State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 58 Hen. 67 Boone.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation

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 William Everett Graham.
    Residence of father (if deceased so state) Jamestown, Ind.
    Occupation of father Welder: Gen. Fmr. Race of father White
    Birthplace of father (State or foreign country) Boone Co. Ind.
12. Full maiden name of mother Anna Lee Henry.
    Residence of mother (If deceased so state) Jamestown, Ind.
    Occupation of mother H/W. Race of mother white
    Birthplace of mother (State or foreign country) Boone, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James R. Graham
New Address 307 E. Spann Ave. Crawfordsville
Subscribed and sworn to before me this 5th day of July, 1967
John 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

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Vicki Middle Jean Last McKinzie
Date of Birth: Month June Day 13 Year 1949
Place of Birth (State or foreign country) Crawfordsville Ind.
Residence Address: Street or R. R. Bx 29 City North Salem County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk.

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 Franklin McKinzie.
   Residence of father (if deceased so state) N. Salem, Ind.
   Occupation of father Masonry: Self Race of father White
   Birthplace of father (State or foreign country) Mary Jones Co. Ind.
8. Full maiden name of mother Barbara Jean Vice.
   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) Boone Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vicki Jean McKinzie
New Address Same
Subscribed and sworn to before me this 5th day of July, 1967
John 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

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... Court by written order issued ..... and filed ..... County ..... authorizes and directs the issuance of a marriage license to the above named parties.

in .....

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19 day of July, 1967, authorizing the joining together as husband and wife James R. Graham and Vicki Jean McKinzie

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edgar B Yeam hereby certify that on the 21st day of July, one thousand nine hundred and sixty-seven at North Salem, County of Hendricks, State of Indiana, Groom James R Graham of Boone County, State of Indiana, and, Bride Vicki Jean McKinzie of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 21st day of July, 1967. Signed Edgar B Yeam
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of July, 1967. Signed John Lamb Hendricks 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. 222
File Book 29
July 15-1967
Date of Application

**MALE**
Medical Examination Report Dated 7-8-67
Name of Physician Manuel Largaespada MD

**FEMALE**
Medical Examination Report Dated 7-8-67
Name of Physician Manuel Largaespada MD.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Glenn Middle [illegible] Last Fresner

Date of Birth: Month July Day 8 Year 1937

Place of Birth (State or foreign country): Hilledale Ind.

Residence Address: Street or R. R. R2 Box 61 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages one

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Warehouseman

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| Vicki Sue | 8 | Mooresville |
| Jeffrey Allen | 6 | Mooresville |
| David Glenn | 4 | Mooresville |

    (b) Are you supporting or contributing to their 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 Fresner
    Residence of father (if deceased so state) Paris Ill.
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Bonnie Bennett
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Glenn Fresner

New Address

Subscribed and sworn to before me this 15 day of July, 19 67.

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, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

## FEMALE APPLICANT

Name: First Sheila Middle A. Last Hamilton

Date of Birth: Month Dec Day 11 Year 1946

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 6036 Woodward City Indpls County Marion State Co.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Typist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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 Rupert Hamilton
   Residence of father (if deceased so state) Indianapolis
   Occupation of father Self employed Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ruth alice Goll
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Sheila Hamilton

New Address

Subscribed and sworn to before me this 15 day of July, 19 67.

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, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 22nd *day of* ~~August~~ July, 19 67, *authorizing the joining together as husband and wife* Glenn Fresner *and* Sheila A Hamilton

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* J Stanley Howell *hereby certify that on the* 30th *day of* July, *one thousand nine hundred and* sixty-seven *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Glenn Fresner *of* Hendricks *County, State of* Indiana *and, Bride* Sheila Ann Hamilton *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

*Dated this* 22nd *day of* August, 19 67.

Signed J Stanley Howell

Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 23rd *day of* August, 19 67.

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. 223
File Book K29

HENDRICKS County

12 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 10 July 1967
Name of Physician F.P. Warbinton MD

**FEMALE**
Medical Examination Report Dated 10 July 1967
Name of Physician F.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: First Jerry Middle Walton Last Richards
Date of Birth: Month March Day 29 Year 1945
Place of Birth (State or foreign country) Oak Ridge, Tenn.
Residence Address: Street or R. R. R2 Box 424 City Indpls County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Burner Service Tech. Hoosier Gas
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jack Robert Richards.
    Residence of father (if deceased so state) R2 Indpls, Ind.
    Occupation of father Warehouseman. Race of father White
    Birthplace of father (State or foreign country) LeTorneau-West Clinton, Tenn.
12. Full maiden name of mother Flossie Hendricks
    Residence of mother (if deceased so state) R2 Indpls, Ind.
    Occupation of mother Nurse Aid. Race of mother White
    Birthplace of mother (State or foreign country) Louellen, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jerry Walton Richards
New Address 138 W. Santa, Apt A, Pitts
Subscribed and sworn to before me this 15th day of July, 1967
John 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.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Sherry Middle Jane Last Skiles
Date of Birth: Month September Day 17 Year 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 2646 W. Olive Ave City Indpls County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student: Pitts.
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 Richard William Skiles.
   Residence of father (if deceased so state) Deceased.
   Occupation of father ..... Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Naomi Ellen Frost. Walker.
   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) Hazard, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sherry Jane Skiles
New Address Same
Subscribed and sworn to before me this 15th day of July, 1967
John 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
Father Deceased.

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed Naomi E. Walker Mother
Subscribed and sworn to before me this 15th day of July, 1967
John Lamb 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 July, 1967, authorizing the joining together as husband and wife Jerry Walton Richards and Sherry Jane Skiles
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Louis Gibson hereby certify that on the 21st day of July, 1967 at Indianapolis, County of Marion, one thousand nine hundred and sixty-seven Jerry Walton Richards of Hendricks County, State of Indiana, Groom, State of Indiana, and, Bride Sherry Jane Skiles of Hendricks County, State of Indiana were by me united 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 July, 1967.
Signed Rev Louis Gibson
Official Designation Pastor of Charity Tab
Filed and recorded in accordance with the laws of the State of Indiana this 21st day of July, 1967
Signed John Lamb 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. 224
File Book 29
10 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 13 July 1967
Name of Physician A.N. Scudder, M.D.

**FEMALE**
Medical Examination Report Dated 13 July 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: First Robert Middle Alvin Last Gardner
Date of Birth: Month February Day 24 Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R2 Bx 260 City Clayton County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Lt: USArmy.
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 Alfred Wallace Gardner.
    Residence of father (if deceased so state) R2 Clayton Ind.
    Occupation of father Machinist: Allison Race of father White
    Birthplace of father (State or foreign country) Tennison Ind.
12. Full maiden name of mother Sadie Mae Previtt
    Residence of mother (if deceased so state) R2, Clayton Ind
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Danville, Ala.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robert Alvin Gardner
New Address Ft Benning Ga.
Subscribed and sworn to before me this 15th day of July 67
John Ramsdell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Alfred Wallace Gardner Father
Signed Sadie Mae Gardner Mother
Subscribed and sworn to before me this 15th day of July 67
John Ramsdell Clerk

## FEMALE APPLICANT

Name: First Judy Middle Ann Last Hiatt
Date of Birth: Month April Day 17 Year 1947
Place of Birth (State or foreign country) Linton, Ind.
Residence Address: Street or R. R. R2 Bx 141 City Clayton County Hen State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Reservationist: Lake Central
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 Paul Eugene Hiatt
   Residence of father (if deceased so state) R2 Clayton, Ind.
   Occupation of father Test Mech: Allison. Race of father White
   Birthplace of father (State or foreign country) Dugger, Ind.
8. Full maiden name of mother Doris June Herndon.
   Residence of mother (if deceased so state) R2 Clayton, Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Dugger, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Miss Judy Ann Hiatt
New Address Same
Subscribed and sworn to before me this 15th day of July 67
John Ramsdell Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 31 *day of* August, 19 67, *authorizing the joining together as husband and wife* Robert Alvin Gardner *and* Judy Ann Hiatt
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* William L Treesdale *hereby certify that on the* 2nd *day of* September, *one thousand nine hundred and* sixty-seven *at* Shiloh Methodist Church *County of* Hendricks, *State of Indiana, Groom* Robert Alvin Gardner *of* Hendricks *County, State of* Indiana *and, Bride* Judy Ann Hiatt *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 31st *day of* August, 19 67.
Signed William L Treesdale
Official Designation Methodist Minister
*Filed and recorded in accordance with the laws of the State of Indiana this* 20th *day of* September, 19 67.
Signed John D Arnold, 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. 225
File Book 29
17 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 17 June 1967
Name of Physician Leo Kammen M.D.

**FEMALE**
Medical Examination Report Dated 17 June 1967
Name of Physician Leo Kammen M.D

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Robert Middle Paul Last Denny
Date of Birth: Month December Day 27 Year 1943
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R2 Box 371 City Indpls 31 County Hen, State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Farmer. Marion Conrad.
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 Avres Paul Denny.
    Residence of father (if deceased so state) R2 Indpls, Ind.
    Occupation of father Farmer. Race of father White
    Birthplace of father (State or foreign country) Somerset, Ky.
12. Full maiden name of mother Charlotte Amar Denny.
    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) Somerset, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Paul Denny
New Address Bx 534 Sandy
Subscribed and sworn to before me this 17th day of July, 19 67
John Randall Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Dorothy Middle Jean Last Jackson
Date of Birth: Month Aug 1st Day 18 Year 1946
Place of Birth (State or foreign country) Raywick Ky
Residence Address: Street or R. R. R2 Box 371 City Indpls, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree Indpls. 2 Branch
☑ Other (Specify) Blue Cross Application form #1164435

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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 Albert Lee Jackson
   Residence of father (if deceased so state) (Cox Road) R2 Indpls.
   Occupation of father Farmer. Bottom. Race of father white
   Birthplace of father (State or foreign country) London Ky.
8. Full maiden name of mother Mildred Riley.
   Residence of mother (if deceased so state) R2 Indpls.
   Occupation of mother H/W. Race of mother white
   Birthplace of mother (State or foreign country) London, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dorothy Jean Jackson
New Address Same.
Subscribed and sworn to before me this 17th day of July, 1967
John Randall Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 21st *day of* July, 19 67, *authorizing the joining together as husband and wife* Robert Paul Denny *and* Dorothy Jean Jackson

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* William J Haslett *hereby certify that on the* 22nd *day of* July, *one thousand nine hundred and* sixty-seven *at* 3 E. Main, Mooresville *County of* Hendricks *State of Indiana, Groom* Robert Paul Denny *of* Marion *County, State of* Indiana *and, Bride* Dorothy Jean Jackson *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

*Dated this* 22nd *day of* July, 19 67.

*Signed* William J Haslett
*Official Designation* Justice of the Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 24th *day of* July, 19 67.

*Signed* John W Hendricks, Jr. *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. 226
File Book 29
17 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 11 July 1967
Name of Physician Robert V. Boone MD

**FEMALE**
Medical Examination Report Dated 12 July 1967
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 David Middle W. Last Wolfe
Date of Birth: Month May Day 9 Year 1948
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. 904 S. Evans St. City Lebanon County Boone State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Front End Mech. Goodyear Heb.
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 Donald Vern Wolfe
    Residence of father (if deceased so state) R1 Pittsboro, Ind.
    Occupation of father Farmer Race of father White
    Birthplace of father (State or foreign country) Stilesville, Ind.
12. Full maiden name of mother Myrtle Ruth Clark
    Residence of mother (if deceased so state) R1 Pittsboro, Ind.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Danville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David W. Wolfe
New Address 904 Evans St. Lebanon
Subscribed and sworn to before me this 17th day of July, 19 67
John Stanfield Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Mothers Notarized Consent Form

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 21 day of July, 19 67
John Stanfield, Jr. Clerk

## FEMALE APPLICANT

Name: First Cheryl Middle L. Last Kirby
Date of Birth: Month July Day 17 Year 1949
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. R3 Box 65 City Danville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: 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 Lloyd Eugene Kirby
   Residence of father (if deceased so state) R3 Danville Ind.
   Occupation of father Factory: Allison Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Jane E. Williams
   Residence of mother (if deceased so state) R3 Danville
   Occupation of mother Factory: A&E. Race of mother White
   Birthplace of mother (State or foreign country) Neptune, N.J. - Hy.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cheryl L Kirby
New Address Same.
Subscribed and sworn to before me this 17th day of July, 19 67
John Stanfield Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 22 *day of* July, 19 67, *authorizing the joining together as husband and wife* David W Wolfe *and* Cheryl L Kirby
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* John A Pierson *hereby certify that on the* 22nd *day of* July, *one thousand nine hundred and* sixty-seven *at* Pittsboro, *County of* Hendricks *State of Indiana, Groom* David Wayne Wolfe *of* Boone *County, State of* Indiana *and, Bride* Cheryl Lynn Kirby *of* Hendricks *County, State of* Indiana *were by me united 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* July, 19 67.

*Signed* John A Pierson
*Official Designation* Methodist Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 23rd *day of* July, 19 67.
*Signed* John Stanfield 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. 226
File Book 29
17 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 11 July 1967
Name of Physician Robert N. Boone M.D.

**FEMALE**
Medical Examination Report Dated 12 July 1967
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 David Middle W. Last Wolfe
Date of Birth: Month May Day 11 Year 1948
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. 904 S. Evans St. City Lebanon County Boone State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐
Color or Race White ☑
Usual Occupation Fron
Date of birth verified by: ☐ Birt
☑ Other (Specify) Dr
1. Are you now or have you been An Imbecile? Of Unsound Mind?
2. Are you under guardianship a
3. Are you now or have you be home for indigent persons?
If answer to 3 is "yes" has th
4. Are you afflicted with a tran
5. Are you related to the bride c
6. Are you now under the influ
7. Are you now under the influ
8. Are you able to support a fa
9. Are you likely to so continu
10. Do you have minor children f
(If yes, answer questions a, b
(a) List their full names, ag
Name
.....
.....
.....
(b) Are you supporting or c
(c) Are you complying with their support?
11. Full name of father.....
Residence of father (if dece
Occupation of father.....
Birthplace of father (State or foreign c
12. Full maiden name of mother Myrtle
Residence of mother (if deceased so state) H/W R1 P. Habor, Ind.
Occupation of mother..... Race of mother wht.
Birthplace of mother (State c

State of Indiana,
County of HE

New
Subscribed and sworn to

CONSENT OF PAREN
We, the parents, of this
signs, state facts which
Mother

State of Indiana,
County of HEN
Signe
Signe
Subscribed and sworn to

## FEMALE APPLICANT

Name: First Cheryl Middle L. Last Kirby
Date of Birth: Month July Day 17 Year 1949
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. 153 Bx 65 City Danville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

We give our consent for David Wolfe to wed Cheryl Kirby

Father Donald Wolfe
Mother Myrtle Wolfe

State of Indiana
County of Hendricks
Sworn to me this 21st. of July 1967
Notary public Mary E. Meredith
My Commission expires 1-17-1971

Signed Cheryl L Kirby
New Address Same.

I, Myrtle R. Wolfe, hereby give my consent for my Son, David Wayne Wolfe to marry Cheryl Kirby.

Myrtle Ruth Wolfe

FILED
JUL 21 1967
John Fambold Jr
CLERK HENDRICKS CIRCUIT COURT, SUPERIOR

subscribed and sworn to before me this 20 day of July 196

Clinton J Parker
Notary Public

My commission expires Jan 6, 1969

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. If 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* July *, 19*67*, authorizing the joining together as husband and wife* David W Wolfe *and* Cheryl L Kirby
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* John A Pierson *hereby certify that on the* 22nd *day of* July *,*
*one thousand nine hundred and* sixty-seven *at* Pittsboro *, County of* Hendricks
*State of Indiana, Groom* David Wayne Wolfe *of* Boone *County, State of* Indiana
*and, Bride* Cheryl Lynn Kirby *of* Hendricks *County, State of* Indiana
*were by me united 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* July *19*67*.

*Signed* John A Pierson
*Official Designation* Methodist Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 23rd *day of* July *, 19*67*.
*Signed* John Fambold 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. 227
File Book 29
17 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 11 July 1967
Name of Physician Oscar D. Haven M.D.

**FEMALE**
Medical Examination Report Dated 11 July 1967
Name of Physician Oscar D. Haven M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 White Middle — Last Johnson
Date of Birth: Month July Day 29 Year 1931
Place of Birth (State or foreign country) Lee Co. Va.
Residence Address: Street or R. R. 224 E. Jackson St. City Tipton County Tipton State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 66 Tipton
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Bulk Truck Opr. Sunray D.X.
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 |
|---|---|---|
| Gwenn | 10 | w/mother in Tenn. |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☑ *
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father William Henry Johnson. Deceased.
    Residence of father (if deceased so state)
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Lee Co. Va.
12. Full maiden name of mother Dora Pace Deceased.
    Residence of mother (if deceased so state)
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Claybourne, Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed White Johnson
New Address 224 E. Jackson St., Tipton.
Subscribed and sworn to before me this 17th day of July, 1967.
John Tamblyn Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

* Divorce granted by Publication. Wife left w/ day. Per Burns 44.207 4th Subd. Court issue license.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Naomi Middle Pearl Last Weaver
Date of Birth: Month April Day 17 Year 1934
Place of Birth (State or foreign country) Hamilton Co. Ind.
Residence Address: Street or R. R. 1 Blake St. City Danville County Hend. State Ind.
Maiden Name if Different Naomi P. Schildmeier
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 H/W.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Employment 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Lewis Frederick Schildmeier
   Residence of father (if deceased so state) Arcadia, Ind.
   Occupation of father Retired: Firestone Race of father White
   Birthplace of father (State or foreign country) Hancock Co. Ind
8. Full maiden name of mother Eva Druzilla Coy.
   Residence of mother (if deceased so state) Arcadia, Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Howard Co. Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Naomi Pearl Weaver
New Address Same.
Subscribed and sworn to before me this 17th day of July, 1967.
John Tamblyn Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 21st day of July, 19 67, authorizing the joining together as husband and wife White Johnson and Naomi Pearl Weaver.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gerald Machgan hereby certify that on the 1st day of August, one thousand nine hundred and sixty-seven at North M elutes, County of Hancock, State of Indiana, Groom White Johnson of Tipton County, State of Indiana, and, Bride Naomi Pearl Weaver of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 1st day of August, 19 67. Signed Gerald Machgan
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of August, 19 67.
Signed John Tamblyn, 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. 228

File Book 29 July 18, 1967

18 July Date of Application

**MALE**
Medical Examination Report Dated July 11, 1967
Name of Physician J. Hal Doran, M. D.

**FEMALE**
Medical Examination Report Dated July 11, 1967
Name of Physician J. Hal Doran, M. D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Ernest Middle M. Last Stanley

Date of Birth: Month July Day 12 Year 1908

Place of Birth (State or foreign country): Hadley, Indiana

Residence Address: Street or R. R. R. 3 Box 284 City Danville County (Hendricks) State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: Farming

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? 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: Luna Otis Stanley
    Residence of father (if deceased so state): Hadley, Ind., Deceased
    Occupation of father: Farmer Race of father: W
    Birthplace of father (State or foreign country): Hend. Co. Ind.
12. Full maiden name of mother: Elma Maxwell Deceased
    Residence of mother (if deceased so state): Plainfield, Ind.
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): Plainfield, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ernest M. Stanley

New Address

Subscribed and sworn to before me this 18 day of July, 1967.

John Gambaed 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

## FEMALE APPLICANT

Name: First Mary Middle M. Last Miles

Date of Birth: Month July Day 3 Year 1908

Place of Birth (State or foreign country): Clinton Co. Indiana

Residence Address: Street or R. R. 710 N. Mill City Danville (Hend.) County Ind. State

Maiden Name if Different: Mary E. Shearer

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: School Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   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 Newton Shearer
   Residence of father (if deceased so state): Deceased
   Occupation of father: Farmer Race of father: W
   Birthplace of father (State or foreign country): Clinton Co. Ind.
8. Full maiden name of mother: Savanna Coly
   Residence of mother (if deceased so state): Michigan Town, Ind. Deceased
   Occupation of mother: Housewife Race of mother: W
   Birthplace of mother (State or foreign country): Clinton Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary M. Miles

New Address R. 3 Danville, Ind

Subscribed and sworn to before me this 18 day of July, 1967.

John Gambaed 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 22 *day of* July, 19 67, *authorizing the joining together as husband and wife* Ernest M Stanley *and* Mary M Miles

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* Joseph A. Harricks *hereby certify that on the* 23rd *day of* July, *one thousand nine hundred and* sixty-seven *at* Lafayette, *County of* Tippecanoe *State of Indiana, Groom* Ernest M. Stanley *of* Hendricks *County, State of* Indiana *and, Bride* Mary M Miles *of* Hendricks *County, State of* Indiana *were by me united 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* July, 19 67

Signed Joseph A Harricks

Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 24th *day of* July, 19 67

Signed John Gambaed, 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. 229
File Book 29
20 July 1967
Date of Application

HENDRICKS County

**MALE**
Medical Examination Report Dated 10 July 1967
Name of Physician Charles L. Davis M.D

**FEMALE**
Medical Examination Report Dated 17 July 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: First Leslie Middle Ray Last Boyd
Date of Birth: Month February Day 23 Year 1942
Place of Birth (State or foreign country) Knoxville Tenn.
Residence Address: Street or R. R. 2134 Timber Trail N.E. City Atlanta County Fulton State Ga.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Equip Opr: Vulcan Mat.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) USAF D.S.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? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Eugene Lamar Boyd.
    Residence of father (if deceased so state) Atlanta, Ga.
    Occupation of father V.P. SE Div Vulcan. Race of father White
    Birthplace of father (State or foreign country) Knoxville, Tenn.
12. Full maiden name of mother Ruth Frances Lambert
    Residence of mother (if deceased so state) Same.
    Occupation of mother H/W. Race of mother white
    Birthplace of mother (State or foreign country) Maryville, Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Leslie Ray Boyd
New Address 212 Carroll Circle, Chamblee, Ga.
Subscribed and sworn to before me this 20th day of July, 1967
John Hamilton Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Jean Middle Ann Last Duffin
Date of Birth: Month November Day 7 Year 1945
Place of Birth (State or foreign country) Terre Haute Ind.
Residence Address: Street or R. R. R2 Box 171 City P'fld County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Stewardess.
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 Randall Duffin.
   Residence of father (if deceased so state) R2 P'fld, Ind.
   Occupation of father V.P. Mesaba Sec. Race of father White
   Birthplace of father (State or foreign country) Terre Haute Ind.
8. Full maiden name of mother Helen Louise Sewell Hartman
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jean Ann Duffin
New Address Same
Subscribed and sworn to before me this 20th day of July, 1967
John Hamilton Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 20 July 1967 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da Ware

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 20th day of July, 1967, authorizing the joining together as husband and wife Leslie Ray Boyd and Jean Ann Duffin

*Be it further remembered*, the following marriage certificate was filed in my office, to-wit:

I, Father Paul Dede, hereby certify that on the 22nd day of July, one thousand nine hundred and sixty-seven at Braunsburg, County of Hendricks State of Indiana, Groom Leslie Ray Boyd of Fulton County, State of Georgia and, Bride Jean Ann Duffin of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 22nd day of July, 1967
Signed Father Paul Dede
Official Designation Catholic Priest

*Filed and recorded in accordance with the laws of the State of Indiana this* 24th day of July, 1967
Signed John Hamilton, 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. 230
File Bk. 29
July 22, 1967
Date of Application

**MALE**
Medical Examination Report Dated July 22, 1967
Name of Physician Lloyd S. Terry, M.D.

**FEMALE**
Medical Examination Report Dated July 22, 1967
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 Lawrence Middle W. Last Cox
Date of Birth: Month Nov. Day 16 Year 1946
Place of Birth (State or foreign country) Indpls. Ind
Residence Address: Street or R. R. 320 W. Main City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Carpenter
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 LeLand W. Cox
    Residence of father (if deceased so state) Same
    Occupation of father Carpenter Race of father W.
    Birthplace of father (State or foreign country) Danville, Ind.
12. Full maiden name of mother Mary Alice Miller
    Residence of mother (if deceased so state) Same
    Occupation of mother King School Equipment Co. Race of mother W.
    Birthplace of mother (State or foreign country) Putnam Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lawrence W. Cox
New Address 320 W. Main, Danville, Ind.

Subscribed and sworn to before me this 22 day of July, 19 67
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.....
Notarized Dated 25 July 67 Parents Consent Forms Attached

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Sharon Middle J. Last Jarrett
Date of Birth: Month May Day 12 Year 1949
Place of Birth (State or foreign country) Greencastle, Indiana
Residence Address: Street or R. R. 317 W. Broadway City Danville County Hend. State 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 None
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wm. R. Jarrett
   Residence of father (if deceased so state) Same
   Occupation of father Retired Race of father W.
   Birthplace of father (State or foreign country) Putnam Co. Ind.
8. Full maiden name of mother Lucille McCorder
   Residence of mother (if deceased so state) Same
   Occupation of mother Waffle House Race of mother W.
   Birthplace of mother (State or foreign country) Putnam Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon J. Jarrett
New Address.....

Subscribed and sworn to before me this 22 day of July, 19 67
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana, dated the* 26th *day of* July, 19 67, *authorizing the joining together as husband and wife* Lawrence W. Cox *and* Sharon J. Jarrett

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, W E Potts *hereby certify that on the* 29th *day of* July, *one thousand nine hundred and* sixty-seven *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Lawrence W Cox *of* Hendricks *County, State of* Indiana, *and, Bride* Sharon J Jarrett *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

*Dated this* 29th *day of* July, 19 67.

Signed W E Potts
*Official Designation* Minister of the Methodist Church

*Filed and recorded in accordance with the laws of the State of Indiana this* 1st *day of* August, 19 67.

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. 230
File Bk. 29
July 22, 1967
Date of Application

**MALE**
Medical Examination Report Dated July 22, 1967
Name of Physician Lloyd S. Terry, M.D.

**FEMALE**
Medical Examination Report Dated July 22, 1967
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 Lawrence Middle W. Last Cox
Date of Birth: Month Nov. Day 16 Year 1946
Place of Birth (State or foreign country) Indpls., Ind
Residence Address: Street or R. R. 326 W. Main, City Danville, County Hend., State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Carpenter
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 [illegible] No ☑ Yes ☐
8. Are you able [illegible]
9. Are you likel[illegible]
10. Do you have [illegible]
    (If yes, answ[illegible]
    (a) List thei[illegible]
    (b) Are you[illegible]
    (c) Are you[illegible] their su[illegible]
11. Full name [illegible]
    Residence [illegible]
    Occupation[illegible]
    Birthplace[illegible]
12. Full maide[illegible]
    Residence [illegible]
    Occupatio[illegible]
    Birthplac[illegible]

State of Indiana, County of HENDRICKS } ss: I depose [illegible] in this application is true and correct.
Signed Lawrence W. Cox
[illegible]
Subscribed [illegible]
CONSENT [illegible]
We, the [illegible]
signs, sta[illegible]
State of [illegible]
County o[illegible]
Subscribe[illegible]
COMP[illegible]
in[illegible]

## FEMALE APPLICANT

Name: First Sharon Middle J. Last Jarrett
Date of Birth: Month May Day 12 Year 1949
Place of Birth (State or foreign country) Greencastle, Indiana
Residence Address: Street or R. R. 317 W. Broadway, City Danville, County Hend., State 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 None
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
[illegible] No ☑ Yes ☐

## CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Mary Alice Cox, hereby give my consent for my Son, Lawrence Wayne Cox to marry Sharon Jean Jarrett.

Mary Alice Cox

subscribed and sworn to before me this 25th day of July 1967

Francis Wynn
Notary Public

My Comm. Expires 3/6/68

## CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Leland W. Cox, hereby give my consent for my Son, Lawrence Wayne Cox to marry Sharon Jean Jarrett.

Leland W. Cox

subscribed and sworn to before me this 25th day of July 1967

Mary Alice Cox
Notary Public

My Commission expires April 30, 1971

## RETURN OF MARRIAGE LICENSE AND [illegible]

**Be It Remembered,** there was filed in my office a marriage license issued by the clerk of the Hendricks [illegible]rt of Indiana, dated the 26th day of July, 19 67, authorizing the joining together as husband and wife Lawrence W. Cox and Sharon J. Jarrett

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, W E Potts hereby certify that on the 29th day of July, one thousand nine hundred and sixty-seven at Danville, County of Hendricks, State of Indiana, Groom Lawrence W Cox of Hendricks County, State of Indiana, and, Bride Sharon J Jarrett of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 29th day of July, 19 67.

Signed W E Potts
Official Designation Minister of the Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of August, 19 67.

Signed John Dowden, 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. 231

HENDRICKS County

File Book 29

July 22, 1967
Date of Application

**MALE**
Medical Examination Report Dated July 5, 1967
Name of Physician D. K. Stubbs, Lt. MC USNR

**FEMALE**
Medical Examination Report Dated June 28, 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: First Richard Middle A. Last McCreary

Date of Birth: Month Jan. Day 14 Year 1942

Place of Birth (State or foreign country) Indpls. (Marion Co.) Ind.

Residence Address: Street or R. R. P.O. Box 83 City (Hend. Co.) County Danville State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Naval Officer Lt. j.g.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Maxford Elden McCreary
    Residence of father (if deceased so state) PO Box 83 Danville
    Occupation of father foreman Race of father White
    Birthplace of father (State or foreign country) Indpls. Ind.
12. Full maiden name of mother Mary Ilene Lydick
    Residence of mother (if deceased so state) same
    Occupation of mother homemaker Race of mother White
    Birthplace of mother (State or foreign country) Hend. Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard A. McCreary

New Address 759 JANA WAY HANFORD, CAL.

Subscribed and sworn to before me this 22 day of July, 19 67

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

## FEMALE APPLICANT

Name: First Janice Middle Ann Last Campbell

Date of Birth: Month May Day 22 Year 1945

Place of Birth (State or foreign country) Lebanon (Boone Co) Ind

Residence Address: 444 Street or R. R. N. Tenn. City (Hend. Co.) County Danville State Ind

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Elden Campbell
   Residence of father (if deceased so state) deceased
   Occupation of father sales rep. Race of father White
   Birthplace of father (State or foreign country) Hend. Co. Ind.
8. Full maiden name of mother Anna Frances McVay
   Residence of mother (if deceased so state) 444 N. Tenn. - Danville
   Occupation of mother Secretary Race of mother White
   Birthplace of mother (State or foreign country) Hend. Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice Ann Campbell

New Address 759 Jana Way, Hanford Calif. 93230

Subscribed and sworn to before me this 22 day of July, 19 67

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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 7/22/67 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 day waiver only

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be 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 July, 19 67, authorizing the joining together as husband and wife Richard A. McCreary and Janice Ann Campbell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ~~Richard~~ Minister of Christian Church hereby certify that on the 22nd day of July, one thousand nine hundred and sixty-seven at The Danville Christian Church, County of Hendricks State of Indiana, Groom Richard A. McCreary of Hendricks County, State of Indiana, and, Bride Janice Ann Campbell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 22nd day of July, 19 67.

Signed Martin E. Nease, George A. Harris

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of July, 19 67.

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. 232
File Book 29
22 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 19 July 1967
Name of Physician Leo Kammen

**FEMALE**
Medical Examination Report Dated 19 July 1967
Name of Physician Leo Kammen

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First George Middle William Last Ray
Date of Birth: Month February Day 8 Year 1946
Place of Birth (State or foreign country) Sellersburg, Ind.
Residence Address: Street or R. R. R5 City Arno, County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Pump setter: Hamilton Bros.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Frank Wilson Ray.
    Residence of father (if deceased so state) Arno, Ind.
    Occupation of father Heat treat: Allison. Race of father white
    Birthplace of father (State or foreign country) Indianapolis, Ind
12. Full maiden name of mother: Iva Marie Harris
    Residence of mother (if deceased so state) Arno, Ind.
    Occupation of mother Assembler: Mallory. Race of mother White
    Birthplace of mother (State or foreign country) Sellersburg, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George William Ray
New Address R5 Greencastle (Cedar Crest) Ind

Subscribed and sworn to before me this 22nd day of July, 19 67
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Edna Middle Marie Last Spencer
Date of Birth: Month July Day 22 Year 1945
Place of Birth (State or foreign country) (Indianapolis) Ind.
Residence Address: Street or R. R. R5 City Cedar Crest Motel County Greencastle State Putnam, Ind.
Maiden Name if Different Edna Marie Branson
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 67 Putnam.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Housewife.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: William Thaddeus Branson II
   Residence of father (if deceased so state) Indpls, Ind.
   Occupation of father Truck Dr: Craig Race of father white
   Birthplace of father (State or foreign country) Pineville, Ky.
8. Full maiden name of mother: Agnes Louise Pierce McCracken
   Residence of mother (if deceased so state) Greencastle, Ind.
   Occupation of mother Motel Opr. Race of mother White
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edna Marie Spencer
New Address R5 Greencastle (Cedar Crest) Ind

Subscribed and sworn to before me this 22nd day of July, 19 67
John Lambdin Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 26 *day of* July, 19 67, *authorizing the joining together as husband and wife* George William Ray *and* Edna Marie Spencer
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Brian A. Nelson *hereby certify that on the* 22 th *day of* July, *one thousand nine hundred and* sixty-seven *at* New Winchester, *County of* Hendricks *State of Indiana, Groom* George William Ray *of* Hendricks *County, State of* Indiana *and, Bride* Edna Marie Spencer *of* Putnam *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 26 th *day of* July, 19 67.

*Signed* Brian A. Nelson
*Official Designation* Pastor

*Filed and recorded in accordance with the laws of the State of Indiana this* 8th *day of* August, 19 67.
*Signed* John Lambdin, 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. 233

File Book 29

HENDRICKS County

22 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 12 July 1967
Name of Physician Joseph W. Gibbs M.D.

**FEMALE**
Medical Examination Report Dated 12 July 1967
Name of Physician Joseph 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: First Larry Middle Lee Last Bellville

Date of Birth: Month February Day 18 Year 1945

Place of Birth (State or foreign country): Long branch N.J.

Residence Address: Street or R. R. 628 Gibbs Ct. City PFld County Hend State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Computer Prog: 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 ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles Herbert Bellville
    Residence of father (if deceased so state) PFld, Ind.
    Occupation of father Power Anal: PSI Race of father White
    Birthplace of father (State or foreign country) Washington, Ind.
12. Full maiden name of mother Helen Leona Riley
    Residence of mother (if deceased so state) PFld, Ind.
    Occupation of mother H/W Race of mother White
    Birthplace of mother (State or foreign country) Effingham, Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Lee Bellville

New Address 221 Spring Dr, PFld, Ind.

Subscribed and sworn to before me this 22nd day of July, 19 67

John Arnold Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

## FEMALE APPLICANT

Name: First Linda Middle Mae Last Walls

Date of Birth: Month October Day 25 Year 1944

Place of Birth (State or foreign country) Ft Myers, Fla.

Residence Address: Street or R. R. Box 104 City Clayton County Hend State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Teacher. Pike Tsp

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 Chester Walls
   Residence of father (if deceased so state) Clayton, Ind.
   Occupation of father Adv. Mgr. Murphy Race of father White
   Birthplace of father (State or foreign country) Stilesville, Ind.
8. Full maiden name of mother Margaret Elizabeth Anderson
   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) Clayton, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Mae Walls

New Address Same.

Subscribed and sworn to before me this 22nd day of July, 19 67

John Arnold Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....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* 26 *day of* July *19*67*, authorizing the joining together as husband and wife* Larry Lee Bellville *and* Linda Mae Walls

*Be it further remembered the following marriage certificate was filed in my office, to-wit:*

*I,* Warren A Robbins *hereby certify that on the* 30th *day of* July *at* Plainfield *, County of* Hendricks *, County, State of* Indiana *one thousand nine hundred and* sixty-seven. *State of Indiana, Groom* Larry Lee Bellville *of* Hendricks *County, State of* Indiana, *and, Bride* Linda Mae Walls *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

*Dated this* 30th *day of* July *, 19*67*.*

*Signed* Warren A Robbins

*Official Designation* Christian Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 2nd *day of* August *, 19*67

*Signed* John A Arnold, Jr *Clerk Circuit Court* Hendricks

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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. 234
File Book 29
22 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 17 July 1967
Name of Physician Fred P. Warbinton MD

**FEMALE**
Medical Examination Report Dated 17 July 1967
Name of Physician Fred P. Warbinton M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Billy Middle Loyd Last Rose

Date of Birth: Month January Day 8 Year 1945

Place of Birth (State or foreign country) Lancaster, Ky.

Residence Address: Street or R. R. 6 Craig St. City Plainfield County Hen. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Lathe Opr. Allisons

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 Gerald Bernard Rose
    Residence of father (if deceased so state) Pfld, Ind.
    Occupation of father Opr. Riley Tar. Race of father White
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Leeta Katherine Sebastian.
    Residence of mother (if deceased so state) Pfld, Ind.
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Lancaster, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Billy Loyd Rose
New Address Crestview. 562 E Main Apt 7, Pfld.

Subscribed and sworn to before me this 22nd day of July, 19 67
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Marcella Middle Ann Last Reichner

Date of Birth: Month July Day 27 Year 1949

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R.R. 338 Meadows Lane, City Pfld, Hen, County Hen, State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Secy. Riley Tar.

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 Daniel Lee Reichner.
   Residence of father (if deceased so state) Pfld, Ind.
   Occupation of father Supr. Allison Race of father White
   Birthplace of father (State or foreign country) New York, N.Y.
8. Full maiden name of mother Dorothy Mae Pemberton.
   Residence of mother (if deceased so state) Pfld Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marcella Ann Reichner
New Address 562 E Main Apt 7

Subscribed and sworn to before me this 22nd day of July, 19 67
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, County of HENDRICKS } ss:

Signed D. L. Reichner Father
Signed Dorothy M. Reichner Mother
Subscribed and sworn to before me this 25 day of July, 19 67
John Gambold, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 26 *day of* July, 1967, *authorizing the joining together as husband and wife* Billy Loyd Rose *and* Marcella Ann Reichner
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Corley Bowman *hereby certify that on the* 29th *day of* July, *one thousand nine hundred and* sixty-seven, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Billy Loyd Rose *of* Hendricks *County, State of* Indiana, *and, Bride* Marcella Ann Reichner *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 29th *day of* July, 19 67.

*Signed* Corley Bowman
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 1st *day of* September, 19 67.
*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. 235
File Bk 29
July 22, 1967
Date of Application

**MALE**
Medical Examination Report Dated July 17, 1967
Name of Physician Fred P. Warbinton M.D.

**FEMALE**
Medical Examination Report Dated July 17, 1967
Name of Physician Fred P. Warbinton

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Thomas Middle E. Last Courtney
Date of Birth: Month Nov Day 9 Year 1948
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. RR#1 Box 74-Clayton City Clayton County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Mechanic
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Morris Courtney
    Residence of father (if deceased so state) Deceased
    Occupation of father..... Race of father.....
    Birthplace of father (State or foreign country) Thorntown Ind.
12. Full maiden name of mother Mary Frances Gradiff
    Residence of mother (if deceased so state) Same
    Occupation of mother R.C.A. Race of mother W.
    Birthplace of mother (State or foreign country) Chattanooga, Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Thomas E. Courtney
New Address Cartersburg, Ind.
Subscribed and sworn to before me this 22 day of July, 19 67
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, County of HENDRICKS } ss:
Signed ..... Father
Signed Mary Frances Hamilton Mother
Subscribed and sworn to before me this 22 day of July, 19 67
John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Rebecca Middle Ann Last Purcell
Date of Birth: Month July Day 10 Year 1948
Place of Birth (State or foreign country) Rockford, Ill.
Residence Address: Street or R. R. P.O. Box 67, City Clayton County Hend. State 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 Body Operator
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 Greling Keith Purcell
   Residence of father (if deceased so state) Same
   Occupation of father Mgr. Central Motor Co. Race of father W.
   Birthplace of father (State or foreign country) Marion, Ill. Ind.
8. Full maiden name of mother Eris Arlene Perkins
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Rockford, Ill. Watseka,

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Rebecca Ann Purcell
New Address Cartersburg, Ind.
Subscribed and sworn to before me this 22 day of July, 19 67
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 26 day of July, 19 67, authorizing the joining together as husband and wife Thomas E. Courtney and Rebecca Ann Purcell

*Be it further remembered*, the following marriage certificate was filed in my office, to-wit:

I, Paul Taylor hereby certify that on the 28th day of July, one thousand nine hundred and sixty-seven at Clayton, County of Hendricks, State of Indiana, Groom Thomas E. Courtney of Hendricks County, State of Indiana, and, Bride Rebecca Ann Purcell of Hendricks County, State of Indiana, were by me united 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 July, 19 67. Signed Paul Taylor
Official Designation Minister Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of August, 19 67. Signed John W. 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. 236
File 29
July 24-1967
Date of Application

**MALE**
Medical Examination Report Dated July 5-1967
Name of Physician Elmer L Koch M D.

**FEMALE**
Medical Examination Report Dated July 5-1967
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: First William Middle L. Last Cummings
Date of Birth: Month march Day 27 Year 1948
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. R 2 Box 347 City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Lumber Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operators Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lowell Cummings
    Residence of father (if deceased so state) Indianapolis
    Occupation of father Truck Driver Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy P Hottinger
    Residence of mother (if deceased so state) Danville RR
    Occupation of mother Hend. Co Hospital Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William Cummings
New Address

Subscribed and sworn to before me this 24 day of July, 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
Mother given custody by Court at Hamilton Co., 1954 (Feb 4)

State of Indiana, County of HENDRICKS } ss:

Signed Dorothy P Cottelier Father
Signed Mother
Subscribed and sworn to before me this 24 day of July, 1967.
John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Patricia Middle Ann Last Greathouse
Date of Birth: Month Nov Day 21 Year 1950
Place of Birth (State or foreign country) Lebanon Ind
Residence Address: Street or R. R. 303 Elm St City Sheridan County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation None
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Ralph Greathouse
   Residence of father (if deceased so state) California
   Occupation of father unknown Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Katherine Whicker
   Residence of mother (if deceased so state) Sheridan Ind.
   Occupation of mother Waitress Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia Greathouse
New Address

Subscribed and sworn to before me this 24 day of July, 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
Mother given Custody by Hamilton Co. Court June 28, 1965

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Katherine Greathouse Mother
Subscribed and sworn to before me this 24 day of July, 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 ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 28 day of July, 1967, authorizing the joining together as husband and wife William L Cummings and Patricia Ann Greathouse
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jesse O Griffith hereby certify that on the 29th day of July, one thousand nine hundred and sixty-seven at Sheridan, County of Hamilton, State of Indiana, Groom William L Cummings of Hamilton County, State of Indiana, and, Bride Patricia A Greathouse of Hamilton County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 29th day of July, 1967.

Signed Jesse O Griffith
Official Designation Pastor, Sheridan Church of God

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of August, 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. 237

HENDRICKS County

File 29

July 25-1967
Date of Application

**MALE**
Medical Examination Report Dated 7-25-67
Name of Physician L. E. Zolty M. D.

**FEMALE**
Medical Examination Report Dated July 25-1967
Name of Physician Dan E. Talbott M. D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Glenn Middle Jordan Last Services

Date of Birth: Month 9 Day 20 Year 1935

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: 402 N Green St. Brownsburg Hend. Ind.
Street or R. R. City County State

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: Letter Carrier Post Office

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operators License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Chester Services
    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 Ruth Amelia Kirk
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana,
County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed ✝ Glenn J. Services

New Address.....

Subscribed and sworn to before me this 25 day of July, 19 67.

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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

## FEMALE APPLICANT

Name: First Dorothy Middle Ann Last Leap

Date of Birth: Month 8 Day 6 Year 1942

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: 402 N Green St. Brownsburg Hend. Ind.
Street or R. R. City County State

Maiden Name if Different Dorothy Cook

Previous Marital Status: Never Married ☐ Number of Previous Marriages Three

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Clerical Work

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operators Licinse

1. Are you now or have you been adjudged, diagnosed or considered as:
   An 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 Albert Roger Cook
   Residence of father (if deceased so state) Indianapolis
   Occupation of father Truck Driver Race of father W
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Gertrude Annabelle Church
   Residence of mother (If deceased so state) Indianapolis
   Occupation of mother Insurance Auditor Race of mother W
   Birthplace of mother (State or foreign country) Illinois

State of Indiana,
County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed ✝ Dorothy Ann Leap

New Address.....

Subscribed and sworn to before me this 25 day of July, 19 67.

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,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 29th *day of* July, 19 67, *authorizing the joining together as husband and wife* Glenn Jordan Services *and* Dorothy Ann Leap

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,.....hereby certify that on the.....day of....., at....., County of....., one thousand nine hundred and.....of.....County, State of....., State of Indiana, Groom.....of.....County, State of....., 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.....*

*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. 238
File Bk 29
July 26, 1967
Date of Application

**MALE**
Medical Examination Report Dated July 14, 1967
Name of Physician Carl L. Heinlein, M.D.

**FEMALE**
Medical Examination Report Dated July 14, 1967
Name of Physician Carl L. Heinlein, M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Ronald Middle Last Parsons
Date of Birth: Month March Day 6 Year 1939
Place of Birth (State or foreign country) Danville, Illinois
Residence Address: Street or R. R. 330 N. Bowman, City Danville, County Hendricks, State Ill.
Previous Marital Status: Never Married ☐ Number of Previous Marriages Hamilton Co Circuit 1963
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Shoe Buyer - In Danville, Ill.
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: Bret W. Parsons Lilley Age 5, Address RR 5, Danville, Ill.
    (Child has been adopted by Mr. Lilley & no support is necessary)
    (b) Are you supporting or contributing to their 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 Parsons
    Residence of father (if deceased so state) deceased
    Occupation of father: Race of father W.
    Birthplace of father (State or foreign country) Ark.
12. Full maiden name of mother: Elsie Glenn Herdon
    Residence of mother (if deceased so state) 416 Bryon, Danville, Ill.
    Occupation of mother: None Race of mother W.
    Birthplace of mother (State or foreign country) Reggieville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald C Parsons
New Address Same

Subscribed and sworn to before me this 26th day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

## FEMALE APPLICANT

Name: First Patricia Middle Last Eller
Date of Birth: Month August Day 31 Year 1935
Place of Birth (State or foreign country) Bristol, Va
Residence Address: Street or R. R. 402 N. Gilbert, City Danville, County Hendricks, State Ill.
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: Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Thomas H. Eller
   Residence of father (if deceased so state) Bristol, Tenn.
   Occupation of father: Engineering Dept. Bristol, Tenn. Race of father W.
   Birthplace of father (State or foreign country) Wash. Co., Va
8. Full maiden name of mother: Gladys Louise Gerling
   Residence of mother (if deceased so state) Same
   Occupation of mother: Welfare Dept of Sullivan Co. Race of mother W.
   Birthplace of mother (State or foreign country) Burlington, Iowa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia Eller
New Address 330 N. Bowman-

Subscribed and sworn to before me this 26 day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued 7-26-67 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day Waiver

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 26 *day of* July *19* 67, *authorizing the joining together as husband and wife* Ronald Parsons *and* Patricia Eller

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, David C Turnbull *hereby certify that on the* 26th *day of* July, *one thousand nine hundred and* sixty-seven *at* Danville Hamilton, *County of* Hendricks, *State of Indiana, Groom* Ronald Parsons *of* Hendricks *County, State of* Illinois *and, Bride* Patricia Eller *of* Washington *County, State of* Virginia, *were by me united 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* July, *19* 67.

Signed David C Turnbull
Official Designation Clergyman

*Filed and recorded in accordance with the laws of the State of Indiana this* 29th *day of* July, *19* 67.

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. 239
File Book 29
July 27, 1967
Date of Application

**MALE**
Medical Examination Report Dated July 25, 1967
Name of Physician Dr. R. L. Veach

**FEMALE**
Medical Examination Report Dated July 25, 1967
Name of Physician Dr. R. L. Veach

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Thomas Middle Vernon Last Spesard
Date of Birth: Month Nov. Day 2 Year 1948
Place of Birth (State or foreign country) Danville, Illinois
Residence Address: Street or R. R. R. 1 City Bainbridge County (Putnam) State Ind.
Previous Marital Status: Never Married [X] Number of Previous Marriages.....
Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]
Color or Race: White [X] Negro [ ] Other [ ] (specify).....
Usual Occupation State Highway
Date of birth verified by: [X] Birth Cert. [ ] Judicial Decree
[ ] Other (Specify).....

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 [X] 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 Lowell Vernon Spesard
    Residence of father (if deceased so state) R. 1 Bainbridge, Ind.
    Occupation of father Farmer Race of father White
    Birthplace of father (State or foreign country) Hume, Ill.
12. Full maiden name of mother Lois Jean Frourse
    Residence of mother (if deceased so state) R. 1 Bainbridge
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Danville, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tom Spesard
New Address RR #2 Danville, Indiana
Subscribed and sworn to before me this 27 day of July, 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, County of HENDRICKS } ss:
Signed Lowell Vernon Spesard Father
Signed Lois Jean Spesard Mother
Subscribed and sworn to before me this 28 day of July, 1967.
John Gambold, Jr Clerk

## FEMALE APPLICANT

Name: First Martha Middle Jane Last McNeff
Date of Birth: Month March Day 10 Year 1950
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. R. 2 City Danville County (Hendricks) State Ind.
Maiden Name if Different
Previous Marital Status: Never Married [X] Number of Previous Marriages.....
Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]
Color or Race: White [X] Negro [ ] Other [ ] (specify).....
Usual Occupation housewife
Date of birth verified by: [X] Birth Cert. [ ] Judicial Decree
[ ] Other (Specify).....

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 William Amos McNeff
   Residence of father (if deceased so state) R. 2 Danville Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Putnamville, Ind.
8. Full maiden name of mother Maudie Ethel Quillian
   Residence of mother (if deceased so state) R. 2 Danville
   Occupation of mother teacher Race of mother White
   Birthplace of mother (State or foreign country) Vigo County, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martha McNeff
New Address RR 2 Danville
Subscribed and sworn to before me this 27 day of July, 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, County of HENDRICKS } ss:
Signed William Amos McNeff Father
Signed Maudie E McNeff Mother
Subscribed and sworn to before me this 28th day of July, 1967
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* 31st *day of* July, 1967, *and* Martha Jane McNeff Thomas Vernon Spesard, *authorizing the joining together as husband and wife*

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* James O Trousdale *hereby certify that on the* 4th *day of* August, *one thousand nine hundred and* sixty-seven *at* New Winchester, *County of* Hendricks, *State of Indiana, Groom* Thomas Vernon Spesard *of* Putnam *County, State of* Indiana *and, Bride* Martha Jane McNeff *of* Hendricks *County, State of* Indiana *were by me united 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* August, 1967. *Signed* James O Trousdale
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 30th *day of* August, 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. 240
File 29
July 29-1967
Date of Application

**MALE**
Medical Examination Report Dated 7-28-67
Name of Physician Fred P Warbinton M D.

**FEMALE**
Medical Examination Report Dated 7-28-67
Name of Physician Fred P Warbinton M D

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First John Middle R. G. Last O'Brien
Date of Birth: Month June Day 3 Year 1946
Place of Birth (State or foreign country) Hammersmith England
Residence Address: Street or R. R. R2 B of 302 C City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation assembler
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name | Age | Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John O'Brien
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Joan Gladys Watts
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother Waitress Race of mother W
    Birthplace of mother (State or foreign country) England

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Robert George O'Brien
New Address 8815 So. Keystone Dr. Apt. 8
Subscribed and sworn to before me this 29 day of July, 19 67
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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Kathleen Middle Kay Last Malling
Date of Birth: Month July Day 21 Year 1947
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 2753 Hooker St. City Indpls County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Typist
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 Ralph Arnold Malling
   Residence of father (if deceased so state) Indianapolis
   Occupation of father Operator Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Wanda Avrilla Newman
   Residence of mother (if deceased so state) Indianapolis
   Occupation of mother Sales lady Race of mother W
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathleen Kay Malling
New Address 8815 South Keystone Ave. Apt 8
Subscribed and sworn to before me this 29 day of July, 19 67
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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ....., and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 3rd *day of* August, 19 67, *authorizing the joining together as husband and wife* John R. G. O'Brien *and* Kathleen Kay Malling

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, C. Luther Bostrom *hereby certify that on the* 5th *day of* August, *one thousand nine hundred and* sixty-seven *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* John R. G. O'Brien *of* Hendricks *County, State of* Indiana *and, Bride* Kathleen Kay Malling *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* August, 19 67.

Signed C. Luther Bostrom
Official Designation Presbyterian Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 8th *day of* August, 19 67.

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. 241
File 29
July 29-1967
Date of Application

**MALE**
Medical Examination Report Dated 7-27-67
Name of Physician Lloyd A Terry M D.

**FEMALE**
Medical Examination Report Dated 7-27-67
Name of Physician Lloyd A 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 Jess, Middle D, Last Roberts
Date of Birth: Month 4, Day 25, Year 1947 ✓
Place of Birth (State or foreign country): Indianapolis Ind
Residence Address: Street or R. R. 2503 W 21st St, City Indpls, County Marion, State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operators license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Andrew B Roberts
    Residence of father (if deceased so state) Deceased
    Occupation of father ..... Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Mary Elizabeth Wellenkamp
    Residence of mother (if deceased so state) Indianapolis
    Occupation of mother Secretary Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jess D. Roberts
New Address .....

Subscribed and sworn to before me this 29 day of July, 19 67.
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, County of HENDRICKS } ss:
Signed Deceased Father
Signed Mrs. Mary Roberts Mother
Subscribed and sworn to before me this 29 day of July, 19 67.
John Gambold, Jr Clerk

## FEMALE APPLICANT

Name: First Marcia, Middle M, Last Miller
Date of Birth: Month 3, Day 17, Year 1947 ✓
Place of Birth (State or foreign country) Shelbyville Ind.
Residence Address: Street or R. R. R 2 Plainfield, City, County Hendricks, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Bank Teller
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 Johnson Charles Miller
   Residence of father (if deceased so state) Plainfield R 2
   Occupation of father Service Mgr. Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Dorothy Mae Stewart
   Residence of mother (if deceased so state) Plainfield R 2
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Marcia M. Miller
New Address .....

Subscribed and sworn to before me this 29 day of July, 19 67.
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE** Hendricks Circuit Court

*Be It Remembered,* there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2nd day of August, 19 67, authorizing the joining together as husband and wife Jess D. Roberts and Marcia M. Miller.

*Be it further remembered,* the following marriage certificate was filed in my office, to-wit:

I, Teal O Faunce hereby certify that on the 19th day of August, one thousand nine hundred and sixty-seven at Plainfield County of Hendricks State of Indiana, Groom Jess D Roberts of Marion County, State of Indiana and, Bride Marcia M Miller of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.

Dated this 19th day of August, 19 67. Signed Teal O Faunce
Official Designation Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 23rd day of August, 19 67. 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. 242
File Bk 29
July 29, 1967
Date of Application

**MALE**
Medical Examination Report Dated July 25, 1967
Name of Physician M M. Aikens

**FEMALE**
Medical Examination Report Dated July 25, 1967
Name of Physician J. M. M. Aiken

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Edward Middle Alan Last Bell

Date of Birth: Month Aug. Day 12 Year 1945

Place of Birth (State or foreign country) Sanford, Florida

Residence Address: Street or R. R. 549 S. Center City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Alan Clyde Bell
    Residence of father (if deceased so state) Same
    Occupation of father Air Traffic Controller Race of father W.
    Birthplace of father (State or foreign country) Paulding, Ohio
12. Full maiden name of mother Lillian Geraldine Myers
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Defiance, Ohio.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edward Alan Bell
New Address Antwerp, Ohio

Subscribed and sworn to before me this 29 day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Judith Middle Ann Last Richardson

Date of Birth: Month March Day 25 Year 1946

Place of Birth (State or foreign country) Indpls., Ind.

Residence Address: Street or R. R. 732 E. Main St. City Plainfield County Hend. State 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 Clerk-Typist (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 afflicted with a transmissible disease? No ☐ Yes ☑
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Irving Richardson
   Residence of father (if deceased so state) Unknown
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Indp., Ind.
8. Full maiden name of mother Frances Clare Durnil
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judith Ann Richardson
New Address ← Same

Subscribed and sworn to before me this 29th day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 2nd *day of* August, 19 67, *authorizing the joining together as husband and wife* Edward Alan Bell *and* Judith Ann Richardson

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* Warren A Robbins *hereby certify that on the* 6th *day of* August, *one thousand nine hundred and* sixty-seven *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Edward Alan Bell *of* Hendricks *County, State of* Indiana *and, Bride* Judith Ann 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* 6th *day of* August, 19 67.

*Signed* Warren A Robbins
*Official Designation* Christian Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 8th *day of* August, 19 67.

*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. 243

HENDRICKS County

File Book 29

31 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 27 July 1967
Name of Physician A.N. Scudder M.D.

**FEMALE**
Medical Examination Report Dated 27 July 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: First Bradley Middle M. Last Haines

Date of Birth: Month December Day 20 Year 1946

Place of Birth (State or foreign country) Indianapolis Ind. USA.

Residence Address: Street or R. R. 4 Marana Ct. City B'burg. County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Asst Mgr. Galyans.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Laverne Bell Haines.
    Residence of father (if deceased so state) B'burg, Ind.
    Occupation of father Mgr. Galyans. Race of father White
    Birthplace of father (State or foreign country) Sullivan Co. Ind.
12. Full maiden name of mother Reva Dolores Morrican.
    Residence of mother (if deceased so state) B'burg. Ind.
    Occupation of mother A/W Race of mother White
    Birthplace of mother (State or foreign country) Sullivan Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bradley M. Haines
New Address Apt 2 242 Adams B'burg, Ind.

Subscribed and sworn to before me this 31st day of July, 1967
John Lambold Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Laverne B. Haines Father
Signed Reva Haines Mother
Subscribed and sworn to before me this ... day of ..., 1967.
John Lambold Jr. Clerk

## FEMALE APPLICANT

Name: First Mary Middle L. Last Hodler

Date of Birth: Month July Day 18 Year 1949

Place of Birth (State or foreign country) Sioux City Iowa.

Residence Address: Street or R. R. 428 Trevor St. City B'burg. County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Cashier: Galyans.

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 David Joseph Hodler
   Residence of father (if deceased so state) B'burg, Ind.
   Occupation of father Ray Rd. Hndc. Race of father White
   Birthplace of father (State or foreign country) Columbus, Ind.
8. Full maiden name of mother Mayme Maxine Tennell
   Residence of mother (if deceased so state) B'burg, Ind.
   Occupation of mother Cashier. Galyans. Race of mother White
   Birthplace of mother (State or foreign country) Harrisburg, S. Dak.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary L. Hodler
New Address Same.

Subscribed and sworn to before me this 31st day of July, 1967
John Lambold Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ... day of ..., 19...
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 4th day of August, 1967, authorizing the joining together as husband and wife Bradley M. Haines and Mary L. Hodler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lester B Yearicks hereby certify that on the 9th day of August, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Bradley M Haines of Hendricks County, State of Indiana, and, Bride Mary L. Hodler of Hendricks County, State of Indiana, were by me united 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 August, 1967.

Signed Lester B Yearicks
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of August, 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. 244
File Book 29
31 July 1967
Date of Application

**MALE**
Medical Examination Report Dated 27 July 1967
Name of Physician A.F. Felker Capt Army MC.

**FEMALE**
Medical Examination Report Dated 28 July 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: First Richard Middle Norman Last Cote'
Date of Birth: Month June Day 3 Year 1945
Place of Birth (State or foreign country) Waterbury, Conn.
Residence Address: Street or R. F. D. 1779 Dogwood Rd, City Charlestown, County Charleston, State S.C.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Airman 1st.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Airman I.D.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? 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 William Cote.
    Residence of father (if deceased so state) Charlestown, SC.
    Occupation of father Diesel Engr: Lycoming Div. Avco. Race of father White
    Birthplace of father (State or foreign country) Hartford, Conn.
12. Full maiden name of mother Anne Mary Rychall
    Residence of mother (if deceased so state) Charlestown, SC.
    Occupation of mother Ch. Secy: Race of mother White
    Birthplace of mother (State or foreign country) Dublin, Ireland.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Norman Cote
New Address 350th Mynitions Maint. Sqn. APO NY. 09109

Subscribed and sworn to before me this 31st day of July, 1967.
John Tambeff Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

## FEMALE APPLICANT

Name: First Carol Middle Ann Last Norris
Date of Birth: Month February Day 22 Year 1946
Place of Birth (State or foreign country) Indianapolis, Indiana.
Residence Address: Street or R. F. D. 503 Rodney St. City Bibury, County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Receptionist: Metropolitan Planning.
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 Albert Norris
   Residence of father (if deceased so state) Bibury, Ind.
   Occupation of father Installation opr. Lilly's Race of father White
   Birthplace of father (State or foreign country) Owen Co. Ind.
8. Full maiden name of mother Eliza Ethel Dawson
   Residence of mother (if deceased so state) Bibury, Ind.
   Occupation of mother Meatwrapper. Cobm. Race of mother White
   Birthplace of mother (State or foreign country) Charleston, W. Va

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carol Ann Norris
New Address Same.

Subscribed and sworn to before me this 31st day of July, 19 67
John Tambeff Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 4 *day of* August, 1967, *authorizing the joining together as husband and wife* Richard Norman Cote *and* Carol Ann Norris

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Rev. Rodney C. Wilhite hereby certify that on the 5th day of August, one thousand nine hundred and sixty-seven at Faith Lutheran Church County of Marion, State of Indiana, Groom Richard Norman Cote of Charleston County, State of South Carolina and, Bride Carol Ann Norris of Hendricks County, State of Indiana, were by me united 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 August, 19 67.

Signed Rev. Rodney C. Wilhite
Official Designation Pastor - Faith Lutheran

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of August, 19 67.

Signed John T. Tambeff, 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. 245
File Bk. 29
July 31, 1967
Date of Application

**MALE**
Medical Examination Report Dated July 26, 1967
Name of Physician Fred P. Warbinton

**FEMALE**
Medical Examination Report Dated July 26, 1967
Name of Physician Fred P. Warbinton

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Robert Middle Stephen Last Cadwell
Date of Birth: Month June Day 10 Year 1948
Place of Birth (State or foreign country) Indpls Ind
Residence Address: Street or R. R. 427 S. East St. City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Parts Salesman
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wm. Howard Cadwell, Sr.
    Residence of father (if deceased so state) Same
    Occupation of father Parts Salesman Race of father W.
    Birthplace of father (State or foreign country) Indpls., Ind.
12. Full maiden name of mother Mildred Faye Lawson
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Hart Co., Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert S Cadwell
New Address 5734 Fountain Prince apt. D

Subscribed and sworn to before me this 31 day of July, 19 67
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, County of HENDRICKS } ss:

Signed William H. Cadwell Father
Signed Mildred Faye Cadwell Mother
Subscribed and sworn to before me this 31 day of July, 19 67
John Gambold, Jr. Clerk

## FEMALE APPLICANT

Name: First Mary Middle K. Last Stinger
Date of Birth: Month Oct. Day 20 Year 1948
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. 5 Michael Dr. City Plainfield County Hend. State 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 Sales Lady Blocks, 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 George E. Stinger
   Residence of father (if deceased so state) Same
   Occupation of father Allison-Lap Eng. Race of father W.
   Birthplace of father (State or foreign country) Knightstown, Ind.
8. Full maiden name of mother Geneva D. Stevens
   Residence of mother (if deceased so state) Same
   Occupation of mother Sales Lady Blocks Race of mother W.
   Birthplace of mother (State or foreign country) Harrison, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Stinger
New Address ← Same

Subscribed and sworn to before me this 31 day of July, 19 67
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of.....19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....and filed
.....County.....Court by written order issued.....
in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 4th day of August, 1967, authorizing the joining together as husband and wife Robert Stephen Cadwell and Mary K. Stinger

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Robbins hereby certify that on the 2nd day of September, 1967 at Plainfield County of Hendricks, one thousand nine hundred and sixty-seven State of Indiana, Groom Robert Stephen Cadwell of Hendricks County, State of Indiana, and, Bride Mary Kay Stinger of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 2nd day of September, 1967.

Signed Warren A Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of September, 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. 246
File 29
July 31 - 1967
Date of Application

**MALE**
Medical Examination Report Dated 7-26-67
Name of Physician Fred P Warbinton

**FEMALE**
Medical Examination Report Dated 7-26-67
Name of Physician Fred P Warbinton

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Donald Middle Weyman Last Pope

Date of Birth: Month May Day 29 Year 1943

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 824 Longfellow City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Melbourne Pope
    Residence of father (if deceased so state) Plainfield
    Occupation of father Allisons Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Meredith Welker
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother Secretary Hall Jax Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Donald Weyman Pope

New Address.....

Subscribed and sworn to before me this 31 day of July, 19 67

John Hanbold, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

## FEMALE APPLICANT

Name: First Cathy Middle Sue Last Shuler

Date of Birth: Month July Day 30 Year 1948

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 19 Bluff Rd City Plainfield County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Office Worker

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 Kenneth Shuler
   Residence of father (if deceased so state) Plainfield
   Occupation of father Adding Machine Serviceman Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Jane Carpenter
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Hend Co Hospital Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Cathy Sue Shuler

New Address.....

Subscribed and sworn to before me this 31 day of July, 19 67

John Hanbold, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 4 *day of* August, 19 67, *authorizing the joining together as husband and wife* Donald Weyman Pope *and* Cathy Sue Shuler

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* Warren A Robbins *hereby certify that on the* 5th *day of* August, *one thousand nine hundred and* sixty-seven *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Donald Weyman Pope *of* Hendricks *County, State of* Indiana *and, Bride* Cathy Sue Shuler *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 19 67.

*Signed* Warren A Robbins

*Official Designation* Christian Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 8th *day of* August, 19 67.

*Signed* John Hanbold, 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. 247
File Bk 29
Aug 1, 1967
Date of Application

**MALE**
Medical Examination Report Dated July 31, 1967
Name of Physician Irving Cohen

**FEMALE**
Medical Examination Report Dated July 31, 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: First Myron, Middle D., Last Maxwell
Date of Birth: Month 7, Day 22, Year 1939
Place of Birth (State or foreign country): Marion Co, Ind.
Residence Address: Street or R. R. RR #1, Box 359, City Plainfield, County Hend., State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Farmer & Implement Dealer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Registration Certificate w Selective Service

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name | Age | Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Wilbure E. Maxwell
    Residence of father (if deceased so state): Same
    Occupation of father: Farmer & Implement Dealer Race of father: W.
    Birthplace of father (State or foreign country): Guilford Twp, Hend. Ind.
12. Full maiden name of mother: Mary Elizabeth Stipe
    Residence of mother (if deceased so state): Same
    Occupation of mother: Housewife & Sec. Race of mother: W.
    Birthplace of mother (State or foreign country): Danville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Myron D. Maxwell
New Address

Subscribed and sworn to before me this 1st day of Aug., 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

## FEMALE APPLICANT

Name: First Hazel, Middle L., Last Gentry
Date of Birth: Month 6, Day 8, Year 1948
Place of Birth (State or foreign country): Brownsburg, Hend. Co.
Residence Address: Street or R. R. RR #3, Box 77, City Danville, County Hend., State Ind.
Maiden Name if Different: Same
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: Sec. - Pt. Time
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: John R. Gentry
   Residence of father (if deceased so state): Same
   Occupation of father: St. Insp. for Ind. Bell Race of father: W.
   Birthplace of father (State or foreign country): Danville, Ind.
8. Full maiden name of mother: Mary Virginia Brown
   Residence of mother (if deceased so state): Same
   Occupation of mother: Housewife Race of mother: W.
   Birthplace of mother (State or foreign country): Danville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Hazel L. Gentry
New Address RR 2 Box 29 Mooresville, Ind.

Subscribed and sworn to before me this 1st day of Aug., 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered**, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 5th day of August 1967, authorizing the joining together as husband and wife Myron D. Maxwell and Hazel L. Gentry

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A Robbins hereby certify that on the 6th day of August, one thousand nine hundred and sixty-seven at Plainfield County of Hendricks State of Indiana, Groom Myron D Maxwell of Hendricks County, State of Indiana, and, Bride Hazel L Gentry of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 6th day of August, 1967.

Signed Warren A Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of August, 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. 248
File Book 29
1 August 1967
Date of Application

**MALE**
Medical Examination Report Dated 19 July 1967
Name of Physician F. P. Warbenton M.D.

**FEMALE**
Medical Examination Report Dated 19 July 1967
Name of Physician Dd B. Haggard M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Walter Middle — Last Hunt
Date of Birth: Month October Day 3 Year 1948
Place of Birth (State or foreign country) Betsy Lane, Ky.
Residence Address: Street or R. R. 7832 W. Wash. City Bridgeport County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Service. Goodyear.
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 Milt Hunt
    Residence of father (if deceased so state) Betsy Lane, Ky.
    Occupation of father Car Dealer. Race of father white
    Birthplace of father (State or foreign country) Prestonburg, Ky.
12. Full maiden name of mother Hazel Hall
    Residence of mother (if deceased so state) Betsy Lane, Ky
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Walter Hunt
New Address 7832 W. Wash Bridgeport
Subscribed and sworn to before me this 1st day of August, 1967
John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of 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 & Mothers notarized consent dated 27 July 1967 attached.

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 1st day of August, 1967
John Lankford Clerk

## FEMALE APPLICANT

Name: First Carolyn Middle — Last McClelland
Date of Birth: Month February Day 8 Year 1948
Place of Birth (State or foreign country) Lebanon, Indiana.
Residence Address: Street or R. R. R8 3x 277A City Indpls, Hen, County Ind. State
Maiden Name If Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Factory Worker. DeKrite
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 Fowdray McClelland
   Residence of father (if deceased so state) R8 Indpls, Ind.
   Occupation of father Truck Dr. Wood Elec. Race of father White
   Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Lillie Ione Hurley
   Residence of mother (if deceased so state) R8 Indpls, Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn McClelland
New Address Same.
Subscribed and sworn to before me this 1st day of August, 1967
John Lankford Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 5th *day of* August, 1967, *authorizing the joining together as husband and wife* Walter Hunt *and* Carolyn McClelland
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Teal O Younce *hereby certify that on the* 5th *day of* August, *one thousand nine hundred and* sixty-seven *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Walter Hunt *of* Marion *County, State of* Indiana *and, Bride* Carolyn McClelland *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 6th *day of* August, 1967.

*Signed* Teal O Younce
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 11th *day of* August, 1967.
*Signed* John Lankford, 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. 248
File Book 29
1 August 1967
Date of Application

**MALE**
Medical Examination Report Dated 19 July 1967
Name of Physician F. P. Warbenton M.D.

**FEMALE**
Medical Examination Report Dated 19 July 1967
Name of Physician Dd B. Haggard M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Walter Middle — Last Hunt
Date of Birth: Month October Day 3 Year 1948
Place of Birth (State or foreign country): Boby Lane, Ky.
Residence Address: Street or R. R. 7832 W. Wash. City Bridgeport County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Serice. Goodyear.
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 M
2. Are you under gu
3. Are you now or h
   home for indigent
   If answer to 3 is "
4. Are you afflicted
5. Are you related to
6. Are you now und
7. Are you now und
8. Are you able to s
9. Are you likely to
10. Do you have mino
    (If yes, answer qu
    (a) List their full
    Nam
    (b) Are you supp
    (c) Are you comp
    their support
11. Full name of fath
    Residence of fath
    Occupation of father — Race of father
    Birthplace of father (State or foreign country) Prestonburg Ky.
12. Full maiden name of mother Hazel Hall
    Residence of mother (If deceased so state) Boby, Lane, Ky
    Occupation of mother H/w. Race of mother White
    Birthplace of mother (State or foreign country) Ky.

State of Indiana,
County of
Subscribed and swo

CONSENT OF PA
We, the parents, o
signs, state facts w
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State of Indiana,
County of
Subscribed and swo

## FEMALE APPLICANT

Name: First Carolyn Middle — Last McClelland
Date of Birth: Month February Day 8 Year 1948
Place of Birth (State or foreign country): Lebanon, Indiana.
Residence Address: Street or R. R. RR 3 Bx 277A City Indpls, Hend, County Ind. State
Maiden Name If Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Factory Worker. DeKrafe
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driver Lic.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Carolyn McClelland
New Address Same.
Subscribed and sworn to before me this 8th day of August 19 67
Clerk HENDRICKS Circuit Court

I, MILT HUNT, hereby give my consent for my Son, Walter Hunt to marry Carolyn McClelland
MILT HUNT
Subscribed and sworn to before me this 27 day of July 1967
C. Ollie Robinson
Notary Public
Grace Damron D.C.

FILED
AUG - 1 1967
CLERK HENDRICKS CIRCUIT SUPERIOR COURT

I, Hazel Hunt, hereby give my consent for my Son, Walter Hunt to marry Carolyn McClelland
Hazel Hunt
Subscribed and sworn to before me this 27 day of July 1967
C. OLLIE ROBINSON, CLERK
Notary Public
BY: Grace Damron D.C.

FILED
AUG - 1 1967
CLERK HENDRICKS CIRCUIT SUPERIOR COURT

COMPLETE I
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 August, 1967, authorizing the joining together as husband and wife Walter Hunt and Carolyn Mc Clelland

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Teal O Younce hereby certify that on the 5th day of August, one thousand nine hundred and sixty-seven at Avon, County of Hendricks, State of Indiana, Groom Walter Hunt of Marion County, State of Indiana, and, Bride Carolyn Mc Clelland of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 6th day of August, 19 67.

Signed Teal O Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of August, 19 67.

Signed John Hanford, 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. 249

HENDRICKS County

File Book 29

2 August 1967 Date of Application

**MALE**
Medical Examination Report Dated 20 July 1967
Name of Physician Thos M. Walker M.D.

**FEMALE**
Medical Examination Report Dated 20 July 1967
Name of Physician Thos. M. Walker M.D.

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

## MALE APPLICANT

Name: First Charles Middle David Last Scott

Date of Birth: Month January Day 7 Year 1943

Place of Birth (State or foreign country): Lebanon Indiana

Residence Address: Street or R. R. 17 Church St. City Pittsboro County Hen. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Sup. Trainee. Electric. Steel

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Cecil Walter Scott
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Hendricks Co, Ind.
12. Full maiden name of mother Naomi Leona Goven
    Residence of mother (if deceased so state) Pboro, Ind.
    Occupation of mother Assembler. Asst. Supt. Elec. Race of mother White
    Birthplace of mother (State or foreign country) Hendricks Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles David Scott
New Address 340 S. Wash., Danville, Ind.

Subscribed and sworn to before me this 2nd day of August, 19 67
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Julia Middle Jean Last Brady

Date of Birth: Month May Day 25 Year 1945

Place of Birth (State or foreign country) Union Township Hen. Co. Ind.

Residence Address: Street or R. R. RR 4 City Lizton County Hen. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Legal Secy: Mowery & Mowery.

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 Maurice Brady.
   Residence of father (if deceased so state) Lizton, Ind.
   Occupation of father Engr. Butler Univ. Race of father White
   Birthplace of father (State or foreign country) Danville Ind.
8. Full maiden name of mother Katherine Edith Rutledge
   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) Pittsboro, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Julia Jean Brady
New Address Same

Subscribed and sworn to before me this 2nd day of August, 19 67
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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered,* there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7th day of August, 19 67, authorizing the joining together as husband and wife Charles David Scott and Julia Jean Brady

*Be it further remembered,* the following marriage certificate was filed in my office, to-wit:

I, Paul E Whitsett hereby certify that on the 12th day of August, one thousand nine hundred and sixty-seven at Lizton, County of Hendricks, State of Indiana, Groom Charles David Scott of Hendricks County, State of Indiana, and, Bride Julia Jean Brady of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 12th day of August, 19 67.

Signed Paul E Whitsett
Official Designation Minister, The Lizton Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of August, 19 67.

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. 250
File Book 29
3 August 1967
Date of Application

**MALE**
Medical Examination Report Dated 3 August 1967
Name of Physician Lloyd Terry M.D.

**FEMALE**
Medical Examination Report Dated 3 August 1967
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 Valmore Middle F. Last Martin
Date of Birth: Month January Day 6 Year 1917
Place of Birth (State or foreign country) Flat Rock, Ill.
Residence Address: Street or R. R. RI Bx 46 City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Carpenter. Steel Const.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Steven Otis Martin.
    Residence of father (if deceased so state) Flat Rock Ill
    Occupation of father Retired Saw Mill. Race of father White
    Birthplace of father (State or foreign country) Flat Rock, Ill
12. Full maiden name of mother Eve Elizabeth Garrard.
    Residence of mother (if deceased so state) Flat Rock, Ill
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Palestine, Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Valmore F Martin
New Address RI Bx 46 Danville
Subscribed and sworn to before me this 3rd day of August, 19 67
John Tandell 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Dorothy Middle Last Still
Date of Birth: Month July Day 2 Year 1926
Place of Birth (State or foreign country) Bowling Green, Ky.
Residence Address: Street or R. R. RI Bx 46 City Danville County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1 Chicago.
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation House Keeper
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 Benjamin William Still
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Rochfield, Ky
8. Full maiden name of mother Emma Nancy Gaddis
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Bowling Green Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Dorothy E. Still
New Address Same.
Subscribed and sworn to before me this 3rd day of August, 19 67
John Tandell 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

*Be It Remembered, there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 7th *day of* August, 19 67, *authorizing the joining together as husband and wife* Valmore F. Martin *and* Dorothy Still
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Beverly R Sanare *hereby certify that on the* 22nd *day of* August, *one thousand nine hundred and* sixty-seven *at* Anderson, *County of* Madison, *State of Indiana, Groom* Valmore F Martin *of* Hendricks *County, State of* Indiana *and, Bride* Dorthy E Still *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
*Dated this* 22nd *day of* August, 19 67.

*Signed* Beverly R Sanare
*Official Designation* Justice of the Peace

*Filed and recorded in accordance with the laws of the State of Indiana this* 24th *day of* August, 19 67.
*Signed* John Tandell, 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. 251
File Book 29
5 August 1967
Date of Application

**MALE**
Medical Examination Report Dated 3 August 1967
Name of Physician Lloyd Terry MD

**FEMALE**
Medical Examination Report Dated 3 August 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: First James Middle Thomas Last Stephenson Jr.
Date of Birth: Month December Day 13 Year 1947
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R1 Bx 355 City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Ser. Station: B'RippleShell
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 James Thomas Stephenson Sr.
    Residence of father (if deceased so state) R1 Danville, Ind.
    Occupation of father Chemist: Lilly. Race of father White
    Birthplace of father (State or foreign country) Danville, Ind.
12. Full maiden name of mother Eileen Lucille Wood
    Residence of mother (if deceased so state) R1 Danville, Ind.
    Occupation of mother Clerk: H.C. ASC Race of mother White
    Birthplace of mother (State or foreign country) Clayton, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Thomas Stephenson, Jr.
New Address Gateway West 3819 Bonnett Dr. Apt 3
Subscribed and sworn to before me this 5th day of August, 1967
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.....

State of Indiana, County of HENDRICKS } ss:
Signed James T. Stephenson Father
Signed Eileen L. Stephenson Mother
Subscribed and sworn to before me this 5th day of August, 1967
John Lambert Clerk

## FEMALE APPLICANT

Name: First Terre Middle Last Funkhouser
Date of Birth: Month October Day 22 Year 1948
Place of Birth (State or foreign country) Bloomington, Ind.
Residence Address: 469 Midland Dr. City Dville County Hend. State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Office Clerk: AFNB.
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 Morris Van Burkirk Funkhouser
   Residence of father (if deceased so state) Dville, Ind.
   Occupation of father Furn. Sales. Race of father White
   Birthplace of father (State or foreign country) Bloomington, Ind.
8. Full maiden name of mother Barbara Dean Ryker
   Residence of mother (if deceased so state) Dville, Ind.
   Occupation of mother Clerk: Bennetts Fur. Race of mother White
   Birthplace of mother (State or foreign country) Bedford, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terre Funkhouser
New Address Same.
Subscribed and sworn to before me this 5th day of August, 1967
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.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the ..... 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 11th day of August, 1967, authorizing the joining together as husband and wife James Thomas Stephenson Jr. and Terre Funkhouser

*Be it further remembered,* the following marriage certificate was filed in my office, to-wit:

I, W. E. Potts hereby certify that on the 12th day of August, one thousand nine hundred and sixty-seven at Danville, County of Hendricks, State of Indiana, Groom James Thomas Stephenson Jr. of Hendricks County, State of Indiana, and, Bride Terre Funkhouser of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

*Dated this* 12th day of August, 1967. Signed W E Potts
Official Designation Methodist Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 12th day of August, 19 67. Signed John Lambert, 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. 252
File Book 29
5 August 1967
Date of Application

**MALE**
Medical Examination Report Dated 31 July 1967
Name of Physician Irving Cohen M.D.

**FEMALE**
Medical Examination Report Dated 31 July 1967
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: First Jack Middle Leroy Last Thompson
Date of Birth: Month July Day 13 Year 1946
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. 3847 60th Rd. City Indpls, County Hen, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student. I.U.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

| Name | Age | Address |
|---|---|---|
| | | |
| | | |
| | | |

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Hugh Earl Thompson.
    Residence of father (if deceased so state) 4th RD Indpls, Ind.
    Occupation of father Gen. Lilly. Race of father White
    Birthplace of father (State or foreign country) Fritchton, Ind.
12. Full maiden name of mother Edna Nellie Schoonmeyer
    Residence of mother (if deceased so state) Clay Twp, Ind.
    Occupation of mother Secty. U.S. Rypt. Race of mother White
    Birthplace of mother (State or foreign country).....

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jack Leroy Thompson
New Address 300 Fairbanks Ave. Apt 417 Terre Haute, Ind.
Subscribed and sworn to before me this 5th day of August, 19 67
John Hamblett Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

## FEMALE APPLICANT

Name: First Linda Middle Marie Last Dwinell
Date of Birth: Month March Day 17 Year 1947
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address: Street or R. R. R2 Bx 192 City Indpls, County Hendricks, State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student. I.U.
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 Virgil Edward Dwinell
   Residence of father (if deceased so state) R2 Indpls, Ind.
   Occupation of father Mechanic. H&H Floor Co. Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Marceline Edna Deason
   Residence of mother (if deceased so state) R2, Indpls, Ind
   Occupation of mother Secy. St. Steel Race of mother White
   Birthplace of mother (State or foreign country) Detroit, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Marie Dwinell
New Address Same.
Subscribed and sworn to before me this 5th day of August, 19 67
John Hamblett Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 10th *day of* August, 1967, *authorizing the joining together as husband and wife* Jack Leroy Thompson *and* Linda Marie Dwinell

*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

*I,* Clayton Fields *hereby certify that on the* 26th *day of* August, *one thousand nine hundred and* sixty-seven *at* Plainfield (Center Friends Church), *County of* Hendricks, *State of Indiana, Groom* Jack Leroy Thompson *of* Hendricks *County, State of* Indiana *and, Bride* Linda Marie Dwinell *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

*Dated this* 26th *day of* August, 19 67.

*Signed* Clayton Fields
*Official Designation* Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 29th *day of* August, 19 67.

*Signed* John Hamblett, Jr. *Clerk*
Hendricks *Circuit Court*