

Ahart, Mary Catherine	32
Archer, William Duane	37
Arnold, Daniel ^{Susan} Hester ^{Lee}	38
Abels, Jimmy L.	69
Arnold, Patricia Lyn	77
Abelson Abelson, Bruce W.	86
Abell, Gerald L.	94
Adam, Roger T.	100
Anderson, Frances M.	104
Arnold, Michael Aldon	175
Anderson, Sherlyn D.	193
Andrews, Sallie Kay	232
Atkins Atkins, Gregg W.	236
Adams, William H.	250
Allen, Bonnie L.	257
Alexander, Karen Lee	261
Adams, Edith Jane	275
Ader, Alan Ray	280
Alden, John E.	322
Adkins, Donald	342
Aveman, Donna M.	343
Arnold, Susan S.	360
Adams, Theresa M.	362
Abplanalp, Donald R.	391
Arnold, Dorothy Marie	413
Ayers, Wm J. H.	430
Adon, Judy	444
Arnold, Kathryn L.	454
Ayers, James Richard	462
Arnett, Barbara Ann	500
Anderson, Margaret K.	527
Albin, Earl L.	522
Adams, Charles E. Jr.	533
Allen, Stephen David	541

Barnhart, Ronald	6	Branneman, Mary Lou	255
Berry, Sue	6	Born, Brenda Ko	260
Baugh, William L.	9	Burke, Shelia	265
Barnett, Carol Lynn	8	Bugher, Carolyn S.	267
Brown, Mary Frances	14	Bowen, Linda Cheryl	281
Blanford, David West	13	Brouhard, Mary M.	282
Brown, Arthur Kenneth	20	Baker, Donna Lee	290
Burnett, C. Marlon	28	Burke, Daniel	303
Bird, Michael Gordon	32	Branneman, Edwin R.	324
Brown, Marilyn S.	35	Branson, William J.	328
Barker, Mary Joan	36	Burley, Miles	330
Brinegar, Lucy Rose	37	Brown, Geneva L.	330
Burney, William A.	47	Bolin, Anna L.	333
Bault, Sandra Jean	48	Baker, Cheryl	339
Burnett, Mary	60	Barnes, Linda Kaye	351
Bryant, Harry Dean	70	Burns, David L.	356
Bruce, Janet L.	74	Burgin, Carl A.	358
Buck, Roy	80	Blair, Lillie Janet	359
Burgess, Louetta A.	83	Buck, Rita C.	361
Brock, Charlie Ephron	97	Bunner, Sara L.	365
Benham, Sheri L.	100	Brandenburg, Marilyn Jean	372
Barnes, Jesse L.	104	Bell, May E.	378
Boley, Linda S.	105	Bilderback, Donna Jean	379
Briggs, Thomas R.	120	Bishop, Donna Sue	381
Bencivenni, Janeann E.	120	Bolin, Dexter Lee Jr.	384
Beard, Judith Ann	125	Barlee, Byron Henry	386
Benner, Pam	132	Bayles, Pamela Kay	394
Barnes, Barbara Jean	136	Bell, Thomas Edison	395
Budde, William J.	138	Browning, Terry J.	398
Baker, Edgar Lewis Jr.	140	Baytes, Timothy F.	409
Birden, Sandra Donald	142	Bauman, Michael D.	411
Barnaby, Jacklyn Dee	144	Bullerdick, Jack C.	412
Barton, David Leon	150	Ballard, Cheryl Ann	418
Broderick, Patricia Ann	150	Berlschmidt, Connie L.	439
Butrum, Jo Ann	154	Berlin, John Albert	449
Bloomer, Eileen C.	156	Brecher, Robert D.	451
Bentley, William T.	178	Bryant, Karyle Elizabeth	457
Bell, Helen	182	Burns, Patricia A.	459
Bilskie, James L.	191	Buchanan, Edie Elizabeth	468
Boyd, Timothy Alan	195	Baker, Sharon Kay	469
Bayce, Robert Norman	205	Brown, Gary Edward	473
Bowman, Samuel A.	215	Bevans, Mary Virginia	474
Bruce, Katherine	223	Brown, Ros Ellen	485
Berninger, Thomas Kent	229	Betts, David Clinton	489
Blaise, Janice M.	228	Boller, Robert J.	491
Bennett, Louis E. Jr.	234	Barnett, Linda	491
Brown, Judith Carol	237	Bryant, Arthur A.	499
Bier, Barbara L.	247	Barger, Dennis Leon	501
Byers, Larry David	248	Barnes, Cheryl E.	508
Baker, Barry Lee	253	Bayless, Donald Stafford	510
		Bunk, Linda Kay	516

255
260
265
267
281
282
290
303
324
328
330
330
333
339
351
356
358
359
361
365
372
378
379
381
384
386
394
395
398
409
411
412
418
439
449
451
457
459
468
469
473
474
485
489
491
491
499
501
508

Brennan, Thomas Francis	516
Bowling, Joe	528
Brown, Nathan D.	531
Boarman, Nancy Marie	538
Burnett, Tole J.	539
Benham, Paul A.	554
Bryant, Jerry Lynn	563
Broderick, Harry M.	565
Bellaw, Helen W.	567
Burton, Judy Faye	574
Burton, Betty Jo	576
Barnhart, Jerry Dean	577
Bolding, Donald Eugene	582
Booker, Opal	585
Booker, George H.	585
Booker, Opal D.	586
Benham, David Wayne	590
Blair, Rita May	595
Brunner, Merrill B.	597

B
C
D
E
F
G
H
I
J
K
L
M
M^c
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

B

C

Cowles, Teresa A. 7
 Chambers, Larric Melvin 10
 { Crouse A. Michael 27
 { Cookingham, Sandra Carol 27
 Cummings, Janet R. 39
 Corcoran, Janet L. 43
 Carroll, Stanley Wayne 46
 Caylor, Claudia Jo. 53
 Chambers, Judy Ann 56
 Crawley, Emmons Sr. 57
 Christopher, Donald 59
 Coney, Keith 66
 Collins, Sherri Lynn 67
 Cunningham, Lee W. 74
 Care, Gary Dean 77
 Cahill, Daphne H. 84
 Coburn, Delores J. 91
 Cooper, Larry D. 92
 Cline, Pamela Sue 97
 Corzine, Jim 98
 Cummings, Sandra Kay 115
 Carter, Carl W. 121
 Chappell, Linda Jo 122
 Canavan, Michael P. 127
 { Carlisle, Sherry May 129
 { Crouse, A. Allen 129
 Cooper, Jimmy Ray 133
 Crouch, Freda Jane 140
 Corcoran, Jr., Ralph Thomas 144
 Collison, Sammy K. 145
 Clark, Jack H. 161
 Charles, Mary J. 163
 Connor, James Earl 167
 Calvert, Jane E. 177
 Collier, Linda L. 178
 Comerford, Eva Annette 184
 Coleman, Sandra D. 185
 Colbert, Virginia Elise 194
 { Coffman, Gary D. 201
 { Craver, Cheryl Lee 201
 Cantrell, Sharon Lee 206
 Cruik, Joyce T. 209
 Castiglione, Judy C. 215
 Christopher, Sharon 219
 Clymer, Micken Eugene 220
 Chastain, Jerry W. 221
 Cook, Carl W. 228
 Cable, Jerry Thomas 230
 Christopher, Jerry Lee 233
 Couch, Joseph H. 241
 Coleman, Catherine 242

Compton, Ronald L. 143
 Cooper, Marcella J. 244
 Chandler, Sharon Marie 246
 Curtiss, Pamela Dee 253
 Charnes, Billie B. 259
 Coffey, Linda L. 274
 Cohen, Claude Clark 281
 Couch, V. Lois 298
 Chilman, Ann R. 309
 { Cox, James Elaine 310
 { Cooney, Jan David 310
 Cooper, Patricia C. 311
 Clark, Paul Robert 314
 Cunningham, Beulah W. 315
 Carman, Roger B. 327
 Corbin, Phyllis Jean 329
 Cothron, Jesse C. 338
 Cope, David Allen 339
 Crouse, Michael Lee 341
 Cooper, Steven Edward 346
 Crawford, Jerry Lee 348
 Church, Ruth Ann 353
 Carlton, Donald Ray 359
 Castetter, Anita Jean 391
 Colganier, Randy J. 406
 Chastain, Gregory Lee 418
 Clay, Thelma E. 430
 Cole, M. 433
 Coole, Phyllis A. 436
 Carlisle, David O'Neal 437
 Couch, Jr., Wiley 444
 Calidonia, Freda M. 447
 Carlin, Bernard Ralph 454
 Cameron, James D. 465
 Carter, Michael Thomas 469
 Canary, Norma D. 470
 Calhoun, Arnold L. 474
 Clark, Sharon Lynn 483
 Cline, Carlos Ray 484
 Chalfant, David Austin 487
 Crawford, Darrell Wayne 525
 Cleary, Mary Mable 522
 Clark, Nancy E. 537
 Charles, Gary Lynn 546
 Cook, Judith L. 552
 Cates, Harold D. 580
 Carter, Ronald 581
 Carroll, George Edward 584

B

C

D

Darrs, Glen L.	12
Darrah, Rodney Carter	25
Darrs, Glenn William	56
Darrs, Wiley C.	71
Douglas, Peggy R.	86
Daniels, Lloyd R.	95
Douglas, Paul S.	114
Dackerty, Stephen W.	128
Downey, James Timothy A.	132
Deeringer, Jacqueline L.	158
Dill, Sharon Lynne	165
Damm, Malcolm	166
Doss, Russell Jr.	187
DeBau, Kathy Ellen	195
Dorn, Mildred Kathleen	212
Derers, Ralph	214
Dunkin, Billy F.	249
Dunkin, Carolyn Jean	249
Dougherty, Donna Lynn	256
Day, Ann	287
Duckard, Larry D.	312
Davidson, Judith Ann	317
Durham, Jewell D.	327
Dyer, Carolyn Ann	337
Dennison, Vicki Lynn	363
Downing, Janet R.	366
Dorris, Sharon Kay	371
Dugan, Rex Alan	399
Duckley, James William	417
Dixon, Sherry	423
Dicks, Donald A.	438
Dicks, Sarahellen	438
Davis, Linda	445
Danvers, David R.	453
Dillehay, Claudia Deana	471
Drews, Sue Ann	481
Dees, Dinah Carol	506
Dawden, Kathryn Naran	532
Donnar, Margaret Ruth	534
Downing, Sally Angelina	537
Dulaney, Nancy Ann	541
Dove, Agnes L.	554
Donnelly, William	566

B

C

D

E

Eaton, Charles L.	3
Ellis, Susan C.	24
Easley, Betty June	42 30
England, William L. Jr.	48
Ealy, Philip M. Jr.	110
Esbank, William	171
Edwards, Steven H.	216
Ewing, James LeRoy	329
Eilau, Karen Kay	346
Edmondson, Louis E.	410
Ennis, Dan E.	419
Eggers, Elmer H. Jr.	425
England, Donna M.	429
Euler, Donald Steven	440
Edick, Kenneth G.	441
Edmondson, Kenneth Wayne	500
Evans, William J.	526
Erwood, Brenda Beth	531
Eggers, Karla Lynn	549
Elkins, Clifford R.	573
English, Joyce Elaine	579
Ellis, Steven Wm.	588

B
C
D
E
F

Ferguson, Sharon L.	2
Flerscher, Barbara	23
Finchum, Donald E.	41
Foltz, Elsa Louise	62
Fettig, Lynn Marie	65
Ferguson, Robert R.	76
Friel, Candace V.	103
Farnes, Julie	116
Feller, Karen L.	124
{ Freije, Thomas Andrew	126
{ Fulmer, Jennifer Lynn	126
Ford, Kenneth, Jr.	139
Finchum, James A.	147
Froude, Dolores M.	159
Fisher, Bertha Arlene	167
Farnes, Selma F.	189
Fowler, David Gruin	208
Geola, Sandra K.	210
Fruits, Charles Edward	213
Fox, Lawrence B.	223
Frye, Marcia F.	227
Freeman, James Robert	229
Fisher, Alicia Deane	239
Frazier, Barbara Jo.	252
Finchum, Myrna Kay	264
Fisher, Joyce Amette	272
Gloria, Carol R.	334
Fletcher, Edward Lee	352
Freeland, Judy Lynn	354
Franz, Erre Leigh	369
Fowler, Stanley K.	381
{ Feagans, Joseph	387
{ Feagans, Georgianna	387
Furry, Bethany Sue	393
Fisher, Betty Jean	395
Gagan, Kathleen A.	426
Fisher, Thomas A.	436
Fraleigh, Tara Lee	443
Frick, John W.	463
Gilds, Audrey Mae	475
Frye, Donald E.	478
Frazier, Jackie Lee	479
First, Edward Lewis	↑ 301
Ferguson, Patricia F.	301
{ Flint, Buel D.	505
{ Flint, Mary Frances	505
Fry, Ralph Cassel	560
Flynn, Darlene S.	581
Firth, Thelma A.	600

B
C
D
E
F
G

Gough, Seannette	3
Grimes, Winfred Delo	8
Gray, Lucinda Anne	13
Green, Joe W.	30
Gerds, Sandra Lee	33
Goehrke, Lance M.	68
Graham, Mary E.	73
Garbrough, Judy Kay	82
Grow, Joan Elizabeth	89
Guyzen, Kless Jr.	90
Guss, Annalee	109
Gibson, Jackie Ray	112
Gerth, Sandra J.	142
Geiling, David Gene	149
Good, Linda Jean	157
Gaw, Richard Dean	160
Gray, Peggy Lee	160
Glaze, Richard L.	181
→ Graves, Dale Jr.	188
Galovic, Steven Joseph	200
Greene, Kenneth L.	209
Gumm, Stephanie	218
Gibson, Mae Louise	240
Gregor, Sohn IV	294
Gayson, Danny J.	296
George, Linda J.	305
Gossett, Harvey R.	334
Garnman, Robert Richard	351
Givens, Eva W.	365
Gailor, Steven R.	367
Gordon, Gary D.	366
Gripping, David Lee	379
Gossett, Kathy Ann	382
Gearitt, Harold Eugene	390
Gelbreath, Michael Wright	393
Gillman, Sharon Marie	399
Ginn, Sharon L.	406
Gilbert, Morris J.	408
Gregory, Glenda Jane	410
George, Susan Marie	455
Gentry, Christine Fay	473
Givan, James Rex	480
Giers, Gary Leo	483
Good, Kathryn Alexis	515
Griffiths, John W.	518
Gilley, Alice Fay	525
Guelon, James Crest	545
Grooms, Paula Sue	557
Gibson, Betty Sue	568
Gibboney, Rick	587

B
C
D
E
F
G
H

Harness, Warren 4
Hodge, Wilma Jean 4
Helfsley, Charles M. 7
Hettner, Loring 14
Horton, Ronald 12
Hatcher, Lois Ann 19
Harp, Linda Lou 20
Houder, Carla A. 26
Hurley, Stephen R. 39
Hardin, Elmora 44
Horn, Pamela L. 49
Hordrick, William Glen 51
Hennessey, Linda Kathleen 51
Hallam, Beverly Sue 54
Hatcher, Mary Louise 58
Harrell, Jim 72
Hutton, R. Dennis 75
Hartman, Clyde R. 85
Hendall, Pauline B. 85
Harper, Rose Marie 90
Harpington, Georganna 92
Haase, Mary Jo 98
Handell, Linda A. 102
Halsey, Jack Edward 107
Harley, Charlotte Louise 110
Herrin, Larry 116
Hayes, Paula K. 118
Hornbuckle, Stephen G. 119
Hilligoss, Leonard Steven 125
Hitchcock, Harry Richard 124
Hulse, Alana M. 128
Henry, Rose Ann 138
Hayes, Karen Miranda 139
Hall, Gnette M. 146
Hayes, Deborah Jean 149
Hoffeditz, Karen 155
Hinchman, Lucille 172
Harrell, Ann Rucker 175
Holeason, Melvin Joe 179
Hutter, Robert 182
Holloway, Clifford M. 193
Hettenvan, Sharon S. 203
Hacker, Madalyn D. 205
Heiliger, James S. 218
Hollenbaugh, Eddie 219
Halich, Joyce J. 221
Harrison, Joyce 222
Hamilton, Sandra Lee 230
Hartman, Steven L. 252
Hiland, Mickey Wayne 261
Hunt, Earl R. Sr. 263

Humphrey, Rex V. 271
Hanchett, William Charles 272
Highfield, John L. 275
Huff, Sherlie S. 279
Hedden, Rita Diana 280
Harrison, Jack 284
Hayden, Larry Wayne 289
Harlow, Sheila A. 292
Harrison, George R. 294
Hooten, Roscoe J. II 311
Hensley, Rhonda Lee 312
Hurst, Gregory Ivan 316
Heath, Duane J. 320
Hill, Aleta Eloise 325
Hamilton, Milton E. 336
Huebner, Edwin Eugene 340
Hanna, Ronald G. 343
Holloway, Linda Susan 347
Hull, James Stanford 350
Hefner, Thomas L. 353
Hugan, Kenneth Robert 354
Hayden, D. Lynne 358
Huebner, Donna Sue 362
Hoffeditz, Pauletta Sue 370
Holtze, Harry S. 371
Hann, Shelia Denise 379
Howard, Glenn Richard 379
Harris, Terrance Alan 380
Hatchcock, Glyndon Eugene 382
Hobbs, Donna R. 388
Herring, Karen-Lee 392
Harris, Pamela Marie 403
Harris, Nancy Carol 414
Hap, Gregory S. 420
Hancock, Laura 435
Huffman, Paul 445
Hurt, Eugene R. 448
Hilligoss, J. M. 488
Hill, Ward W. 504
Hartsch, Melba Kathryn 510
Howard, Timothy Lee 517
Hutchings, Sharon Sue 517
Hutchens, Laura Vorene 536
Hutton, Stephen Allen 538
Hadley, Malissa R. 540
Hamlin, Harry L. 547
Hayes, Marjorie Ellen 550
Hutill, George R. 558
Hawk, John 559
Hughes, Lynda Marlene 561
Hallingsworth, Robert Gene 574

Hicks, Linda Kay	577
Hightfield, Edith Sano	580
Hiner, Marcia	587
Hensley, Sandra Marie	597
Hensline, Richard K.	598
{ Heagy, Patricia A.	599
{ Hatcher, Samuel F. Jr.	599

B
C
D
E
F
G
H
I

Inman, Glenda
9 year, R Honda Lee

335
543

B
C
D
E
F
G
H
I
J

Johnston, Gloria	15
Joseph, Susan R.	16
Jones, Patrick L.	49
Johnson, Anna M.	57
Jackson, John W.	103
Jenkins, Donald C.	105
Jones, Diana Kay	107
Jackson, Lindell E.	137
Johnston, Donald G.	168
Johnson, John S.	169
Jones, Hester	263
Judd, Lathorne	268
James, Linda Lee	276
Johnson, Linda Jane	283
Johnston, Abe	285
Joesting, Cynthia A.	297
Jones, Michael Duane	313
Jones, Patricia Kay	326
Jessup, Terry Lynne	348
Jennings, Carolyn Marie	385
Jemison, Connie Jo	386
Jensen, Ronald Edward	401
James, Donald Rex	405
Jarrett, James M.	459
Jakel, Donna Colleen	472
Johnson, Eugene Earl	472
Jackson, Claudia L.	488
Johnson, Jean Patrice	493
Jarrett, Janice R. Ronald D.	507
Jermes, Alfred A.	515
Jordan, Dennis Dale	520
James, Karen Lee	578

B
C
D
E
F
G
H
I
J
K

Kneller, Jerry Lee	1
Kasting, Judith Ann	31
King, Sue Anne	34
Kernedle, Robert D.	35
Kinney, Harry Melvin	36
Keys, Judith Ann	41
Kinsman, James L.	61
Kissel, Carol L.	71
Kennedy, Ronald A.	73
Knight, Mary C.	119
Key, Brenda	166
Kinglee, Ruth Ann	186
Klay, S. Allen	198
Krohne, Patricia Colburn	200
Kellre, Nancy D.	207
Kennedy, Raymond E.	277
Kalleck, Richard J.	299
Kruss, Idelle D.	314
→ Klinkpatrick, Rebecca J.	332
Kemp, Sherrie L.	338
King, Larry E.	349
Kerns, James M.	360
Kincaid, Thomas R.	376
Kerr, Douglas S.	377
Knight, Jessica Ann	380
Kemp, Jerry D.	383
Kaestner, Sharon Ann	402
Knight, Linda S.	452
Keller, Judith Ann	484
Kemp, David Stephen	486
Kirby, Donna Joyce	496
Kleiber, Russell Lloyd	549
Kruger, William Eugene	556

B
C
D
E
F
G
H
I
J
K
L

Littell, Vileta Sharleen 1
Lee, Linda Sue 10
Lauer, Wanda F. 21
→ Lee, ^{W. Thomas} 29
Lange, Aaron A. 63
Soneless, Karen 66
Lester, Charles E. 82
Lathrop, Sheila R. 87
Leach, Gary Michael 93
Larkins, Gary Lee 96
Larson, Robert W. 109
Littell, Rebecca Beth 133
LaRoche, Charles W. Jr. 141
Logsdon, Johnny Edward 151
Long, Donald J. 152
Lacey, Patricia C. 176
Lindsey, Sharon Louise 179
Lothridge, James F. 183
Lippard, Donald Francis 186
Lentz, Walter F. Jr. 202
Lawson, Jack Alen 204
Leonard, Eileen Rene 217
Leach, Russell 225
Locke, John R. 247
Lohn, Steven D. 257
Lewellen, Thomas D. 278
Lehr, Janette Marie 295
Lowe, Linda G. 299
Lowery, Wesley Junior 319
Lough, Thomas Martin 326
Lucarelli, Carol 356
Lynch, Margaret 383
Larsen, Harold Edward 385
Lamar, Marilyn Sue 397
Land, Rayburn C. 407
Lachey, Judy Ann 418
Langdon, James Allen 432
Lachenmaier, Frank D. 446
Larsh, Rae Carole 446
Lines, Mary Jane 465
Leach, Diana Jo 466
Ludkiewicz 467
Lynch, Walter 475
Lord, Vicki Lynn 487
Landrum, Larry Wayne 497
Laur, Cheryl A. 503
Layen, Janet Kay 512
Lorton, Marjorie F. 518
Landert, Richard Lee 519
Lindbay, Shilley 521
Lott, Harold Wayne Jr. 523

Little, Harold W. 524
Leisch, William Erwin 540
La Roche, Joseph William } 555
La Roche, Mary Jane }
Lawson, Carolyn Ann 570
Lucarelli, Susan Barbara 581
Land, Edgar R. 594

Miller, Jay C.	18	Mailath, Margaret A.	321
Mitchell, James R.	24	Morgan, Leon Myers, Willie Jean	335 342
Macy, Martha Carol	25	Moore, Regina Carolyn	390
Meece, Linda Sue	28	Matthews, Steven Swann	392
Martin, Sheila R Morday, Victor E Jr.	29 34	Macy, Daniel Webster	413
Margole, Emma L.	40	Morpheus, Steven A	422
Morphew, Dorothy A.	59	Muston, Peggy Sue	429
Miller, Ruth Anne	72	Munn, Richard H.	426
Mason, Anita S.	79	Martin, Robert Terry	431
Majors, Karen Sue	81	Moran, Christa Kathleen L.	434
Marksberry, Betty A.	88	Maugin, Paulita	437
Martin, John Albert Jr.	106	Marsh, Jeannine Faye	450
Marlett Marlette, Virginia A.	112	Marsh, Merritt Allen	456
Morgan, Dennis R.	117	Masarius, Marshall Alan	461
Miller, James E.	115	Myers, Cathy Irene	467
Mahan, Marletia Evonne	127	Mason, Beverly Anne	492
Mooney, Patrick	135	Majors, Linda L.	494
Martin, Walter Clark	143	Moore, Todd E	503
Merida, Brenda C.	143	Moore, Lynn Belle	511
Miles, Becky Lynn	145	Miracle, Angela Faye	520
Meece, Bonnie L.	147	Midkiff, Stephen Patrick	532
Mason, Billy Joe	153	Miles, Betty Sue	544
Medley, M. Joyce	153	Merritt, Linda Alice	548
Mitchell, Sharon Robert Glenn	165	Marshall, William C.	552
Modlin, Stephen E.	176	Moran, Donna Sue	558
Morse, Paul W.	177	Mason, Marilyn J.	558
Moore Melton, Sylvia Lee Richard	184 188	Myers, Larry Wayne	561
Melton, Millard K.	196	Morrison, Stephen R	569
Monteleone, Ruth V.	202	Middleton, Michael Leroy	572
Morris, Elizabeth A.	216	Miller, Judith K.	596
Morgan, James C.	227		
Morgan, Judith K.	236		
Morhead, Wedy L.	241		
Merritt, Jewell	242		
Montgomery, Everett Lynn	237		
Mullis, Rena May	250		
Majors, James Paul	251		
Melton, Mary Amelia	251		
Martin, Michael Martin	254		
Mullen, Ann Lynn	258		
Mobley, Keith E.	262		
Martin, Clarence R.	267		
Martin, Delilah A.	270		
Mantooth, Ralph L.	274		
Milbrath, Jack R.	279		
Mattias, Lloyd J.	282		
Michael, Nicholas W.	288		
Marlett, Robert Vernon	300		
Murphy, Peggy Ann	302		
Moore, Joyce E	303		
Maple, Hugh Allen	317		

B
C
D
E
F
G
H
I
J
K
L
M
N

Mc Cart, James D.J.	23
McClain, Ray William	31
McCullough, Melvin L.	58
McClure, Kay A	69
McAninch, Fredrick Lee	89
McNeely, Lula E.	95
McBride, Betty J.	130
McIntyre, Robert Allen	180
McMullen, Janet K.	208
McLaughlin, Jacquelyn	214
McGuzie, Frank Raymond	256
McLaughlin, Earl W.	291
McClintic, Donna L.	291
McCarter, Patrick H.	305
McHenry, William Henry	325
McTigue, Linda Sue	345
McAllister, Michael L	361
McCown, Gregory Lee	403
McNamara, Kenneth Ronald	450
McCoy, Maurice Earl	479
McKinney, James E	499
McIntire, Linda Kay	504
McMartin, Lawrence F.	536
McCamacho, Donna Jane	546
McKerran, Phillip Andrew	570

B
C
D
E
F
G
H
I
J
K
L
M
N

Nicholson, Mary Ann	50
Nance, Norman K.	67
Nicely, Jerry Wayne	157
Norman, Harley L.	159
Naanes, Carla Jean	180
Nutty, Barbara Ellen	190
McMullin, Janet K.	208
Nelson, David B.	211
Nash, Rowena Kay	284
Nash, L. Morris	290
Nance, Gary D.	298
Nadin, Patricia Ann	376
Neeley, Chester David	434
Niemi, Noelle Ray	455
Nelson, Phyllis Kay	498
Nelson, Edward Earl	513
Nave, Fred	551
Nelson, Mary Alice	591
Newman, Valerie Sue	590
Norwood, Wilbur E.	592
Obidmeyer, Robert B.	600

B
C
D
E
F
G
H
I
J
K
L
M
N
O

Owens, Shirley Mae	9
Owen, Maybeth O.	47
Ooley, Michael D.	65
Ogle, Patricia Jean	108
Ogle, Gary	111
Oliver, Mickie Lou	123
Oles, Joann F.	278
Ottinger, June E.	328
Overton, Robert R.	333
Orkst, Ronald D.	362
Osman, Mary Mitchell	396
Oliner, Jeannine Carol	418
O'Brien, Jerry Scott	481
Owens, Wendell H. Sr.	564
Olar, Linda Susan	575

B
C
D
E
F
G
H
I
J
K
L
M
N
O
P

Porter, Jerry L. 2
Potter, Elmer L. 21
Payne, David E. 43
Parrish, Patrick W. 53
Poland, Earl Grant 54
Pritchard, Billy F. 123
Pettitt, Thomas S. 134
Price, Gary R. 136
Perry, Morris Wayne 146
Pope, Sue 152
Phillips, James 154
Parsley, Linda K. 162
* Parker, Jerry W. 163
Penn, Ross M. 172
Piccione, Michael J. 185
Peters, Robert C. 189
* Parker, Franklin Paul 190
Pruce, Carol Ann 197
Price, Barbara Ann 233
Page, Raymond Heistand 235
Pessler, Rita Faye 235
Pleunkitt, David L. 245
Brutt, Kolla F. 266
Pritchett, Michael R. 270
Perkins, Floyd 286
Page, Mary Catherine 286
Phillips, Alice M. 307
Praay, Martha 318
Pierce, Judy Marie 319
Parsons, Barbara J. 322
Phillips, Marian Lea 340
Patterson, Sandra L. 344
Potect, Dianna Gay 357
Phillips, Ralph Edwin 368
Peacocks, Wavereta M. 317
Purcell, William Richard 423
Parsley, Jimmy R. 423
Price, Doris L. 448
Pine, Peggy Lynn 449
Price, George Gilbert 460
* Parker, Alynna K. 462
Pardue, Vernon M. 471
Priola, Anthony S. Jr. 490
Parsons, Patricia Kay 490
Parsley, Jerry L. 512
Powell, Patay Sue 523
Page, Delores C. 528
Peterson, Janet M. 529
Pritchett, Peggy Jo. 542
Poole, Norman Day 567
Peavler, Mary 572

Potter, Perry Willard 576
Phillips, Glen Robert 578
Plasters, Marjorie Ellen 583
Parlas, William C. 593
Pirylis, Maureen Lucille 594

B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R

Russell, Hubert E.	5
Robinson, Rex D.	16
Rees, Kathryn D.	17
Robinson, Judith D.	18
Rowland, Forrest D.	19
Robinson, June E.	22
Ray, Kenneth R.	42
Rogers, Gary L.	44
Reeves, Brenda Sue	45
Rodney, Michael Ellis	50
Robinson, Howell Dean	99
Reinert, Jacqueline Jane	99
Robbins, Ronald W.	102
Radant, Christine Ann	106
Rushon, Kenneth D.	158
Roger, Carolyn Sean	164
Randall, James R.	192
Roe, Darro Joseph	194
Reel, Evelyn K.	199
Ronk, Pamela Ann	213
Ree, Gerald L.	226
Rose, Betty E.	234
Reynolds, Danny Jo	260
Ruth, Elizabeth J.	262
Roseboom, Curtis Wayne	269
Ransdell, Carole F.	271
Rudler, Sterling Jean	273
Rader, Jannis V.	288
Roberts, Jerry L.	308
Rickena, John B.	309
Rick, Clifford	323
Riddle, Oletha F.	336
Redding, Roger E.	357
Reynolds, George William	364
Richardson, Karen Ann	369
Rosenberger, Janice Ann	375
Riddle, Rebecca Ann	400
Ritchey, Barbara Elaine	401
Redford, John Richard	414
Rutledge, Linda Louise	421
Robinson, Margaret E.	425
Ryan, Richard Frederic	428
Ryan, Virginia Ruth	428
Randall, Margaret J.	442
Ralph, Lydia Marie	460
Robinson, Larry Dean	468
Reed, James	482
Rumple, Robert Byron	495
Roderick, Shirley Kay	501
Rodney, Lana Jo.	501
Rockwell, Terry Eugene	506

Robinson, Mabel Clay	511
Rinehart, Joyce Etta	530
Raasch, Steven Carl	542
Rivers, Brenda J.	547
Reynolds, Phillip Dee	553
Rivers, Donald Leroy Sr.	562
Rolling, Karen Sue	582
Rayborn, Rex Wm.	583

B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S

Sims, Betty R	11	Somers, Patricia E.	293
Savage, Steven L.	17	Smith, Ronald Leroy	295
Smith, Marion J.	40	Stansbury, Steven H.	297
Sutherland, Diana J.	46	Stadler, Stephen J.	304
Savage, Harrison	52	Stefani, Janet E.	304
Selby, Michael R.	55	Smith, Ronald E.	306
Smith, Linda Jean	76	Spaulding, Rebecca	306
Stafford, Robert G.	78	Sperry, Ruth R.	323
Smith, Margaret Ann	78	Sims, Michael L.	331
Stringfellow, Dick A.	87	St. John, Timothy Alan	345
Settles, Keith L.	108	Sumner, Norman Eugene	347
Schmid, Gretchen M.	111	Schroer, Lois Edna	350
Singleton, Linda Kay	112	Selmer, Kathleen Louise	352
Sparks, Harold Lee	113	Stringer, Jerry L.	355
St. John, Martha E.	114	Stringer, Sharyl A.	355
Sandusky, Marilyn Kay	121	Strube, Linda Carol	364
Swift, James W.	122	Sumpter, David Paul	370
Stepp, Larry J.	130	Stevenson, Dennis A.	373
Staser, Judith Arlene	131	Stone, Donna Jo.	384
Stephenson, Danny Joe	131	Sims, Wm. R.	388
Staw, Karen	137	Shumate, Joni Lin.	389
Summers, Claudia R.	141	Sigmund, Ronald Edward.	394
Stafford, Larry A.	148	Smitha, Donald Lee	397
Stanley, Margaret A.	161	Stutz, Gary	400
Sulgrave, Merrill E.	162	Schaeffer, Rebecca Anne	405
Smith, Keith L.	164	Stanley, Edward S.	416
Seals, Patricia A.	168	Sellers, Shirley M.	419
Selke, Kay	171	Stout, Roscoe Constance	424
Stanley, Lynn Ellen	181	Strange, Allan R.	427
Shearer, Henrietta	187	Swift, Ronald L.	429
Sutherland, Sally Jean	192	Smith, Doris Kaye	431
Smith, Virginia F.	196	Somers Robert J.	439
Shelton, Edward Layne	206	Selch, Roxie	441
Steele, Mark A.	207	Spearer, Francis M.	442
Snyder, Linda S.	211	Siddons, Kendall R.	447
Sluder, Brenda Elaine	220	Sheets, Stephen F.	452
Serfert, Susan L.	231	Scindliger, Janet B.	453
Stantley, Robert E.	244	Stevenson, Donna Lou	456
Sturm, Linda L.	245	Steele, Ronald Raymond	457
Summerlot, Galen Dale	246	Smith, Valerie S.	461
Spall, Sandra	248	Spitzer, James Louis	466
Siscoe, Karen Sue	254	Smith, Paul A.	470
Steward, Vera M.	259	Snell, Joyce Darlene	482
Skaggs, James	265	Scott, Thomas E.	485
Sterens, Viola Lynn	269	Stokes, Karen Kay	489
Samuels, Robert R.	273	Slavey, Patricia Marilyn	501
Sipes, Barthena J.	277	Schmidt, Frances Ann	509
Sandusky, Shelia Kay	283	Salsman, Sandra Kaye	513
Smith, Terry J.	287	Stout, Sharon Lee	519
Scotten, Eugenia June	289	Sipes, Constance B.	524
Strahl, Joseph R.	293	Stauffer, Robert Lynn	530
		Almesta Frances Singleton	533

Sparks, David Aaron	535
Smith, Doris Elizabeth	535
Stark, Willic Thomas	537
Stout, Stanley Floyd	542
Siddons, James Aileen	544
Sprinkle, Marcus N	548
Sparger, Dancel Eugene	550
Stranger, Wan Edith	556
Stombaugh, Daniel L	557
Skinner, Wanda	559
Sharp, Janice Gail	565
Svenzel, Susan	569
Smith, Thomas Lee	579
Sparks, Richard Lee	575
Stewart, Sharon Ann	584
Safewright, Matt H	586
Smith, James E	591
Stearns, Jeffery L.	596

Tolen, Thomasita R.	5
Teague, Curtis E.	11
Tuttle, Faye Bedell	30
Thompson, Melvin	60
Thompson, Richard D.	63
Thompson, Margaret Ann	80
Taylor, James E.	81
Thompson, Michael D.	83
Tamlin, Thomas L.	88
Tryon, Sharon A.	94
Trent, Steven Edward	} 170
Trent, Susan Lynn	
Tom, Kenneth	222
Taylor, Marcia Ann	243
Tomlinson, Sandra K.	324
Thomas, Mary	331
Trout, Rocky Luke	337
Thompson, David S.	344
Torn, Benjamin Joseph	372
Taylor, Lyndell R.	389
Timmons, Daisy Charlene	396
Terry, Cheryl C.	398
Tervell, Janet M.	411
Trusty, Dennis Lee	443
Thay, Cathy S.	451
Taylor, Furd	458
Taylor, Betty Dean	458
Taube, Richard Paul	477
Turner, Marguerite Anne	486
Tanner, Lee Ray	496
Templeman, Ruth Ann	560
Trager, Ruth H.	566

B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U

Utley, Deborah Ann	96
Ulrey, Dallis L.	191
Upchurch, Shirley Jean	224
Underwood, Janet A	300
Udell, Gregory Fox	493
Underwood, James Michael	534
Unger, Gloria Jean	548

B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V

^{separate} { Vicans, Walter E. Sr. 64
Vicans, Brenda Kay 64
Vibbert, Charles Allen 174
Vaughn, Cynthia K. 198
Vaughn, Paul A. 210
Voyles, James Thomas 217
Wagel, Perry D. 320
Vance, Vickie S. 373
Weith, Shirley K. 476
Van Nice, William A. 499
Zolpek, Ted R. 529
Vincent, John Allen 589
Vaughn, Betty J. 598

B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W

White, Dorothy L. 12
Warnock, James W. 22
Wright, Donald Lee 26
Whaley, Daniel Harter 38
Ward, Jerry Lee 45
Williams, Pamela P 52
Wannell, Rebecca May 55
Worrell, Mari Lee 61
Wright, Stera Kent 62
Watker, Cheryl Ann 68
Wyatt, Missan L. 70
Wilson, Larry D. 79
Wiles, Robert C. 84
Wuertley, Kenneth D. 91
Whitaker, Susan Gwen 93
Walton, Gary D. 101
Williams, Barbara 101
Walls, Sally Ann 114
Walton, Roger L. 118
White, Linda Kay 134
White, Imogene 135
Warren, Brenda K. 148
Williams, Janna W. 151
Wilson, Edward Thomas 155
Winkle, Mary L. 169
Wright, Chalmers Jr. 173
Wright, Naomi R. 173
Williams, Marjorie Ann 174
Weddle, Mary Ellen 183
Wuerbolding, Philip E. 197
Warren, James R. 199
Wheatley, David L. 203
Wright, Constance Sue 204
Wilson, Ted S. 212
Wahle, Lois J. 225
Whitis, Barbara L. 226
Wilson, Janet Irene 229
Walters, Rodney L. 231
Wyatt, Rickie Lee 232
Wooldridge, Richard D. 238
White, Willadean 238
Wenning, Marvin H. 255
Wagon, Billy E. 258
Whitman, Karen E. 266
West, Charles Edward 268
Walker, Edwin Wyatt 283
Wood, David N. 292
Weitz, Sarah Jane 294
Williams, Leatrice Kay 296
Whitaker, Don Brent 302
Westlund, Carl B. 307
Wilms, Rebecca N. 308

Walters, Wanda Lou 313
Walker, Maurice M. 315
Williams, Rebecca Lee 316
Wilson, Paul L. 321
White, Elizabeth Jane 332
Withington, Gayetta Sue 349
West, minor Bramford 363
Whitman, Ann E. 365
Wolfe, Jr., Clarence Oliver 375
Weddle, Sherman L. 378
Warnock, Michael Carlton 402
Wright, Cecil Lee 404
Wright, Phyllis Ann 407
Ward, Debora J. 408
Wilcox, Barbara J. 409
Wright, Deborah K. 412
Willis, Phyllis A. 415
Woods, David O. 419
Williams, Mary Jane 420
Willis, Marcia Jo 421
Wiggams, Arthur E Jr. 424
Wilson, Mary E. 427
Weddle, Sam 432
Wingler, Penelope Sue 435
Williamson, Jesse J. 440
Willson, Mary Jane 462
Williams, Janet Carol 476
Wood, John D. 478
Woodall, Wanda Lea 480
Westerfield, Gaylynn Jean 497
Wilson, Patricia R. 499
Wise, Sandra S. 502
Whicker, Charles Richard 508
Wales, Lawrence A. 509
Westfall, Robert J. 521
Walton, James Robert 529
Walden, Matthew 562
Whitty, Sara Lou 563
Wingler, Phillip M. 564
Wingler, Diana Sue 568
Weddle, Melvin C. 571
Wagle, Dallas Wayne 589
Wegert, Patty Louise 592
Weaver, Lois B. 598
Williams, Louise R. 598
Whitaker, Sherman Ray 598

B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y

Yates, Wanda	75
Young, Samuel R.	156
Yeary, Steven Lee	240
Yelverton, George M	276
Yoke, Calvin	318
Yager, Kristin Lea	477
York, Janice K	507

B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

Zike, Thomas Dean	33
Ziegler, Dean Sydnor	492
Ziats, Carol	526
Zimmerman, Evelyn	551

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 253
File 30
Date of Application Aug 5-1967

MALE
Medical Examination Report Dated Aug 4-1967
Name of Physician Dr Eli A Coats

FEMALE
Medical Examination Report Dated Aug 4-1967
Name of Physician Dr 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 Derry Lee Kneller
Date of Birth Nov 5 1947
Place of Birth (State or foreign country) Ind.
Residence Address Rt 1 Stilesville 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 Fueler for Executive Air Craft
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

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

11. Full name of father Ray E. Kneller
Residence of father (if deceased so state) Stilesville
Occupation of father Mechanic for TWA Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Frances Marie Verdaman
Residence of mother (if deceased so state) Stilesville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Terry Lee Kneller
New Address _____

Subscribed and sworn to before me this 5 day of aug, 1967
John Hancock, Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

Signed Ray E. Kneller Father
Signed Frances M. Kneller Mother

Subscribed and sworn to before me this 5 day of aug, 1967
John Hancock, 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 4th day of August, 1967, authorizing the joining together as husband and wife

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

I, Paul Taylor hereby certify that on the 13th day of August, one thousand nine hundred and sixty-seven at Clayton, County of Hendricks, State of Indiana, Groom Terry Lee Kneller of Hendricks County, State of Indiana and, Bride Vileta Sharleen Littell of Hendricks County, State of Indiana were by me united 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 August, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of August, 1967.

Signed Paul Taylor
Official Designation Minister Methodist Church
Signed John Hancock, 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. 254
File Book 30
5 August 1967
Date of Application

MALE
Medical Examination Report Dated 2 August 1967
Name of Physician L. Griffin M.D.

FEMALE
Medical Examination Report Dated 1 August 1967
Name of Physician L. Griffin M.D.

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

MALE APPLICANT
Name Jerry L. Porter
Date of Birth December 26, 1945
Place of Birth Chicago, Ill.
Residence Address 220 E. Poplar, Danville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White
Usual Occupation Student: I.U.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father Shirley Lester Porter
Residence of father (if deceased so state) Evansville, Ind.
Occupation of father TRM Race of father white
Birthplace of father (State or foreign country) Elkhart, Ind.
12. Full maiden name of mother Thelma Pauline McHatten
Residence of mother (if deceased so state) H/W.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Detroit, Mich.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Jerry L. Porter
New Address 100 W. Main, Warthen, Ind.
Subscribed and sworn to before me this 5th day of August, 1967.
Clerk John Lambell HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____, Indiana dated the _____ day of _____, 1967, authorizing the joining together as husband and wife of Jerry L. Porter and Sharon L. Ferguson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Roy Blackwood, Jr. hereby certify that on the _____ day of _____, 1967, at Danville, Indiana, County of Hendricks, State of Indiana, Groom Jerry L. Porter and, Bride Sharon L. Ferguson were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____, Indiana.
Dated this 19th day of August, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1967.
Signed Roy Blackwood, Jr.
Official Designation Minister of the Gospel
Signed John Lambell, Jr.
Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Sharon L. Ferguson
Date of Birth January 1, 1947
Place of Birth Indianapolis, Ind.
Residence Address 799 Sunset Dr., Daville, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White
Usual Occupation Machine clerk: Ind. Bell.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Gilbert Lloyd Ferguson
Residence of father (if deceased so state) Evansville, Ind.
Occupation of father V.P. Cardinale Race of father white
Birthplace of father (State or foreign country) Terre Haute, Ind.
8. Full maiden name of mother Eula Mae Duncan
Residence of mother (if deceased so state) H/W.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Miss.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Sharon L. Ferguson
New Address Sand.
Subscribed and sworn to before me this 5th day of August, 1967.
Clerk John Lambell HENDRICKS Circuit Court

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

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 255
File Book 30
Date of Application 5 August 1967

MALE
Medical Examination Report Dated 1 August 1967
Name of Physician Don E. Kelly MD

FEMALE
Medical Examination Report Dated 31 July 1967
Name of Physician M.D. Seama Gann MD

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

MALE APPLICANT

Name Charles L. Etris
Date of Birth May 12 1898
Place of Birth Indianapolis, Ind.
Residence Address 3663 58th Ave. N. St. Petersburg Pinellas Fla.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☒ Annulment ☐ Pinellas Fla 67
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Retired
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Fla. Dr. Lic.

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

Name	Age	Address
Clayton Daniel Etris		Deceased
Residence of father (if deceased so state)		
Occupation of father		white
Birthplace of father (State or foreign country)		Ohio
Full maiden name of mother		Cora Medsker
Residence of mother (if deceased so state)		Deceased
Occupation of mother		white
Birthplace of mother (State or foreign country)		B'burg

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of
Signed Charles L. Etris
New Address 3663 58th Ave. N. St. Petersburg
Subscribed and sworn to before me this 5th day of August, 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, HENDRICKS ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Jeannette Gough
Date of Birth August 12 1903
Place of Birth Indianapolis, Ind.
Residence Address 1818 47th, Bibb, Ind.
Maiden Name if Different Jeannette Hawley
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) Maria G. Notes Regrot.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Fred Hawley
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Pathway, Ind.

8. Full maiden name of mother Dara Clifton
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Greencastle, Ind.

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

Signed Jeannette Gough
New Address 5th August 1967
Subscribed and sworn to before me this 5th day of August, 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, HENDRICKS ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of August, 1967, authorizing the joining together as husband and wife of Charles L. Etris and Jeannette Gough.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank Wynn, hereby certify that on the 12th day of Aug. at Danville, County of Hendricks, State of Indiana, Groom Charles L. Etris of Pinellas County, State of Florida and, Bride Jeannette Gough of Hendricks County, State of Indiana, were by me united 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 Aug, 1967.

Signed Frank Wynn
Official Designation Justice of Peace
Filed and recorded in accordance with the laws of the State of Indiana this 25th 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. 256
File Book 30
Date of Application 5 August 1967

MALE
Medical Examination Report Dated 27 July 1967
Name of Physician Lloyd Terry MD

FEMALE
Medical Examination Report Dated 27 July 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 Middle Last
Warren Harness
Date of Birth Month Day Year
July 31 1948
Place of Birth (State or foreign country)
Bethel, Ky.
Residence Address Street or R. R. City County State
R2 Bx 297A Danville, New, Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Well Drilled Helper, English

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

☐ Other (Specify)

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

Do you have minor children from one or more former marriages?

Answer questions a, b, c)

Give their full names, ages and addresses

Name Age Address

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

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

Name of father: Chester Everett Harness

Residence of father (if deceased so state): Bethel, Ky.

Occupation of father: Disabled

Place of father (State or foreign country): Bethel, Ky.

Maiden name of mother: Stella Ruby Moffitt

Residence of mother (if deceased so state): Bethel, Ky.

Occupation of mother: H/W

Place of mother (State or foreign country): Bethel, Ky.

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

Signed: Warren Harness

New Address: 5th July 1967

Subscribed and sworn to before me this 5th day of July, 1967

Clerk: HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

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

Parents notated consent attached before Union Co. white 1st DP. dated 4 August 1967

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

Signed: 5th August 1967

Subscribed and sworn to before me this 5th day of August, 1967

Clerk: HENDRICKS Circuit Court

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

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

Signed: 5th August 1967

Subscribed and sworn to before me this 5th day of August, 1967

Clerk: HENDRICKS Circuit Court

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of August, 1967, authorizing the joining together as husband and wife

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

I, Jewell Reed, hereby certify that on the 9th day of August, 1967, at Clayton, County of Hendricks, State of Indiana, Groom: Warren Harness and, Bride: Wilma Jean Hodge, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana, Dated this 9th day of August, 1967.

Signed: Jewell Reed

Official Designation: Minister

Signed: 11th day of August, 1967

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

Clerk: HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of August, 1967

Signed: Jewell Reed

Official Designation: Minister

Signed: 11th day of August, 1967

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

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. 256
File Book 30
Date of Application 5 August 1967

MALE
Medical Examination Report Dated 27 July 1967
Name of Physician Lloyd Terry MD

FEMALE
Medical Examination Report Dated 27 July 1967
Name of Physician Lloyd Terry MD

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 Middle Last
Warren Harness
Date of Birth Month Day Year
July 31 1948
Place of Birth (State or foreign country)
Bethelridge, Ky.
Residence Address Street or R. R. City County State
R2 Bx 297A Danville, Hend, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Well Drilled Hdr. English
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

FEMALE APPLICANT
Name First Middle Last
Wilma Jean Hodge
Date of Birth Month Day Year
July 30 1951
Place of Birth (State or foreign country)
Argyle, Ky.
Residence Address Street or R. R. City County State
R2 Bx 297A Danville, Hend, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

STATE OF KENTUCKY
COUNTY OF CASEY }
Sct.

I, Chester E. Harness & Stella Harness, state that I am the mother/father of Colvin Warren Harness; that said Colvin Warren Harness is 19 years of age, birth date being July - 31 - 1948; and that I do hereby give my permission for the County Court Clerk to issue a marriage license to him/her and Wilma Jean Hodge.

Signed Chester E. Harness
Stella Harness

Subscribed and sworn to before me by Chester E. Harness & Stella Harness this 7 day of Aug, 1967.

RAYMOND SMITH, CLERK

By Thelma Brown

Seal

Justice of Peace, Union
White County, Indiana

Be 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 August 1967, authorizing the joining together as husband and wife of Warren Harness and Wilma Jean Hodge. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Jewell Reed hereby certify that on the 9th day of August, 1967, at Clayton, County of Hendricks, State of Indiana, Groom Warren Harness and, Bride Wilma Jean Hodge of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana. Dated this 9th day of August, 1967.

Signed Rev. Jewell Reed

Official Designation Minister

11th day of August, 1967.

Signed John Hamilton, Jr. Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 256
File Book 30
Date of Application 5 August 1967

MALE
Medical Examination Report Dated 27 July 1967
Name of Physician Lloyd Terry MD

FEMALE
Medical Examination Report Dated 27 July 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 Warren Harness
Date of Birth July 31 1948
Place of Birth Bethelridge, Ky.
Residence Address R2 Bx 297A Danville, New, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Well Driller Helper, English
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

FEMALE APPLICANT
Name Wilma Jean Hodge
Date of Birth July 30 1951
Place of Birth Argyle, Ky.
Residence Address R2 Bx 297A Danville, New, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation 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 ☐

STATE OF KENTUCKY }
COUNTY OF CASEY }
Sct.

I, Chester E. Harness, state that I am the mother/father
of Calvin Warren Harness; that said Calvin Warren Harness
is 18 years of age, birth date being July 30 1948; and that
do hereby give my permission for the County Court Clerk to issue a marriage license to him/her a
Wilma Jean Hodge.

Signed Chester E. Harness

Subscribed and sworn to before me by Chester E. Harness
this 29 day of July, 1967

RAYMOND SMITH, CLERK

By Harshy Brown

Seal

Justice of Peace, Union
White County, Indiana

If only one parent

ary
coat
co. white
out 1967

Father

Mother

Clerk

above named parties, the
and filed

Be It Remembered, there was filed in my office, marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 9th day of August, 1967, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jewell Reed, hereby certify that on the 9th day of August,
one thousand nine hundred and sixty-seven at Clayton, County of Hendricks,
State of Indiana, Groom Warren Harness of Hendricks County, State of Indiana,
and, Bride Wilma Jean Hodge of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County, State of Indiana,
Dated this 9th day of August, 1967.

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

Signed Rev. Jewell Reed
Official Designation Minister
this 11th day of August, 1967
Signed John Hancock, 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. 256
File Book 30
Date of Application 5 August 1967

MALE

Medical Examination Report Dated 27 July 1967

Name of Physician Lloyd Terry MD

FEMALE

Medical Examination Report Dated 27 July 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 Warren First Harness Last
Date of Birth July Month 31 Day 1948 Year
Place of Birth (State or foreign country) Bethelridge, Ky.
Residence Address R2 Bx 297A Danville, New, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Well Drilled Helper, English

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

☐ Other (Specify) _____

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

FEMALE APPLICANT

Name Wilma First Jean Middle Hodge Last
Date of Birth July Month 30 Day 1951 Year
Place of Birth (State or foreign country) Argyle, Ky.
Residence Address R2 Bx 297A Danville, New, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 ☐

August 4, 1967

To Whom It May Concern:

Personally appeared before me John G. Bushing, A Justice of Peace, for White County, Indiana, and upon their oath and by such signature attached do hereby give their permission for their daughter Wilma Jean Hodge to enter into a marriage contract with Calvin Warren Harness, as the daughter Wilma is a Minor and age of 16 Years.

Hulon P. Hodge
Hulon P. Hodge

Viola Hodge
Viola Hodge

Seal

John C. Bushing
Justice of Peace, Union
White County, Indiana

Father _____
Mother _____
Clerk _____
above named parties, the _____
and filed _____

Be It Remembered, there was filed in _____ marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the _____ day of _____ 1967, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Warren Harness and Wilma Jean Hodge
one thousand nine hundred and sixty-seven hereby certify that on the _____ day of _____, at _____, County of _____, State of _____
State of Indiana, Groom Warren Harness and, Bride Wilma Jean Hodge 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 _____ HENDRICKS _____
Dated this _____ day of _____, 1967.

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

Signed Reverend Jewell Reed
Official Designation Minister
Signed John G. Bushing
Clerk
HENDRICKS _____ 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. 257
File BOOK 30
Date of Application 7 August 1967

HENDRICKS County

MALE
Medical Examination Report Dated 31 July 1967
Name of Physician R. Louis Curry MD

FEMALE
Medical Examination Report Dated 31 July 1967
Name of Physician R. Louis Curry 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 Hubert E Russell
Date of Birth July 10, 1921
Place of Birth (State or foreign country) Plamfield, Ind.
Residence Address 115 S. Center, P.O. Box 14, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Allen 64

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

Usual Occupation Postal Clerk: Indpls.

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

☒ Other (Specify) Drivers Lic.

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

(a) List their full names, ages and addresses
Name Age Address
Sophath G. 8 1116 W. Berry, Ft. Wayne
Peter E. 7
Elizabeth A. 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 Milton E. Russell
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Hymers, Ind.
12. Full maiden name of mother Marie Alice Cooney
Residence of mother (if deceased so state) Margantown, Ind.
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Greentfield, Ind.

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

Signed Hubert E. Russell
New Address 115 S. Center, P.O. Box 14, Hendricks, Ind.

Subscribed and sworn to before me this 7th day of August, 1967.
Clerk John Sanford HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Thomasita R. Tolén
Date of Birth October 2, 1930
Place of Birth (State or foreign country) La Fayette, Indiana
Residence Address 2835 N. Sherman Dr., Indianapolis, Ind.
Maiden Name if Different Thomasita R. Johnson

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion July 64

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

Usual Occupation Postal clerk: Indpls.

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

☒ Other (Specify) Drivers Lic.

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

8. Full maiden name of mother Coretta Marie Donahue
Residence of mother (if deceased so state) Oxford, Ind.
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Kentland, Ind.

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

Signed Thomasita R. Tolén

New Address _____

Subscribed and sworn to before me this 7th day of August, 1967.
Clerk John Sanford HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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

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

I, James W. Marshall, hereby certify that on the 13th day of August, 1967, at Valley Mills, County of Marion, State of Indiana, Groom Hubert E. Russell of Hendricks County, State of Indiana and, Bride Thomasita R. Tolén of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of August, 1967.

Signed James W. Marshall
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of September, 1967.

Signed John Sanford, Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 258
File Bk. 30
Date of Application Aug. 7, 1967

MALE
Medical Examination Report Dated Aug. 7, 1967
Name of Physician Ronald D. Cheesman, M.D.

FEMALE
Medical Examination Report Dated Aug. 7, 1967
Name of Physician Ronald 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 Ronald Barnhart
Date of Birth June 22, 1947
Place of Birth (State or foreign country) North Salem, Ind.
Residence Address Box 208, N. Salem, Hend., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Brick Layer

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

☐ Other (Specify) _____

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

Name Age Address

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

11. Full name of father Frank Elbridge Barnhart
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W.
Birthplace of father (State or foreign country) Crawfordsville, Ind.
12. Full maiden name of mother Opal Lucille Broach
Residence of mother (if deceased so state) Same
Occupation of mother None Race of mother W.
Birthplace of mother (State or foreign country) Crawfordsville, Ind.

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

Signed Ronald Barnhart

New Address Jamestown, Ind.

Subscribed and sworn to before me this 7 day of Aug., 1967
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed Opal Barnhart Mother

Subscribed and sworn to before me this 7 day of Aug., 1967
John Lambold, Jr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of Aug., 1967, authorizing the joining together as husband and wife of Ronald Barnhart and Sue Berry.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Elder R Harold Dodson hereby certify that on the 13th day of August, 1967, at N. Salem Christian Church, County of Hendricks, State of Indiana, Groom Ronald Barnhart and, Bride Sue Berry were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 13th day of August, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 1967.

Signed Elder R Harold Dodson
Official Designation Minister of Gospel of Jesus Christ
Signed John Lambold, Jr. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 259
File Book 30
8 August 1967
Date of Application

MALE

Medical Examination Report Dated 5 August 1967

Name of Physician John J. Kottles MD

FEMALE

Medical Examination Report Dated 4 August 1967

Name of Physician D.D. Cheesman MD

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

MALE APPLICANT

Name Charles M. Heltsley
Date of Birth November 29 1942
Place of Birth Gary, Indiana
Residence Address 4133 W 47th Ave, Gary Lake, Ind.
Previous 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) Army Disch.

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

Name Age Address

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

11. Full name of father Clyde Charles Heltsley
Residence of father (if deceased so state) Deceased
Occupation of father Race of father white
Birthplace of father (State or foreign country) Gary, Ind.
12. Full maiden name of mother Mary Veronica Gregor
Residence of mother (if deceased so state) H/W.
Occupation of mother Race of mother white
Birthplace of mother (State or foreign country) Gary, Ind.

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

Signed John M. Heltsley
New Address W. Lafayette, Ind.

Subscribed and sworn to before me this 18th day of August 1967
John M. Heltsley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1967
Clerk

FEMALE APPLICANT

Name Teresa A. Cowles
Date of Birth August 12 1947
Place of Birth Johnson City Tenn.
Residence Address 85 Basstock Ave, Danville, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: Purdue

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

☐ Other (Specify)

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

8. Full maiden name of mother Virginia Christine Price
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Johnson City, Tenn.

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

Signed Teresa A. Cowles

New Address Same

Subscribed and sworn to before me this 18th day of August 1967
John M. Heltsley Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1967
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August 1967, authorizing the joining together as husband and wife of Charles M. Heltsley and Teresa A. Cowles.
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 HENDRICKS County.
Dated this day of 1967

Signed

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this day of 1967

Signed Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 260

File Book 30

Date of Application 11 August 1967

MALE

Medical Examination Report Dated 8 August 1967

Name of Physician J.M. Humphreys M.D.

FEMALE

Medical Examination Report Dated 8 August 1967

Name of Physician J.M. Humphreys M.D.

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

MALE APPLICANT

Name Winfred Delo Grimes

Date of Birth August 18, 1933

Place of Birth Putnam Co., Ind.

Residence Address Russellville, Putnam, Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 23 July 66 Putnam

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

Usual Occupation Binder: R. Donkey

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

Other (Specify) Driver's Lic.

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

(a) David Ray 10 Elm St., Granger, Ind.

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

11. Full name of father Donald Lee Grimes

Residence of father (if deceased so state) Deceased

Occupation of father Deceased

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

12. Full maiden name of mother Dora D. Waddy

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

Occupation of mother H/W.

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

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

Signed Winfred Delo Grimes

New Address Rt 6 Granger, Ind.

Subscribed and sworn to before me this 11 day of August, 1967

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____

Signed _____

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

Clerk _____

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

in Hendricks County Superior Court by written order issued Aug 11, 1967 and filed

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 11th day of August, 1967, authorizing the joining together as husband and wife

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

I, Saris O. Crouch hereby certify that on the 12th day of August, 1967, at North Salem, County of Putnam, State of Indiana

one thousand nine hundred and sixty-seven and Carol Lynn Barnett of Hendricks County, State of Indiana

State of Indiana, Groom Winfred Delo Grimes and, Bride Carol Lynn Barnett were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana

Dated this 12th day of August, 1967.

Signed Saris O. Crouch

Official Designation Methodist Minister

Signed John Hamilton, Jr.

Day of August, 1967

Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 1967.

FEMALE APPLICANT

Name Carol Lynn Barnett

Date of Birth March 10, 1947

Place of Birth Danville, Ind.

Residence Address Rt 1 Bx 70 North Salem, Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Binder: R. Donkey

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

Other (Specify) Driver's Lic.

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

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

Occupation of father Farmer

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

8. Full maiden name of mother Charlotte Aurelia Leach

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

Occupation of mother Teacher

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

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

Signed Carol Lynn Barnett

New Address Same

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

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____

Signed _____

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

Clerk _____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 261
File Bk. 30
Date of Application Aug. 11, 1967

MALE
Medical Examination Report Dated July 26, 1967
Name of Physician Maurin Y. McClain

FEMALE
Medical Examination Report Dated Aug. 7, 1967
Name of Physician Robert P. Scott

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

MALE APPLICANT

Name William L. Baugh
Date of Birth May 30 1935
Place of Birth (State or foreign country) Scott Co., Ind.
Residence Address Blocker, Scott, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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?
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Sparman Baugh
Residence of father (if deceased so state) Same
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Henry Co., Ky.
12. Full maiden name of mother Annie Kable Mc Cartney
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Scott Co., Ind.

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

Signed William L. Baugh
New Address 333 Churchill Manor Mooresville, Ind.

Subscribed and sworn to before me this 16th day of August, 1967
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

FEMALE APPLICANT

Name Shirley Mae Owens
Date of Birth Sept. 21 1943
Place of Birth (State or foreign country) Marion County, Ind.
Residence Address Rt 2, Box 204, Mooresville, Hend., Indiana
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 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 Clarence Clayton Owens
Residence of father (if deceased so state) Same
Occupation of father Mgr. Warrall Property Race of father W.
Birthplace of father (State or foreign country) Greene Co., Ind.
8. Full maiden name of mother Ruth Leach
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Secor, Ill.

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

Signed Shirley Mae Owens
New Address 333 Churchill Manor Mooresville Ind.

Subscribed and sworn to before me this 16th day of August, 1967
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Glen D Owens hereby certify that on the 19th day of August, 1967, at Speedway, County of Marion, State of Indiana, Groom William Leroy Baugh of Scott County, State of Indiana, and, Bride Shirley Mae Owens of Hendricks County, State of Indiana, were by me united 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 August, 1967.

Signed Glen D Owens
Official Designation Dea., Church of Christ
Signed John Lambold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of August, 1967.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 262
File Book 30
Date of Application 12 August 1967

MALE Medical Examination Report Dated 11 August 1967
Name of Physician Lawton C. Gerlinger M.D.
FEMALE Medical Examination Report Dated 11 August 1967
Name of Physician Earl 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 Harrie Melvin Chambers
Date of Birth August 11 1946
Place of Birth Indianapolis, Ind.
Residence Address R2 Bx43 Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation A2nd: USAF
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Dr Force 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 Howard Frederick Chambers
Residence of father (if deceased so state) R2 Danville, Ind.
Occupation of father Agent Am. Airline Race of father White
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Mary Louise Perry
Residence of mother (if deceased so state) Denville, Ind.
Occupation of mother Kondagen Teach Race of mother White
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Harrie Melvin Chambers
New Address Chambers AFB, Indianapolis, Ind.
Subscribed and sworn to before me this 12th day of August, 1967
Clerk John G. Smith HENDRICKS Circuit Court

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

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

FEMALE APPLICANT
Name Linda Sue Lee
Date of Birth May 22 1948
Place of Birth Lebanon, Ind.
Residence Address R1 Bx 257 Danville, Hendricks, Ind.
Maiden Name Lee
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student: U of I
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Dr Force 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 Maxwell Eugene Lee
Residence of father (if deceased so state) R1 Danville, Ind.
Occupation of father Post Master Race of father White
Birthplace of father (State or foreign country) J. Salem, Ind.
8. Full maiden name of mother Mabel Louise Groggs
Residence of mother (if deceased so state) Denville, Ind.
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) North Salem, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Linda Sue Lee
New Address Indianapolis, Ind.
Subscribed and sworn to before me this 12th day of August, 1967
Clerk John G. Smith HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 August, 1967, authorizing the joining together as husband and wife of Harrie Melvin Chambers and Linda Sue Lee.
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 29th day of August, 1967, at The Danville Christian Church, County of Hendricks, State of Indiana, Groom Harrie Melvin Chambers and, Bride Linda Sue Lee were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 29th day of August, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1967.
Signed Rev. George A. Harris
Official Designation Minister
Signed John G. Smith
Clerk HENDRICKS 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. 263
File Book 30
Date of Application 12 August 1967

HENDRICKS County

MALE
Medical Examination Report Dated 9 August 1967
Name of Physician Elmer L. Koch MD.

FEMALE
Medical Examination Report Dated 9 August 1967
Name of Physician Elmer L. Koch MD.

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

MALE APPLICANT

Name Curtis E. Teague
Date of Birth June 23 1946
Place of Birth Indiana
Residence Address R2 Bx 361 Danville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation laborer: Link Belt

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

☒ Other (Specify) Driver's Lic.

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

Name Age Address

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

11. Full name of father Curtis Augustus Teague
Residence of father (if deceased so state) R2 Danville, Ind.
Occupation of father Construction: Road Race of father white
Birthplace of father (State or foreign country) Bloomfield, Ind.
12. Full maiden name of mother Kate Imogene Candy
Residence of mother (if deceased so state) R1 Lyons, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Bloomfield, Ind.

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

Signed Curtis E. Teague

New Address 52 1/2 Stenn St. Danville, Ind.

Subscribed and sworn to before me this 12th day of August, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

FEMALE APPLICANT

Name Betty R. Sims
Date of Birth December 23 1950
Place of Birth Odon, Ind.
Residence Address R2 Bx 56 Odon, Darriess, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation unemployed

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

☐ Other (Specify) _____

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

7. Full name of father Albert Sims
Residence of father (if deceased so state) Odon, Ind.
Occupation of father Retired Auto Race of father white
Birthplace of father (State or foreign country) Martinsburg, Ind.
8. Full maiden name of mother Helan Bernice Shively
Residence of mother (if deceased so state) Odon, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Odon, Ind.

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

Signed Betty R. Sims

New Address Same

Subscribed and sworn to before me this 12th day of August, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Fathers not risen and
witnessed 12 Aug 67 and
15 Aug 67 and attached.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed Mrs. Bernice Sims Mother

Subscribed and sworn to before me this 12th day of August, 1967
Clerk HENDRICKS Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1967, authorizing the joining together as husband and wife of Curtis E. Teague and Betty R. Sims

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

I, George J. Potter hereby certify that on the 19th day of August, one thousand nine hundred and sixty-seven at Danville, County of Darriess, State of Indiana, Groom Curtis E. Teague of Hendricks County, State of Indiana and, Bride Betty R. Sims of Darriess County, State of Indiana were by me united 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 August, 1967.

Signed Geo. J. Potter

Official Designation Minister
24th day of August, 1967

Signed John Hamblin, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of August, 1967.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 263
File Book 30
Date of Application 12 August 1967

MALE

Medical Examination Report Dated 9 August 1967
Name of Physician Elmer L. Koch M.D.

FEMALE

Medical Examination Report Dated 9 August 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 Curtis E. Teague
Date of Birth June 23 1946
Place of Birth Hinton, Indiana
Residence Address R2 Bx 361 Danville, Hendricks Co., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

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

Usual Occupation laborer: link belt

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

☒ Other (Specify) Driver's Lic.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Curtis Augustus Teague
Residence of father (if deceased so state) R2 Danville, Ind.
Occupation of father Retired
Birthplace of father Ind.

12. Full maiden name of mother Kant
Residence of mother Ind.
Occupation of mother Ind.
Birthplace of mother Ind.

State of Indiana, _____
County of _____

Subscribed and sworn to before me this _____ day of _____, 1967.

CONSENT OF PARENTS
We, the parents, of the _____
signs, state facts which _____

State of Indiana, _____
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1967.

Clerk

FEMALE APPLICANT

Name Betty R. Sims
Date of Birth December 23 1950
Place of Birth Odon, Ind.
Residence Address R2 Bx 56 Odon, Daviess Co., Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation unemployed

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

☐ Other (Specify) _____

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

7. Full name of father Albert Sims

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

Occupation of father Refining Antiquities

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

8. Full maiden name of mother Helan Bernice Shively

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

Occupation of mother H/W.

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

I, Albert Sims Sr., hereby give my consent for
my daughter Betty R. Sims to
marry Curtis E. Teague.

Subscribed and sworn to before me this 12th day of August, 1967.



AUG 15 1967

John L. Fisk
Notary Public
Hendricks County, Indiana
My Commission Expires: October 20, 1969

Signed _____ Father

Signed Mrs. Bernice Sims Mother

Subscribed and sworn to before me this 12th day of August, 1967.

John L. Fisk Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1967, authorizing the joining together as husband and wife
Curtis E. Teague and Betty R. Sims

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

I, George J. Patter hereby certify that on the 19th day of August, 1967, at Danville, County of Daviess, State of Indiana, Groom Curtis E. Teague of Hendricks County, State of Indiana, and, Bride Betty R. Sims of Daviess County, State of Indiana, were by me united 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 August, 1967.

Signed Geo. J. Patter

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of August, 1967.

Signed John L. Fisk Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 264
File Back 30
Date of Application 12 August 1967

MALE
Medical Examination Report Dated 9 August 1967
Name of Physician Kertea Parker M.D.

FEMALE
Medical Examination Report Dated 9 August 1967
Name of Physician Kertea Parker M.D.

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

MALE APPLICANT

Name Glen First H. Middle Davis Last
Date of Birth December Month 16 Day 1936 Year
Place of Birth Madison Co., W. Va. (State or foreign country)
Residence Address 96 Walnut St., Danville, 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 Machinist: White Metal

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

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

Name Age Address

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

11. Full name of father Unknown
Residence of father (if deceased so state) _____
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) _____
12. Full maiden name of mother Mary Katharine Davis
Residence of mother (if deceased so state) 25 Martinsville, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) W. Va.

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

Signed Glen H. Davis
New Address 3686 Ashway Dr., Indpls.

Subscribed and sworn to before me this 12th day of August, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

Signed _____ Father
Signed _____ Mother

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

Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 16th day of August, 1967, authorizing the joining together as husband and wife

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

I, James Brattich hereby certify that on the 18th day of August, 1967, at Speedway, County of Marion, State of Indiana, Groom Glen H. Davis and, Bride Dorothy S. White of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____

Dated this 16th day of August, 1967.

Signed James Brattich Official Designation Minister of Religion
Signed John Sambo Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of August, 1967.

FEMALE APPLICANT

Name Dorothy First H. Middle White Last
Date of Birth December Month 7 Day 1939 Year
Place of Birth Brigadoon, Mo. (State or foreign country)
Residence Address 3686 Ashway Dr., Indpls, Marion, Ind. Street or R. R. City County State
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Waitress

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Ind. Drivers Lic (exp. date 17 June 1939)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Otis Alvin White
Residence of father (if deceased so state) Crothersville, Mo.
Occupation of father Druggist Race of father white
Birthplace of father (State or foreign country) Mo.
8. Full maiden name of mother Velma Mae Taylor
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) Mo.

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

Signed Dorothy S. White
New Address _____

Subscribed and sworn to before me this 12th day of August, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

Signed _____ Father

Signed _____ Mother

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

Clerk _____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 265
File Book 30
Date of Application 12 August 1967

MALE
Medical Examination Report Dated 5 August 1967
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 5 August 1967
Name of Physician James Black M.D.

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

MALE APPLICANT
Name David West Blanford
Date of Birth August 12 1946
Place of Birth Indpls, Ind.
Residence Address 53 E. Linden Dr., B'burg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student: I.U.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father Elmer Ford Blanford
Residence of father (if deceased so state) Tilden Dr., B'burg, Ind.
Occupation of father Term. Supt. Smelter Race of father White
Birthplace of father (State or foreign country) Owensboro, Ky.
12. Full maiden name of mother Beatrice Rebecca Pacey
Residence of mother (if deceased so state) B'burg, Ind.
Occupation of mother Credit: Paul Harris Race of mother White
Birthplace of mother (State or foreign country) Vienna Falls, Canada

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

Signed David West Blanford
New Address 29 Walnut Grove Bloomington, Ind.
Subscribed and sworn to before me this 12th day of August, 1967
Clerk John Sanborn HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____

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

FEMALE APPLICANT
Name Lucinda Anne Gray
Date of Birth July 9 1948
Place of Birth 321 Ace Ave., Brownsburg, Ind.
Residence Address Meth Hays Indpls, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student: I.U.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Otis James Gray
Residence of father (if deceased so state) Ace Ave., B'burg, Ind.
Occupation of father Sales Mgr. Blanche Race of father White
Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Eleanor Jane Fendray
Residence of mother (if deceased so state) B'burg, Ind.
Occupation of mother Secy. Jr. High Sch. Race of mother White
Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Lucinda Anne Gray
New Address Sam.
Subscribed and sworn to before me this 12th day of August, 1967
Clerk John Sanborn HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of August, 1967, authorizing the joining together as husband and wife David West Blanford and Lucinda Anne Gray.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sister B. Jearick, hereby certify that on the 26th day of August, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom David W. Blanford of Hendricks County, State of Indiana and, Bride Lucinda Anne Gray of Hendricks County, State of Indiana were by me united 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 August, 1967.

Signed Sister B. Jearick
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 31st day of August, 1967.
Signed John Sanborn, 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. 266
File Bk. 30
Date of Application Aug. 12, 1967

MALE
Medical Examination Report Dated Aug. 11, 1967
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated Aug. 11, 1967
Name of Physician A. N. Scudder

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

MALE APPLICANT

Name Louis Hettenrnan
Date of Birth Dec. 10 1926
Place of Birth (State or foreign country) Hend. Co., Ind.
Residence Address Rt. 1 Brownsville, 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 Farmer

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

☒ Other (Specify) Drivers License

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

Name Age Address

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

11. Full name of father Pete Hettenrnan
Residence of father (if deceased so state) Deceased
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Holland
12. Full maiden name of mother Frances Bosma
Residence of mother (if deceased so state) Deceased
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Holland

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

Signed Louis Hettenrnan

New Address Same

Subscribed and sworn to before me this 12 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Mary Frances Brown
Date of Birth Sept. 13 1932
Place of Birth (State or foreign country) Taite Co., Mecca, Ind.
Residence Address 8 S. Green St. Brownsville, Hend., 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 Ind. Bell

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

☒ Other (Specify) Exp Drivers Permit

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

Residence of father (if deceased so state) Deceased

Occupation of father Contractor Race of father W.

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

8. Full maiden name of mother Beatrice Lillian Hendricks

Residence of mother (if deceased so state) CR 6 Valparaiso, Ind.

Occupation of mother Housewife Race of mother W.

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

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

Signed Mary Frances Brown

New Address 8 S. Green St. Brownsville, Ind.

Subscribed and sworn to before me this 12 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, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 26th day of August, 1967, authorizing the joining together as husband and wife

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

I, Rev Donald Tyler, hereby certify that on the 26th day of August, 1967, at Baptist Church, County of Hendricks, State of Indiana

one thousand nine hundred and sixty-seven and, Bride Mary Frances Brown of Hendricks County, State of Indiana

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

Dated this 26th day of August, 1967.

Signed Rev Donald Tyler

Official Designation Baptist Minister

5th day of September, 1967.

Signed John Gambold, Jr. Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 267
File Bk 30
Date of Application Aug 12, 1967

MALE

Medical Examination Report Dated Aug. 11, 1967
Name of Physician Robert W. Hirtley

FEMALE

Medical Examination Report Dated Aug. 11, 1967
Name of Physician Robert W. Hirtley

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

MALE APPLICANT

Name Ronald Harbin
Date of Birth July 13 1946
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address R#3, Box 182, Danville, Hend. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☒ Other (Specify) Drivers License

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

Name Age Address

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

11. Full name of father James Wm. Harbin
Residence of father (if deceased so state) Greenwood, Ind.
Occupation of father Transportation Race of father W.
Birthplace of father (State or foreign country) Reno, Co., Ind.
12. Full maiden name of mother Imogene Bonnell
Residence of mother (if deceased so state) R#3 Danville
Occupation of mother Nurse Race of mother W.
Birthplace of mother (State or foreign country) Patricksburg, Over Co., Ind.

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

Signed Ronald Wm. Harbin

New Address _____

Subscribed and sworn to before me this 13 day of Aug., 1967
John Sambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Gloria Johnston
Date of Birth July 29 1945
Place of Birth (State or foreign country) Colorado Springs, Colo.
Residence Address 197 J. Wayne, Danville, Hend. Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher

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

☒ Other (Specify) Drivers Lic.

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

7. Full name of father Drville Johnston, Jr.
Residence of father (if deceased so state) Same
Occupation of father Owner Operator Race of father W.
Birthplace of father (State or foreign country) New Mayeville, Ind.
8. Full maiden name of mother Ester Louise Stanley
Residence of mother (if deceased so state) Same
Occupation of mother Unknot Johnston, Ind. P. W. Race of mother W.
Birthplace of mother (State or foreign country) Amos, Ind.

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

Signed Gloria Johnston

New Address _____

Subscribed and sworn to before me this 13 day of Aug., 1967
John Sambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of August, 1967, authorizing the joining together as husband and wife of Ronald Harbin and Gloria Johnston

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

I, David Turnbull hereby certify that on the 20th day of August, one thousand nine hundred and seventy-seven at Danville, County of Hendricks, State of Indiana, Groom Ronald Harbin and, Bride Gloria Johnston of Hendricks County, State of Indiana, were by me united 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 August, 1967.

Signed David Turnbull

Official Designation Clergyman

Signed John Sambold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of August, 1967.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 268
File Book 30
Date of Application 12 August 1967

MALE
Medical Examination Report Dated 9 August 1967
Name of Physician Clyde W. Settle MD.

FEMALE
Medical Examination Report Dated 9 August 1967
Name of Physician Clyde W. Settle 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 Rex D. Robinson
Date of Birth November 11, 1944
Place of Birth Princeton, Indiana
Residence Address 202 Mulberry St. Mt. Carmel, Wabash, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student - Rose Poly.

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

☒ Other (Specify) Draft Card

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

Name Age Address

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

11. Full name of father Fred Ellsworth Robinson
Residence of father (if deceased so state) Mt. Carmel, Ind.
Occupation of father Supt. Pub. Util. Mt. Carmel, Ind. Race of father white
Birthplace of father (State or foreign country) Alondale, Ill.
12. Full maiden name of mother Sarah Odessa Chandler
Residence of mother (if deceased so state) Mt. Carmel, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Roma, Ga.

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

Signed Rex D. Robinson

New Address 315 Patmore, Terre Haute, Ind.

Subscribed and sworn to before me this 12th day of August, 1967
Clerk John G. Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk _____

FEMALE APPLICANT

Name Susan K. Joseph
Date of Birth June 25, 1946
Place of Birth Indianapolis, Ind.
Residence Address 313 North Salem, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student - ISU

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

☒ Other (Specify) Driver's Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Randall Howard Joseph
Residence of father (if deceased so state) Rt. N. Salem, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Boone Co., Ind.
- Full maiden name of mother Lena Virginia Kurta
Residence of mother (if deceased so state) Rt. N. Salem, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Hendricks Co., Ind.

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

Signed Susan K. Joseph

New Address Same

Subscribed and sworn to before me this 12th day of August, 1967

Clerk John G. Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 30th day of August, 1967, authorizing the joining together as husband and wife of Rex D. Robinson and Susan K. Joseph.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George A. Harris, hereby certify that on the 2nd day of September, 1967, at The Danville Christian Church, County of Hendricks, State of Indiana, one thousand nine hundred and sixty-seven and, Groom Rex D. Robinson of Wabash County, State of Indiana, and, Bride Susan K. Joseph of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____, Dated this 2nd day of September, 1967.

Signed Rev. George A. Harris
Official Designation Minister
_____ day of August, 1967
Signed John G. Lambell, Jr. Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 269
File Book 30
14 August 1967
Date of Application

MALE

Medical Examination Report Dated 14 August 1967
Name of Physician D. B. Haggard MD

FEMALE

Medical Examination Report Dated 14 August 1967
Name of Physician D. B. Haggard MD

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

MALE APPLICANT

Name First Steven Middle L. Last Savage
Date of Birth June 27 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 30 Holiday Ln. Mooresville, Morgan, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: I.O.

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

☒ Other (Specify) Drives Lic

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

Name Age Address

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

11. Full name of father Harrison Savage Jr.
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Truck Dr. Highway Race of father White
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Anna Maxine Waller
Residence of mother (if deceased so state) D/V. Duille, Ind.
Occupation of mother D/V. Race of mother White
Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Steven L. Savage

New Address 740 Taylor Ave. Sparks

Subscribed and sworn to before me this 14th day of August, 1967
John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Kathryn Middle D. Last Rees
Date of Birth November 10 1945
Place of Birth (State or foreign country) Rensselaer, Ind.
Residence Address 204 S. Vine 7th Fl., New, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher: Spence

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

☒ Other (Specify) Drives Lic

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Paul Alger Rees
Residence of father (if deceased so state) Delphi, Ind.
Occupation of father Labor: T&E. Race of father White
Birthplace of father (State or foreign country) Kokomo, Ind.

8. Full maiden name of mother Ella Mary May
Residence of mother (if deceased so state) Remington, Ind.
Occupation of mother Labor: Better Grd. Race of mother White
Birthplace of mother (State or foreign country) Rensselaer, Ind.

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

Signed Kathryn D. Rees

New Address Same

Subscribed and sworn to before me this 14th day of August, 1967
John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of August, 1967, authorizing the joining together as husband and wife of Steven L. Savage and Kathryn D. Rees

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

I, Steven L. Savage and Kathryn D. Rees hereby certify that on the 20th day of August, one thousand nine hundred and sixty-seven at Mooresville, Morgan, State of Indiana, Groom Steven L. Savage of Morgan County, State of Indiana, and, Bride Kathryn D. Rees of Hendricks County, State of Indiana, were by me united 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 August, 1967

Signed Donald M. Boyd

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of August, 1967

Signed John Samuels, Jr.

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 270
File Book 30
15 August 1967
Date of Application

MALE
Medical Examination Report Dated 15 August 1967
Name of Physician John E. Ellett M.D.

FEMALE
Medical Examination Report Dated 15 August 1967
Name of Physician John E. Ellett M.D.

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

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

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

Usual Occupation Asst Mgr. Bowling Alley
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father Joseph Calvert Miller
Residence of father (if deceased so state) York, Pa.
Occupation of father Mgr. Bowling Alley
Birthplace of father (State or foreign country) Baltimore, Md.
12. Full maiden name of mother Elizabeth Katie Danner
Residence of mother (if deceased so state) Deceased
Occupation of mother
Birthplace of mother (State or foreign country) York, Pa.

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

Signed John C. Miller
New Address 2920 W. Market St. York, Pa.
Subscribed and sworn to before me this 15th day of August, 1967.
John E. Ellett Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:

Signed
Subscribed and sworn to before me this day of 1967.
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 authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 August, 1967, authorizing the joining together as husband and wife

Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, Stanley E. Wamsley, hereby certify that on the 7th day of October, 1967, at Stilesville, Indiana County of Hendricks, State of Indiana, Groom John C. Miller and, Bride Judith D. Robinson were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.

Dated this 7th day of October, 1967.

Signed Stanley E. Wamsley
Official Designation Minister Christian Church
10th day of October, 1967.
Signed John E. Ellett, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of October, 1967.

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

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

Usual Occupation Secy: Eli Lilly Int Corp.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Drives Lic.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Maynard Eugene Robinson
Residence of father (if deceased so state) Stilesville, Ind.
Occupation of father Sales: King Mart Food
Birthplace of father (State or foreign country) Fillmore, Ind.
 - Full maiden name of mother Viola Hazel Gowing
Residence of mother (if deceased so state) Stilesville, Ind.
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Putnam Co., Ind.

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

Signed Judith D. Robinson
New Address Same
Subscribed and sworn to before me this 15th day of August, 1967.
John E. Ellett Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:

Signed
Subscribed and sworn to before me this day of 1967.
Clerk

State of Indiana, HENDRICKS } ss:

Signed
Subscribed and sworn to before me this day of 1967.
Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 271
File Book 30
Aug 16-1967
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 14 August 1967
Name of Physician L. H. Ellis, M.D.

FEMALE
Medical Examination Report Dated 14 August 1967
Name of Physician L. H. Ellis, M.D.

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

MALE APPLICANT

Name Forrest David Rowland
Date of Birth February 6 1946
Place of Birth National City, California
Residence Address 1804 3800 W. Mich. Indpls, Marion, Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Truck Dispatcher, Specter

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

☒ Other (Specify) Draft Card

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

Name	Age	Address

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

11. Full name of father Very L. D. Rowland
Residence of father (if deceased so state) R3 Bx107 Drille, Ind
Occupation of father Truck Dr. Supreme Race of father white
Birthplace of father (State or foreign country) Urschville Ohio
12. Full maiden name of mother Drita Jane Herron
Residence of mother (if deceased so state) Drille, Ind
Occupation of mother Secy: Doc class Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind

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

Signed Forrest David Rowland
New Address RR Jamestown, Ind
Subscribed and sworn to before me this 16th day of August, 1967
Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:

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

FEMALE APPLICANT

Name Lore Ann Hatcher
Date of Birth December 27 1950
Place of Birth Lebanon, Ind
Residence Address RI Bx67 Lizton, Hen, Ind
Maiden Name if Different.....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: J. Salant HS

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

☒ Other (Specify) Drives Permit

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

7. Full name of father Samuel Morris Hatcher
Residence of father (if deceased so state) RI Lizton, Ind
Occupation of father Installer: Door checker Race of father wh
Birthplace of father (State or foreign country) Landon
8. Full maiden name of mother Virginia Lore W
Residence of mother (if deceased so state) Lizton
Occupation of mother Packer: Marsh Foods Race of mother wh
Birthplace of mother (State or foreign country) Washington, D.C.

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

Signed Lore Ann Hatcher
New Address Same
Subscribed and sworn to before me this 16th day of August, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
Father notrized Aug 14
Dated 14 Aug 1967 attached.

State of Indiana, HENDRICKS } ss:

Signed..... Father
Signed Mrs. Virginia L. Hatcher Mot
Subscribed and sworn to before me this 16th day of August, 1967
Clerk HENDRICKS

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20th day of August, 1967, authorizing the joining together as husband and wife of Forrest David Rowland and Lore Ann Hatcher.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jack E. Van Arsdale hereby certify that on the 20th day of August, one thousand nine hundred and sixty-seven at Jamestown Church, County of Boone, State of Indiana, Groom Forrest David Rowland of Marion County, State of Indiana and, Bride Lore Ann Hatcher of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 20th day of August, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of August, 1967.
Signed Jack E. Van Arsdale Minister
Signed John Hancock, 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. 272
File Book 30
Date of Application 16 August 1967

MALE
Medical Examination Report Dated 16 August 1967
Name of Physician Elmer L. Koch MD

FEMALE
Medical Examination Report Dated 16 August 1967
Name of Physician Elmer L. Koch MD

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

MALE APPLICANT

Name Arthur Kenneth Brown Jr.
Date of Birth October 3, 1945
Place of Birth San Diego, Calif.
Residence Address R2 Clayton, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation AN US Navy
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Navy ID

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

Name Age Address

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

11. Full name of father Arthur Kenneth Brown Sr.

Residence of father (if deceased so state) R2 Clayton, Ind.

Occupation of father Maintenance; Richards Race of father White

Birthplace of father (State or foreign country) Mason Iowa

12. Full maiden name of mother Elizabeth Rowena Hipley

Residence of mother (if deceased so state) Act: PSI

Occupation of mother Act: PSI Race of mother White

Birthplace of mother (State or foreign country) St. Odage Iowa

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

Signed Arthur Kenneth Brown Jr.

New Address 433 Hancock St. A 19

Subscribed and sworn to before me this 16th day of August, 1967

John T. Embelen Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____

Signed _____

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

_____, Clerk

_____, Father

_____, Mother

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

FEMALE APPLICANT

Name Linda Lou Harp
Date of Birth November 9, 1946
Place of Birth Cincinnati, Ohio
Residence Address R1 Bx 258, Danville, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 Walter Clifford Harp

Residence of father (if deceased so state) R1 Danville, Ind.

Occupation of father Farmer Race of father White

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

8. Full maiden name of mother Allie Taylor

Residence of mother (if deceased so state) R1 Danville, Ind.

Occupation of mother Housewife Race of mother White

Birthplace of mother (State or foreign country) Rockholds, Ky.

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

Signed Linda Lou Harp

New Address San Francisco, Calif.

Subscribed and sworn to before me this 16th day of August, 1967

John T. Embelen Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____

Signed _____

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

_____, Clerk

_____, Father

_____, Mother

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of August, 1967

Signed John T. Embelen
Official Designation Minister of the Gospel
Signed John T. Embelen, Jr. Clerk
HENDRICKS Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John T. Embelen _____ hereby certify that on the 20th day of August, 1967, at Clayton, Ind. County of Hendricks State of Indiana

one thousand nine hundred and sixty-seven _____ County, State of Indiana

State of Indiana, Groom Arthur Kenneth Brown Jr. _____ County, State of Indiana

and, Bride Linda Lou Harp _____ County, State of Indiana

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

Dated this 20th day of August, 1967

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

_____, Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 273
File Book 30
17 August 1967
Date of Application

MALE

Medical Examination Report Dated 16 August 1967
Name of Physician Lloyd Terry M.D.

FEMALE

Medical Examination Report Dated 16 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 Elmer L. Potter
Date of Birth November 19 1936
Place of Birth (State or foreign country) Eaton, Ohio
Residence Address Stil-Bel Motel, P.O. Box 141, Hwy, Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Union 6-8 June 67
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Construction: Spears & Demers
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

Name Age Address
Ricky Lee 8 Shibery, Ind.
Kimberly Ann 5 w/ mother's pro.
Jeffery Allen 8 mo. Carroll, 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 Wilbur Lee Potter
Residence of father (if deceased so state) Cambridge City, Ind.
Occupation of father Laborer Race of father White
Birthplace of father (State or foreign country) Cambridge City, Ind.

12. Full maiden name of mother Cynthia Hampton
Residence of mother (if deceased so state) Richmond, Ind.
Occupation of mother unemployed Race of mother White
Birthplace of mother (State or foreign country) Corbin, Ky.

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

Signed Elmer L. Potter
New Address Brownsville, Ind.
Subscribed and sworn to before me this 17th day of August, 1967
Clerk John Samuels HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1967, authorizing the joining together as husband and wife of Elmer L. Potter and Wanda F. Lower

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. Clyde Thralls hereby certify that on the 30th day of August, one thousand nine hundred and sixty-seven at Camdenville, County of Fayette, State of Indiana, Groom Elmer L. Potter of Hendricks County, State of Indiana, and, Bride Wanda F. Lower of Wayne County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 30th day of August, 1967.
Signed H. Clyde Thralls
Official Designation Justice of the Peace
Subscribed and sworn to before me this 1st day of September, 1967.
Signed John Samuels, Jr. Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Wanda F. Lower
Date of Birth May 3 1942
Place of Birth (State or foreign country) Knoxville, Tenn.
Residence Address 304 Shawnee Ave, Cambridge City, Wayne Ind.
Maiden Name if Different Wanda F. Mitchell
Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐
Wayne 6-12 May 67
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Wayne 6-12 May 67
Usual Occupation _____

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

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father James Virgil Mitchell
Residence of father (if deceased so state) Camdenville, Ind.
Occupation of father Prod. Philco Race of father White
Birthplace of father (State or foreign country) Rutledge, Tenn.
- Full maiden name of mother Dixie Ruby
Residence of mother (if deceased so state) 304 Shawnee Cambridge City, Ind.
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Lenore City, Tenn.

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

Signed Wanda F. Lower
New Address Same
Subscribed and sworn to before me this 17th day of August, 1967
Clerk John Samuels HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 274
File Book 30
Date of Application 18 August 1967

MALE
Medical Examination Report Dated 11 August 1967
Name of Physician D.J. B. Haggard MD

FEMALE
Medical Examination Report Dated 11 August 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 James W. Warnick
Date of Birth October 1920
Place of Birth Bloomfield, Ind.
Residence Address 8045 Harrison Dr., Lawrence, Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White
Usual Occupation Patrolman: Albion
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
Other (Specify) Driver's Lic.
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
James Milton Warnick
Residence of father (if deceased so state) Deceased
Occupation of father Deceased Race of father White
Birthplace of father (State or foreign country) Bloomfield, Ind.
12. Full maiden name of mother Nora Lee Strother
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Widow Race of mother White
Birthplace of mother (State or foreign country) Spencer, Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed James W. Warnick
New Address R2 Bx 252 Indpls, Ind.
Subscribed and sworn to before me this 18th day of August, 1967
Clerk John Hamilton, Jr. HENDRICKS Circuit Court

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ clerk's office _____ authorizes and directs the issuance of a marriage license to the above named parties. 3da warn

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 18th day of August, 1967, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert Wayne hereby certify that on the 18th day of August, 1967, at Indianapolis, County of Marion, State of Indiana, Groom James W. Warnick and, Bride June E. Robinson of Hendricks County, State of Indiana were by me united 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 August, 1967.

Signed Robert Wayne
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 19th day of August, 1967.
Signed John Hamilton, Jr. Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name June E. Robinson
Date of Birth June 1932
Place of Birth London, Ky.
Residence Address R2 Bx 252 Indpls, Ind.
Maiden Name if Different June E. Powell
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White
Usual Occupation Est. Opr. RCA
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Charles Russell Powell
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Rising Fawn, Ga.
8. Full maiden name of mother Rose Ann Sasser
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Widow Race of mother White
Birthplace of mother (State or foreign country) Brack, Ky.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed June E. Robinson
New Address Same
Subscribed and sworn to before me this 18th day of August, 1967
Clerk John Hamilton, Jr. HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 275
File Book 30
Date of Application 19 August 1967

MALE

Medical Examination Report Dated 7 August 1967
Name of Physician William H. Drck MD

FEMALE

Medical Examination Report Dated 7 August 1967
Name of Physician William H. Drck, M.D.

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

MALE APPLICANT

Name James David McCart
Date of Birth August 26 1947
Place of Birth Bedford, Indiana
Residence Address (Moon Rd) BX 314 Plainfield, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: Butler

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

☐ Other (Specify).....

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

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Eugene McCart
Residence of father (if deceased so state) Moon Rd, Plainfield, Ind.
Occupation of father Asst Comm, Dept. of Race of father white
Birthplace of father (State or foreign country) Mitchell, Ind.
12. Full maiden name of mother Rosemary Sheeks
Residence of mother (if deceased so state) Teacher: Bendons
Occupation of mother Teacher: Bendons Race of mother white
Birthplace of mother (State or foreign country) Mitchell, Ind.

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

Signed James David McCart
New Address Ap 1 E3 3321 Meadows Ct, Indpls, Ind.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed James E. McCart Father

Signed..... Mother

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

FEMALE APPLICANT

Name Barbara Fleischer
Date of Birth November 18 1945
Place of Birth Dexar Co., San Antonio, Tex.
Residence Address Ap 1 E3 3321 Meadows Ct, Indpls, Ind.
Maiden Name if Different.....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation School Teacher: Aren

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

☒ Other (Specify) Driver's Lic.

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

7. Full name of father Robert Fleischer
Residence of father (if deceased so state) 551 W. 13th St, Indpls, Ind.
Occupation of father Asst. self Race of father white
Birthplace of father (State or foreign country) N.Y.
8. Full maiden name of mother Rose Birana
Residence of mother (if deceased so state) Sane
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) N.Y.

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

Signed Barbara Fleischer

New Address Sane

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed.....

Signed.....

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of August, 1967, authorizing the joining together as husband and wife

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

I, Gordon K. Durnil hereby certify that on the 23 day of August, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom James David McCart of Hendricks County, State of Indiana and, Bride Barbara Fleischer 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 23 day of August, 1967.

Signed Gordon K. Durnil

Official Designation Justice of the Peace

Signed John Hamblin, Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of August, 1967.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 275
File Book 30
Date of Application 19 August 1967

MALE

Medical Examination Report Dated 7 August 1967
Name of Physician William H. Drck MD

FEMALE

Medical Examination Report Dated 7 August 1967
Name of Physician William H. Drck, M.D.

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

MALE APPLICANT

Name James David McCart
Date of Birth August 26 1947
Place of Birth (State or foreign country) Bedford, Indiana
Residence Address (Moon Rd) 3314 Plainfield, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: Butler

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

☐ Other (Specify) _____

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

Name	Age	Address
James Eugene McCart	19	Moon Rd, Plainfield, Ind.

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

11. Full name of father James Eugene McCart
Residence of father (if deceased so state) Moon Rd, Plainfield, Ind.
Occupation of father Butler
Birthplace of father white

12. Full maiden name

Residence of mother

Occupation of mother

Birthplace of mother

State of Indiana,

County of _____

Subscribed and sworn to before me this _____ day of _____, 1967

CONSENT OF PARENTS

We, the parents, of _____

signs, state facts _____

State of Indiana,

County of HENDRICKS

Signed James E. McCart Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1967

Clerk

FEMALE APPLICANT

Name Barbara Fleischer
Date of Birth November 18 1945
Place of Birth (State or foreign country) Bexar Co., San Antonio, Tex.
Residence Address 3321 Meadows Ct, Indpls, Marion, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation School Teacher: Aran

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

☒ Other (Specify) Driver's Lic.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Robert Fleischer
Residence of father (if deceased so state) 551 W. 13th St, Indpls, Ind.
Occupation of father Acct. self Race of father white
Birthplace of father (State or foreign country) N.Y.

8. Full maiden name of mother Rose Birana
Residence of mother (if deceased so state) Sane
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) N.Y.

I, Barbara Fleischer, hereby give my consent for
my son, James David McCart
to marry Barbara Fleischer

Subscribed and sworn to before me this 22nd day of August, 1967

May E. Abernathy
Notary Public

My Commission Expires Nov. 1, 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 23 day of August, 1967, authorizing the joining together as husband and wife

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

I, Gordon K. Dornil hereby certify that on the 23 day of August, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom James David McCart of Hendricks County, State of Indiana and, Bride Barbara Fleischer 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 23 day of August, 1967

Signed Gordon K. Dornil

Official Designation Justice of the Peace

Signed John Standish, Jr. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of August, 1967

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 276
File Book 310
Date of Application 19 August 1967

MALE
Medical Examination Report Dated 14 August 1967
Name of Physician Lloyd Terry MD.

FEMALE
Medical Examination Report Dated 14 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 James R. Mitchell
Date of Birth December 27, 1946
Place of Birth Indianapolis, Ind.
Residence Address R2 Bx 4 Clayton, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Inspector: Allison

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

☐ Other (Specify) _____

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

Name Age Address

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

11. Full name of father Howard Francis Mitchell
Residence of father (if deceased so state) R2 Clayton, Ind.
Occupation of father Farmer: Alpha Race of father white
Birthplace of father (State or foreign country) Clayton, Ind.
12. Full maiden name of mother Barbara Sane Williams
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Ind.

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

Signed James R. Mitchell
New Address E Mill St, Daville, Ind.
Subscribed and sworn to before me this 19th day of August, 1967
Clerk John Sanbald HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: Retrized Consent dated 19 Aug 1967 attached.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 19 day of August, 1967
Clerk John Sanbald

FEMALE APPLICANT

Name Susan C. Ellis
Date of Birth October 12, 1947
Place of Birth Lebanon, Indiana
Residence Address Bx 24 Danville, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Clerk - Typist Amer. States

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

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Olaf Hardy Ellis
Residence of father (if deceased so state) Bx 24 Daville, Ind.
Occupation of father Teacher: Daville Race of father white
Birthplace of father (State or foreign country) Daville, Ind.

8. Full maiden name of mother Mary Lee Pierpont
Residence of mother (if deceased so state) Sane
Occupation of mother Attendant off: cascade Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Susan C. Ellis
New Address Sane

Subscribed and sworn to before me this 19th day of August, 1967
Clerk John Sanbald HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court Indiana dated the 23rd day of August, 1967, authorizing the joining together as husband and wife of James R. Mitchell and Susan C. Ellis.
I further remembered, the following marriage certificate was filed in my office, to-wit:
George A. Harris hereby certify that on the 28th day of August, 1967, at The Danville Christian Church, County of Hendricks, State of Indiana,
Groom James R. Mitchell and Bride Susan C. Ellis were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 28th day of August, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of August, 1967.
Signed Rev George A. Harris
Official Designation Minister
Signed John Sanbald, 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. 276
File Book 30
Date of Application 19 August 1967

MALE
Medical Examination Report Dated 14 August 1967
Name of Physician Lloyd Terry MD.

FEMALE
Medical Examination Report Dated 14 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 James R. Mitchell
Date of Birth December 27, 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R2 Bx 4 Clayton, New, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Inspector : Allison

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

☐ Other (Specify).....

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

FEMALE APPLICANT

Name Susan C. Ellis
Date of Birth October 12, 1947
Place of Birth (State or foreign country) Lebanon, Indiana
Residence Address Bx 24 Danville, New, Ind.
Maiden Name if Different.....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Clerk - Typist Amer. States

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

☐ Other (Specify).....

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

Hardy Ellis
Bx 24 Danville, Ind.
Race of father white
country Indpls, Ind.
Lee Pierpont
Race of mother white
country Indpls, Ind.

I depose and state the information given in this application is true and correct.

an C. Ellis
Sane.
day of August, 1967

Clerk HENDRICKS Circuit Court

GUARDIAN

I consent for this marriage. If only one parent of the other parent unnecessary.....

Father.....

Mother.....

day of....., 19.....

Clerk.....

refused to the above named parties, the..... and filed.....

TE HENDRICKS Circuit Court

g the joining together as husband and wife

Ellis

at The Danville Christian Church, County of Hendricks

County, State of Indiana

County, State of Indiana

Dated this 28th day of August, 1967.

Signed Rev George A Harris
Official Designation Minister

Signed John Sanbold, Jr., 1967
Clerk HENDRICKS Circuit Court

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

FILED

AUG 19 1967

John Sanbold Jr.
CLERK HENDRICKS
CIRCUIT COURT
SUPERIOR COURT

I, Howard F. Mitchell, the father of James R. Mitchell, give my consent for my son to marry Susan Ellis. I further state that I am the sole living parent of James R. Mitchell.

Howard F. Mitchell

Myrtle Johnson
Notary Public

com expires Aug 25 - 1967

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 277
File Book 30
Date of Application 19 August 1967

MALE
Medical Examination Report Dated 7 August 1967
Name of Physician Dr. B. Haggard M.D.

FEMALE
Medical Examination Report Dated 7 August 1967
Name of Physician Dr. B. Haggard M.D.

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

MALE APPLICANT
Name Rodney Carter Darrah
Date of Birth March 2, 1947
Place of Birth Scottsburg, Ind.
Residence Address 27 Almond Pkld, New, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student: I.S.U.

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

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

Name Age Address

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

11. Full name of father Byron Eugene Darrah
Residence of father (if deceased so state) Pkld, Ind.
Occupation of father Field Engr. PSI Race of father White
Birthplace of father (State or foreign country) Washington Co., Ind.
12. Full maiden name of mother Mary Alice Carter
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Scottsburg, Ind.

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

Signed Rodney Carter Darrah
New Address 936 1/2 N. 7th Terre Haute, Ind.
Subscribed and sworn to before me this 19th day of August, 1967
Clerk John Samuels HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____
Signed Byron Eugene Darrah Father
Signed Mary Alice Darrah Mother
Subscribed and sworn to before me this 19th day of August, 1967
Clerk John Samuels

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1967, authorizing the joining together as husband and wife of Rodney Carter Darrah and Martha Carol Macy.

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

I, Warren A. Robbins hereby certify that on the 27th day of August, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Rodney Carter Darrah of Hendricks County, State of Indiana and, Bride Martha Carol Macy of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of August, 1967.
Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of August, 1967.
Signed John Samuels Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 278
File Book 30
1928 August 1967
Date of Application

MALE
Medical Examination Report Dated 16 August 1967

Name of Physician Lloyd Terry M.D.

FEMALE

Medical Examination Report Dated 16 August 1967

Name of Physician D. D. Christman M.D.

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

MALE APPLICANT

Name First Middle Last
Donald Lee Wright
Date of Birth Month Day Year
August 24 1943
Place of Birth (State or foreign country)
Hendricks Co. Ind.
Residence Address Street or R. R. City County State
133 Bx 360 Danville, Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: ISU.

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

☒ Other (Specify) Drives Lic

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

Name Age Address

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

11. Full name of father Chalmers L. Wright Sr.

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

Occupation of father Disabled. Race of father White

Birthplace of father (State or foreign country) Ind.

12. Full maiden name of mother Verna Pearl Emmert

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

Occupation of mother Assembler: Aircraft. Race of mother White

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

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

County of HENDRICKS

Signed Donald L. Wright

New Address 115 S. Wash St. Danville, Ind.

Subscribed and sworn to before me this 19th day of August, 1967.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1967.

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 23rd day of August 1967, authorizing the joining together as husband and wife

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

I, W. E. Potts, hereby certify that on the 26th day of August, 1967,

one thousand nine hundred and sixty-seven, at Danville, County of Hendricks, State of Indiana, Groom, Donald Lee Wright, and, Bride, Carla L. Honaker,

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

Dated this 26th day of August, 1967.

Signed W. E. Potts

Official Designation Methodist Minister

29th day of August, 1967

Signed John G. Smith, Clerk

HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name First Middle Last
Carla L. Honaker
Date of Birth Month Day Year
November 17 1945
Place of Birth (State or foreign country)
Princeton, W. Va.
Residence Address Street or R. R. City County State
Box 11A North Salem, Ind.
Maiden Name if Different

Previous 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. Palmer & Hinkle.

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

☒ Other (Specify) Drives Lic.

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

Residence of father (if deceased so state) Deceased.

Occupation of father Race of father White

Birthplace of father (State or foreign country) Crumpler, W. Va.

8. Full maiden name of mother Mary Frances Brown.

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

Occupation of mother Clark, Ass. Race of mother White

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

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

County of HENDRICKS

Signed Carla L. Honaker

New Address Same

Subscribed and sworn to before me this 19th day of August, 1967.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1967.

Clerk _____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 279
File Book 30
Date of Application 19 August 1967

HENDRICKS County

MALE

Medical Examination Report Dated 16 August 1967
Name of Physician D. B. Haggard M.D.

FEMALE

Medical Examination Report Dated 16 August 1967
Name of Physician D. B. Haggard M.D.

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

MALE APPLICANT

Name H. Michael Crouse
Date of Birth November 17 1948
Place of Birth Terre Haute, Ind.
Residence Address 214 Dan Jones Rd. P.O. Box 1, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Carpenter's Help: A.S. Shaw

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

☒ Other (Specify) Draft Card.

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

Name	Age	Address

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

11. Full name of father Herschel Cornelius Crouse
Residence of father (if deceased so state) Same P.O. Box 1, Hendricks, Ind.
Occupation of father Mechanic: Renner's White
Birthplace of father (State or foreign country) Terre Haute, Ind.
12. Full maiden name of mother Loan Hanson
Residence of mother (if deceased so state) Same
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Terre Haute, Ind.

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

Signed H. Michael Crouse

New Address 214 Dan Jones Rd. P.O. Box 1, Hendricks, Ind.

Subscribed and sworn to before me this 19th day of August, 1967
Clerk John Sanford Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Parents not arized consent dated 18 August 1967 attached

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

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 18th day of August, 1967
Clerk John Sanford Circuit Court

FEMALE APPLICANT

Name Sandra Carole Cookingham
Date of Birth June 8 1948
Place of Birth Rhinebeck, N.Y.
Residence Address 217 N. Center, P.O. Box 1, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Billing clerk: Amer United.

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

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒
Of Unsound Mind? No ☒
2. Are you under guardianship as a person of unsound mind? No ☒
3. Are you afflicted with a transmissible disease? No ☒
4. Are you related to the groom closer than second cousin? No ☒
5. Are you now under the influence of intoxicating liquor? No ☒
6. Are you now under the influence of a narcotic drug? No ☒
7. Full name of father Douglas Bruce Cookin
Residence of father (if deceased so state) Ex 26 Rhinebeck
Occupation of father Therapy: St. Hosp. Race of father W
Birthplace of father (State or foreign country) Rhinebeck, N.Y.

8. Full maiden name of mother Carole
Residence of mother (if deceased so state) 2331 Fair Oaks
Occupation of mother Billing clk: Washington Race of mother W
Birthplace of mother (State or foreign country) St. Paul Minn

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

Signed Sandra Carole Cookingham

New Address Same

Subscribed and sworn to before me this 19th day of August, 1967
Clerk John Sanford Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed _____

Signed _____

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of August, 1967, authorizing the joining together as husband and wife

of H. Michael Crouse and Sandra Carole Cookingham
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Darrell W. Cap hereby certify that on the 20th day of August,
one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks,
State of Indiana, Groom H. Michael Crouse of Hendricks County, State of Indiana,
and, Bride Sandra Carole Cookingham of Hendricks County, State of Indiana,
were by me united 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 August, 1967.

Signed Darrell W. Cap

Official Designation Pastor, Maple Grove Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of August, 1967

Signed John Sanford, Jr. Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 279
File Book 30
Date of Application 19 August 1967

HENDRICKS County

MALE
Medical Examination Report Dated 16 August 1967
Name of Physician D. B. Haggard M.D.

FEMALE
Medical Examination Report Dated 16 August 1967
Name of Physician D. B. Haggard M.D.

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

MALE APPLICANT
Name H. Michael Crouse
Date of Birth November 17 1948
Place of Birth Terre Haute, Ind.
Residence Address 514 Dan Jones Rd, P.O. Box, New, 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 Carpenter's Help: A.S. Schantz
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Draft Card

FEMALE APPLICANT
Name Sandra Carole Cookingham
Date of Birth June 8 1948
Place of Birth Rhinebeck, N.Y.
Residence Address 217 N. Center, P.O. Box, New, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
Of Unsound Mind?
- Are you under guardianship as a person of unsound mind?
- Are you now or have you been within five (5) years an inmate of:
home for indigent persons?
If answer to 3 is "yes" has the cause of such condition been removed?
- Are you afflicted with a transmissible disease?
- Are you related to the bride closer than second cousin?
- Are you now under the influence of intoxicating liquor?
- Are you now under the influence of a narcotic drug?
- Are you able to support a family?
- Are you likely to so continue?
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Addr.

- (b) Are you supporting or contributing to their support?
- (c) Are you complying with any court order or orders issued for their support?
11. Full name of father Herschel Carneli
Residence of father (if deceased so state) Sane
Occupation of father Mechanic Remedy
Birthplace of father (State or foreign country) Terre
12. Full maiden name of mother Joan
Residence of mother (if deceased so state) Sa
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Terre

State of Indiana, HENDRICKS } ss: I depose and state in this application
County of HENDRICKS
Signed H. Michael Crouse
New Address P.O. Box
Subscribed and sworn to before me this 19th day of Aug
Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage, state facts which render the consent of the other parent unnecessary
Parents not present
Dated 18 August 1967
State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed
Signed
Subscribed and sworn to before me this 18th day of August
Clerk John Gambold, Jr.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 August, 1967, authorizing the joining together as husband and wife H. Michael Crouse and Sandra Carole Cookingham
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Daniel W. Cox hereby certify that on the 20th day of August, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom H. Michael Crouse of Hendricks County, State of Indiana and, Bride Sandra Carole Cookingham of Hendricks County, State of Indiana, were by me united 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 August, 1967.
Signed Daniel W. Cox
Official Designation Pastor, Maple Grove Baptist Church
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of August, 1967.
Signed John Gambold, Jr. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA }
COUNTY OF MARION } ss

aug. 18, 1967
We the undersigned, Parents & Guardian of Harold Michael Crouse. Do hereby Give our Consent to marry Sandra Carole Cookingham
Joan Crouse MOTHER
Herschel Crouse FATHER
514 Dan Jones Road
Plainfield, Indiana

SUBSCRIBED & SWORN TO THIS 18th DAY OF Aug 1967
M. B. Smith
NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT. 15th 1968

FILED

AUG 19 1967

John Gambold Jr.
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 280
File Book 30
19 August 1967
Date of Application

MALE
Medical Examination Report Dated 18 August 1967
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 18 August 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 C. Marlin Burnett
Date of Birth January 19, 1948
Place of Birth Somerset, Ky.
Residence Address 1122 Ave. B, Greencastle, Putnam, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Car Wash Worker, Towsley-Bxle.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Draft Card.

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

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

11. Full name of father Clarence Russell Burnett
Residence of father (if deceased so state) Plainfield, Ind.
Occupation of father Carpenter Race of father White
Birthplace of father (State or foreign country) Somerset, Ky.
12. Full maiden name of mother Dola Faye Wells
Residence of mother (if deceased so state) 1122 Ave. B, Greencastle, Ind.
Occupation of mother Waitress, Motel 87, Greencastle, Ind.
Birthplace of mother (State or foreign country) Somerset, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed C. Marlin Burnett
New Address 136 1/2 S. Pine St. P.O. Box 194
Subscribed and sworn to before me this 19th day of August, 1967.
John Samblott Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
Signed Dola Faye Wells Father
Signed John Samblott Mother
Subscribed and sworn to before me this 19th day of August, 1967.
John Samblott 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 _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 August, 1967, authorizing the joining together as husband and wife of C. Marlin Burnett and Linda Sue Meece. I, Rev. Clarence E. Hopkins, hereby certify that on the 2nd day of September, 1967, at Clayton R.R. 2, County of Hendricks, State of Indiana, Groom C. Marlin Burnett and Bride Linda Sue Meece were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana. Dated this 2nd day of September, 1967.

Signed Rev. Clarence E. Hopkins
Official Designation Baptist Minister
Signed John Samblott, Jr. Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Linda Sue Meece
Date of Birth October 18, 1948
Place of Birth Indianapolis, Ind.
Residence Address R2 Bx 140 Clayton, Hendricks, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Bookkeeper, Reed-Holcomb.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father James Bowen Meece
Residence of father (if deceased so state) R2 Clayton, Ind.
Occupation of father Machinist, Indianapolis, Ind.
Race of father White
Birthplace of father (State or foreign country) Somerset, Ky.
- Full maiden name of mother Winifred Lorraine Morris
Residence of mother (if deceased so state) R2 Clayton, Ind.
Occupation of mother Legal Secy. Hacke Penetec White
Race of mother White
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda Sue Meece
New Address Same
Subscribed and sworn to before me this 19th day of August, 1967.
John Samblott Clerk HENDRICKS Circuit Court

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

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 281
File B-1130
Date of Application 19 August 1967

MALE

Medical Examination Report Dated 19 August 1967
Name of Physician Therman W. Alley M.D.

FEMALE

Medical Examination Report Dated 19 August 1967
Name of Physician Therman W. Alley M.D.

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

MALE APPLICANT

Name W. Thomas Lee
Date of Birth May 26, 1944
Place of Birth Plamfield, Indiana
Residence Address 1731 High St Apt 16 De Moines Park, Evansville, 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 Co-Mgr. Allen Discount Foods
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Charles Hunter Lee
Residence of father (if deceased so state) Pike, Ind.
Occupation of father Acct. Allman Race of father white
Birthplace of father (State or foreign country) Pike, Ind.
12. Full maiden name of mother Betty Darr Havas
Residence of mother (if deceased so state) RI Bx 88 Andover, Mass.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Pike, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed W. Thomas Lee
New Address 1731 High St. Apt 16 De Moines Park
Subscribed and sworn to before me this 19th day of August, 1967
Clerk John S. Gault HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name Sheila R. Martin
Date of Birth June 30, 1947
Place of Birth Philadelphia, Pa.
Residence Address 203 Hobbs St. Plamfield, Ind.
Maiden Name if Different Ant. Marshall Harris
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 IBM Key Punch: Agres.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Anthony Martin
Residence of father (if deceased so state) 207 Stratford Dr. Glen Elder, Pa.
Occupation of father Driver: Mayflower Race of father white
Birthplace of father (State or foreign country) Philadelphia, Pa.

8. Full maiden name of mother Evelyn Marguerite Peters
Residence of mother (if deceased so state) Sane
Occupation of mother Waitress: Alpha Club Race of mother white
Birthplace of mother (State or foreign country) Philadelphia, Pa.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Sheila R. Martin
New Address Sane
Subscribed and sworn to before me this 19th day of August, 1967
Clerk John S. Gault HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1967, authorizing the joining together as husband and wife of W. Thomas Lee and Sheila R. Martin.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald M. Boyd, hereby certify that on the 19th day of August, one thousand nine hundred and sixty-seven at Mooresville, County of Morgan, State of Indiana, Groom W. Thomas Lee of Pike County, State of Indiana and, Bride Sheila R. Martin of Hendricks County, State of Indiana were by me united 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 August, 1967.

Signed Donald M. Boyd
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of August, 1967.
Signed John S. Gault Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 282
File Book 30
22 Aug 1967
Date of Application

MALE
Medical Examination Report Dated 21 August 1967
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 21 August 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 Joe W. Green
Date of Birth November 20 1922
Place of Birth Coleman Texas
Residence Address R2 Bx 100A Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Widowed July 67
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Veterinarian
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
George Will 16 Rockville Ind.
Nancy Kay 17

(b) Are you supporting or contributing to their 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 Oran Green
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Coleman Texas
12. Full maiden name of mother Collie Wright
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Kileen, Texas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Joe W. Green
New Address R2 Bx 100A Danville, Ind.
Subscribed and sworn to before me this 22nd day of August, 1967.
John Samblak Clerk HENDRICKS Circuit Court

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

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

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

Be 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 August, 1967, authorizing the joining together as husband and wife of Joe W. Green and Faye Bedell Tuttle.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul J. Panna, hereby certify that on the 2nd day of September, 1967, at Brazil, County of Clay, State of Indiana, Groom Joe W. Green and, Bride Faye Bedell Tuttle were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 26th day of August, 1967.

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

FEMALE APPLICANT
Name Faye Bedell Tuttle
Date of Birth August 15 1931
Place of Birth Hondo Texas
Residence Address R2 Bx 100A Danville, Hendricks, Ind.
Maiden Name if Different Faye Jean Bedell
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Parke 67
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Real Estate Broker
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 Ivan Luther Brown
Residence of father (if deceased so state) Kerrville, Texas
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Gothensburg Neb.
8. Full maiden name of mother Jessie Rhoda Ella Shaggs
Residence of mother (if deceased so state) Kerrville, Tex.
Occupation of mother Retired Race of mother white
Birthplace of mother (State or foreign country) Waldron, Ark.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Faye Bedell Tuttle
New Address Same
Subscribed and sworn to before me this 22nd day of August, 1967.
John Samblak Clerk HENDRICKS Circuit Court

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

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

Signed Paul J. Panna
Official Designation Justice of the Peace
5th day of September, 1967.
Signed John Samblak, Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 283
File Book 30
21 August 1967
Date of Application

MALE

Medical Examination Report Dated Aug. 17, 1967
Name of Physician A. N. Scudder, M.D.

FEMALE

Medical Examination Report Dated Aug. 17, 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 Ray First William Middle McClain Last
Date of Birth Sept. 1 Month 1 Day 1946 Year
Place of Birth (State or foreign country) Lebanon (Barre Co.) Ind.
Residence Address 28 S. R. 2 E. Sec. 10, T. 12 N. R. 10 E. S. 10 E. (Hendricks Co.) Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (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 Max Ross McClain
Residence of father (if deceased so state) R. 2 Brownsburg
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Darville, Ind.
12. Full maiden name of mother Rachel Louise Haag
Residence of mother (if deceased so state) R. 2 Brownsburg
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Brownsburg, Ind.

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

Signed Ray M. McClain
New Address 785 17th Ave. N. Ind.

Subscribed and sworn to before me this 21 day of Aug., 1967
John Gambard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of
Signed Max Ross McClain Father
Signed Rachel Louise Haag Mother
Subscribed and sworn to before me this 21 day of Aug., 1967
John Gambard Jr. Clerk

FEMALE APPLICANT

Name Judith First Ann Middle Kasting Last
Date of Birth Aug. 22 Month 22 Day 1945 Year
Place of Birth (State or foreign country) Seymour (Jackson Co.) Ind.
Residence Address 1122 E. Dutton, Seymour (Jackson Co.) Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teaching

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 Herman Kasting
Residence of father (if deceased so state) Seymour, Ind.
Occupation of father Businessman Race of father White
Birthplace of father (State or foreign country) Seymour, Ind.
8. Full maiden name of mother Bernice Edna Jormoellen
Residence of mother (if deceased so state) Seymour, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Seymour, Ind.

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

Signed Judith Ann Kasting
New Address

Subscribed and sworn to before me this 21 day of Aug., 1967
John Gambard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, as Pastor of Non Lutheran Church hereby certify that on the 26th day of August, one thousand nine hundred and sixty-seven at Seymour, County of Jackson, State of Indiana, Groom Ray William McClain of Hendricks County, State of Indiana and, Bride Judith Ann Kasting of Jackson County, State of Indiana were by me united 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 September, 1967.
Signed David W. Heitz
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of September, 1967.
Signed John Gambard Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 284
File Book 30
22 August 1967
Date of Application

MALE
Medical Examination Report Dated 2 August 1967
Name of Physician John C. Folustak Lt Com USN

FEMALE
Medical Examination Report Dated 14 August 1967
Name of Physician Eli A. Coats MD

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

MALE APPLICANT
Name Michael Gordon Bird
Date of Birth September 23 1947
Place of Birth Muncie, Indiana
Residence Address 1719 E. Le Grande Ave, Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) U.S.N.
Usual Occupation Seaman App. U.S.N.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address
Are you supporting or contributing to their support? Yes ☐ No ☒
Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
Name of father John Leslie Bird
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Catholic Grand: Allegan Race of father White
Birthplace of father (State or foreign country) Sav Co, Ind.
Full maiden name of mother Mary Evelyn Wilhoit
Residence of mother (if deceased so state) Sav Co, Ind.
Occupation of mother Assemble: RCA Race of mother White
Birthplace of mother (State or foreign country) Muncie, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Michael Gordon Bird
New Address USN TC, Great Lakes, Ill.
Subscribed and sworn to before me this 22nd day of August, 1967.
John Samblat Clerk HENDRICKS Circuit Court

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

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed John L. Bird Father
Signed John Samblat Mother
Subscribed and sworn to before me this 22nd day of August, 1967.
John Samblat Clerk HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 22 August 1967 and filed in Hendricks County. Circuit Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 31st August

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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, 1967, authorizing the joining together as husband and wife of Michael Gordon Bird and Mary Catherine Ahart.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edward M. Sanghlin hereby certify that on the 24th day of August, 1967, at Danville, County of Hendricks, State of Indiana, Groom Michael Gordon Bird of Marion County, State of Indiana, and, Bride Mary Catherine Ahart of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 24th day of August, 1967.

Signed Edward M. Sanghlin
Official Designation Catholic Priest - Pastor
Signed John Samblat, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of August, 1967.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 284
File BOOK 30
Date of Application 22 August 1967

MALE
Medical Examination Report Dated 2 August 1967
Name of Physician John C. Folusnak Lt Com USN

FEMALE
Medical Examination Report Dated 14 August 1967
Name of Physician Eli A. Coats MD

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

MALE APPLICANT
Name Michael Gordon Bird
Date of Birth September 23 1947
Place of Birth Muncie, Ind.
Residence Address 1719 E. Le Grande Hwy, Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) USA
Usual Occupation Seaman App. USN
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address

FEMALE APPLICANT
Name Mary Catherine Ahart
Date of Birth October 6 1947
Place of Birth Manhattan, N.Y.C.
Residence Address 334 S. Wash, Dr., Dr., Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Clerk - Steno. Per. Dir. Adm. Ind.

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

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father: Robert Martin Ahart
Residence of father (if deceased so state) Dr., Ind.
Occupation of father Mgr. Royal Ther. Race of father White

I, Mary Bird, hereby give my consent for
my son, Michael Gordon Bird to
marry Miss Cathy Ahart.

Subscribed and sworn to before me this 21st day of August 1967

John Delbert Jones
Notary Public

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

State of Indiana, HENDRICKS County of HENDRICKS
Signed John L. Bird Father
Signed John L. Bird Mother
Subscribed and sworn to before me this 22nd day of August 1967
John L. Bird Clerk

COMPLETE IN MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in Hendricks County Circuit Court by written order issued 22 August 1967 and filed
authorizes and directs the issuance of a marriage license to the above named parties. 36 Ahart

Be 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, 1967, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Edward McLaughlin and Mary Catherine Ahart
one thousand nine hundred and sixty-seven hereby certify that on the 24th day of August,
State of Indiana, Groom Michael Gordon Bird at Danville, County of Hendricks
and, Bride Mary Catherine Ahart 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, State of Indiana.
Dated this 24th day of August, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of August, 1967.
Signed Edward McLaughlin Official Designation Catholic Priest - Pastor
Signed John L. Bird, 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. 285
File Book 30
22 August 1967
Date of Application

MALE
Medical Examination Report Dated 21 August 1967
Name of Physician Dr. B. Haggard M.D.

FEMALE
Medical Examination Report Dated 21 August 1967
Name of Physician Dr. B. Haggard M.D.

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

MALE APPLICANT

Name Thomas Dean Zike
Date of Birth July 22 1944
Place of Birth Columbus, Indiana
Residence Address 135 W. Oleta Dr., Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: IU

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

☒ Other (Specify) Driver's Lic.

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

Name Age Address

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

11. Full name of father Carl Mendel Zike
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Custodian Perry E. H. White Race of father White
Birthplace of father (State or foreign country) Indianapolis, Ind.

12. Full maiden name of mother Harriett Vivian Dean
Residence of mother (if deceased so state) Same
Occupation of mother Clark's Sears Race of mother White
Birthplace of mother (State or foreign country) Milltown, Ind.

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

Signed Thomas D. Zike

New Address Shawnee Oak Add. Bloomington, Ind.

Subscribed and sworn to before me this 22nd day of August, 1967
Clerk John J. Lamb HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk _____

FEMALE APPLICANT

Name Sandra Lee Gerdts
Date of Birth March 6 1946
Place of Birth Indianapolis, Ind.
Residence Address 32 Bx 424 Mooresville, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: IU

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

☒ Other (Specify) Driver's Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Carl Bernard Gerdts
Residence of father (if deceased so state) 32 Mooresville, Ind.
Occupation of father Mrs. M. Mann Race of father White
Birthplace of father (State or foreign country) Indianapolis, Ind.

8. Full maiden name of mother Joan Boswell
Residence of mother (if deceased so state) Same
Occupation of mother Teacher: Millie Hines Race of mother White
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Sandra Lee Gerdts

New Address Same

Subscribed and sworn to before me this 22nd day of August, 1967
Clerk John J. Lamb HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1967, authorizing the joining together as husband and wife

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

I, Robert F. De Song hereby certify that on the 26th day of August, one thousand nine hundred and sixty seven at Indianapolis, County of Hendricks State of Indiana, Groom Thomas Dean Zike of Marion County, State of Indiana and, Bride Sandra Lee Gerdts of Hendricks County, State of Indiana, were by me united 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, 1967. Signed Robert F. De Song

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of August, 1967.

Signed John J. 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. 286
File Book 30
August 22, 1967
Date of Application

MALE
Medical Examination Report Dated 8-19-67
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-19-67
Name of Physician James Black

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

MALE APPLICANT
Name Victor First Middle Last Monday Jr.
Date of Birth May 18 44
Place of Birth (State or foreign country) Indiana
Residence Address 118 Main St. 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 Military
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drunk Scene

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

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

11. Full name of father Victor Earl Monday Sr.
Residence of father (if deceased so state) 118 Main St.
Occupation of father Electrician Race of father White
Birthplace of father (State or foreign country) Indianapolis Ind.
12. Full maiden name of mother June Ann Kelly
Residence of mother (if deceased so state) 118 Main St.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Quercus Grove Indiana

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

Subscribed and sworn to before me this 22nd day of August, 1967
John Sandbold, Jr. Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT
Name Sue First Middle Last Anna King
Date of Birth November 28 1948
Place of Birth (State or foreign country) Indiana
Residence Address 118 Main St. 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 Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Robert Joseph King
Residence of father (if deceased so state) Brownsburg RR
Occupation of father Tool & Die Maker Race of father White
Birthplace of father (State or foreign country) Indianapolis
- Full maiden name of mother Jean Esther Davis
Residence of mother (if deceased so state) Brownsburg RR
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indianapolis

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

Signed Sue Anna King
New Address Indiana

Subscribed and sworn to before me this 22nd day of August, 1967
John Sandbold, Jr. Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of August, 1967, authorizing the joining together as husband and wife of Victor E. Monday Jr. and Sue Anna King.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Father Paul M. Dede, hereby certify that on the 26th day of August, 1967, at Brownsburg, Indiana, Groom Victor Earl Monday Jr. of Ohio, County of Hendricks, and Bride Sue Anna King of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 26th day of August, 1967.

Signed Father Paul M. Dede
Official Designation Catholic Priest
28th day of August, 1967
Signed John Sandbold, Jr. Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 287
File Book 30
Date of Application 22 August 1967

HENDRICKS County

MALE
Medical Examination Report Dated 22 August 1967
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 29 June 1967
Name of Physician A.D. Schaaf M.D.

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

MALE APPLICANT

Name Robert D. Kernodle
Date of Birth January 29 1947
Place of Birth Lebanon, Ind.
Residence Address Bx 198 North Salem, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) ADSA: USN
Usual Occupation ADSA: USN
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
Samie Dean Kernodle		N. Salem, Ind.
Deen Louise Wolfe		Greenville, 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: Samie Dean Kernodle
Residence of father (if deceased so state): N. Salem, Ind.
Occupation of father: Machinist: Alton Race of father: White
Birthplace of father (State or foreign country): New York, U.S.A.
12. Full maiden name of mother: Deen Louise Wolfe
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): Greenville, Ind.

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

Signed Robert D. Kernodle
New Address: 1234 Belle R. Virginia Beach Va
Subscribed and sworn to before me this 22nd day of August, 1967
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Consent Father notarized 18 August 1967

State of Indiana, HENDRICKS ss:

Signed Samie Dean Kernodle Father
Signed Deen Louise Wolfe Mother
Subscribed and sworn to before me this 27th day of August, 1967
Clerk John Samuels

FEMALE APPLICANT

Name Marilyn S. Brown
Date of Birth June 9 1947
Place of Birth Crawfordsville, Ind.
Residence Address Bx 101 Jamestown, Boone, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Accountant & clerk: chrch.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father: Wesley Lucian Brown
Residence of father (if deceased so state): Jamestown, Ind.
Occupation of father: Supt Light & H2O Race of father: White
Birthplace of father (State or foreign country): New Ross, Ind.
8. Full maiden name of mother: Mary Frances Fitzwater
Residence of mother (if deceased so state): Jamestown, Ind.
Occupation of mother: Seamstress Race of mother: White
Birthplace of mother (State or foreign country): Putnam Co, Ind.

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

Signed Marilyn S. Brown
New Address: Same

Subscribed and sworn to before me this 22nd day of August, 1967
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and 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 26th day of August, 1967, authorizing the joining together as husband and wife of Robert D. Kernodle and Marilyn S. Brown

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

I, Jack E. Van Arsdale, hereby certify that on the 26th day of August, 1967, at Jamestown Christian Church, County of Boone, State of Indiana, Groom Robert D. Kernodle of Hendricks County, State of Indiana, and, Bride Marilyn S. Brown of Boone County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of August, 1967.
Signed Jack E. Van Arsdale
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of August, 1967.
Signed John Samuels, Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 287
File Book 30
Date of Application 22 August 1967

MALE
Medical Examination Report Dated 22 August 1967
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 29 June 1967
Name of Physician A.D. Schaaf M.D.

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

MALE APPLICANT
Name Robert D. Kiernodle
Date of Birth January 29 1947
Place of Birth Lebanon, Ind.
Residence Address Bx 198 North Salem, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) ADSAN: USN
Usual Occupation ADSAN: 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
Samie Dean Kiernodle		N. Salem, Ind.
Deen Louise Wolfe		N. Salem, Ind.
Greenville, 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: Samie Dean Kiernodle
Residence of father (if deceased so state): N. Salem, Ind.
Occupation of father: Mechanic: Alton Race of father: White
Birthplace of father (State or foreign country): Ind.
12. Full maiden name of mother: Deen Louise Wolfe
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): Greenville, Ind.

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.
County of _____
Signed Robert D. Kiernodle
New Address 1234 Belle Rd., Virginia Beach, Va.
Subscribed and sworn to before me this 22nd day of August, 1967
Clerk John Hancock HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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 Father notarized 18 August 1967
State of Indiana, HENDRICKS } ss:
County of _____
Signed Samie Dean Kiernodle Father
Signed Deen Louise Kiernodle Mother
Subscribed and sworn to before me this 27th day of August, 1967
Clerk John Hancock

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license
County _____ Court by written order issued
in _____ authorizes and directs the issuance of a marriage license to

RETURN OF MARRIAGE LICENSE AND MARRIAGE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the
of Indiana dated the 26th day of August, 1967, authorizing the joining together as
Robert D. Kiernodle and Marilyn S. Brown
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jack E. Van Arsdale, hereby certify that on the 26th day of August,
one thousand nine hundred and sixty-seven at Jameson Christian Church, County of Boone,
State of Indiana, Groom Robert D. Kiernodle of Hendricks County, State of Indiana,
and, Bride Marilyn S. Brown of Boone County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 26 day of August, 1967.
Signed Jack E. Van Arsdale
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 29th day of August, 1967.
Signed John Hancock, Jr. Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Marilyn S. Brown
Date of Birth June 9 1947
Place of Birth Crawfordsville, Ind.
Residence Address Bx 101 Jamestown, Boone, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Accountant & clerk: church.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you been adjudged as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: W. S. Brown
Residence of father (if deceased so state): W. S. Brown
Occupation of father: Supt.
Birthplace of father (State or foreign country): Ind.
8. Full maiden name of mother: Deen Louise Wolfe
Residence of mother (if deceased so state): N. Salem, Ind.
Occupation of mother: H/W
Birthplace of mother (State or foreign country): Greenville, Ind.

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.
County of _____
Signed John Hancock
New Address _____
Subscribed and sworn to before me this 22nd day of August, 1967
Clerk John Hancock HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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 Father notarized 18 August 1967
State of Indiana, HENDRICKS } ss:
County of _____
Signed Samie Dean Kiernodle Father
Signed Deen Louise Kiernodle Mother
Subscribed and sworn to before me this 27th day of August, 1967
Clerk John Hancock

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license
County _____ Court by written order issued
in _____ authorizes and directs the issuance of a marriage license to

RETURN OF MARRIAGE LICENSE AND MARRIAGE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the
of Indiana dated the 26th day of August, 1967, authorizing the joining together as
Robert D. Kiernodle and Marilyn S. Brown
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jack E. Van Arsdale, hereby certify that on the 26th day of August,
one thousand nine hundred and sixty-seven at Jameson Christian Church, County of Boone,
State of Indiana, Groom Robert D. Kiernodle of Hendricks County, State of Indiana,
and, Bride Marilyn S. Brown of Boone County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 26 day of August, 1967.
Signed Jack E. Van Arsdale
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 29th day of August, 1967.
Signed John Hancock, 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. 288
File Book 30
Date of Application Aug 23-1967

MALE
Medical Examination Report Dated 8-21-67
Name of Physician Joseph C. Kerlin M.D.

FEMALE
Medical Examination Report Dated 8-21-67
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 Harry Middle Melvin Last Kinney
Date of Birth Month Jan Day 9 Year 1926
Place of Birth (State or foreign country) Morgan Ind.
Residence Address Street or R. R. PO Box 73 City Plainfield County Morgan 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 License

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

Name Age Address

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

11. Full name of father Sullivan Kinney

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

Occupation of father Retired Race of father W

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Myrtle Marie Regder

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, Hendricks } ss: I depose and state the information given

County of Hendricks in this application is true and correct.

Signed Harry Melvin Kinney

New Address

Subscribed and sworn to before me this 23 day of Aug 1967

John Lambold, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

County of Hendricks

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

State of Indiana, Hendricks } ss:

County of Hendricks

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

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

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 29 day of August 1967, authorizing the joining together as husband and wife

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

I, Philip H. Badger, hereby certify that on the 1st day of September

one thousand nine hundred and sixty-seven at Stilesville, County of Hendricks,

State of Indiana, Groom Harry Melvin Kinney of Hendricks County, State of Indiana,

and, Bride Mary Joan 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, State of Indiana.

Dated this 29th day of August, 1967.

Signed Philip H. Badger

Official Designation Minister

6th day of September, 1967

Signed John Lambold, Jr. Clerk

Hendricks Circuit Court

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

FEMALE APPLICANT

Name First Mary Middle Joan Last Baker
Date of Birth Month Oct Day 26 Year 1934
Place of Birth (State or foreign country) R1 Stilesville Ind. Ind.
Residence Address Street or R. R. R#1 Stilesville City Stilesville County Morgan State Ind.
Maiden Name if Different Mary Joan Underwood
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 Duplicating Machine Operator

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

☐ Other (Specify) Operators License

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

Residence of father (if deceased so state) Stilesville

Occupation of father Farmer Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Ruth Ann Elmore

Residence of mother (if deceased so state) Stilesville

Occupation of mother housewife Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given

County of Hendricks in this application is true and correct.

Signed Mary Joan Baker

New Address

Subscribed and sworn to before me this 23 day of Aug 1967

John Lambold, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

County of Hendricks

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 289
File Book 30
23 August 1967
Date of Application

MALE

Medical Examination Report Dated 25 August 1967
Name of Physician Barton D. Urbaur M.D.

FEMALE

Medical Examination Report Dated 23 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 William Dwayne Archer
Date of Birth November 2, 1943
Place of Birth Indianapolis, Ind.
Residence Address 141 N. Vine, P.O. Box 142, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation E2 US Army

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

☐ Other (Specify) Army I.D.

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

Name Age Address

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

11. Full name of father Everett Isaac Archer
Residence of father (if deceased so state) 141 N. Vine, P.O. Box 142, Ind.
Occupation of father Maintenance Worker Race of father White
Birthplace of father (State or foreign country) Clayton, Ind.
12. Full maiden name of mother Helvia Susan Cotton
Residence of mother (if deceased so state) 141 N. Vine, P.O. Box 142, Ind.
Occupation of mother Dictationist Race of mother White
Birthplace of mother (State or foreign country) Barbourville, Ky.

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

Signed William D. Archer

New Address Ft. Lewis, Wash.

Subscribed and sworn to before me this 26th day of August, 1967

John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

County of.....

Signed..... Father

Signed..... Mother

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

..... Clerk

FEMALE APPLICANT

Name Lucy Rose Brinegar
Date of Birth May 1944
Place of Birth Indianapolis, Ind.
Residence Address 215 N. Vine P.O. Box 142, Ind.
Maiden Name if Different.....

Previous 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: P.O. Box

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

☒ Other (Specify) Drivers Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Luther Edward Brinegar
Residence of father (if deceased so state) RI Coatesville, Ind.
Occupation of father Teacher: Amo. Race of father White
Birthplace of father (State or foreign country) Lawrence Co., Ind.
- Full maiden name of mother Viola Pearl Wampler
Residence of mother (if deceased so state) Same
Occupation of mother Teacher: Amo Race of mother White
Birthplace of mother (State or foreign country) Smithville, Ind.

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

Signed Lucy Rose Brinegar

New Address (Same) 215 N. Vine

Subscribed and sworn to before me this 23rd day of August, 1967

John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

County of.....

Signed..... Father

Signed..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... HENDRICKS Circuit Court of Indiana dated the 27th day of August, 1967, authorizing the joining together as husband and wife

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

I, W. W. Rhady hereby certify that on the 27th day of August, 1967, at Plainfield, County of Hendricks, State of Indiana, Groom William Dwayne Archer of Hendricks County, State of Indiana and, Bride Lucy Rose Brinegar of Hendricks County, State of Indiana

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

Dated this 27th day of August, 1967.....

Signed W. W. Rhady

Official Designation Minister of Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of September, 1967.....

Signed John Samuels, Jr. Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 290
File Book 30
Date of Application 24 August 1967

MALE
Medical Examination Report Dated 16 August 1967
Name of Physician R.M. Jacobs M.D.

FEMALE
Medical Examination Report Dated 16 August 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 Daniel Harter Whaley
Date of Birth May 11 1947
Place of Birth Cartersville, Ky.
Residence Address RI Stilesville, Hendricks Co., Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student: Purdue

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

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

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

11. Full name of father Allen Timothy Whaley
Residence of father (if deceased so state) RI Stilesville, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Bath Co., Ky.
12. Full maiden name of mother Mary Jean Eckerman
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Nicholas Co., Ky.

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

Signed Daniel Harter Whaley
New Address RI 3x221 Lafayette, Ind.
Subscribed and sworn to before me this 23rd day of August, 1967
John Samblak Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____
Signed Timothy Whaley Father
Signed Mrs. Timothy Whaley Mother
Subscribed and sworn to before me this 23rd day of August, 1967
John Samblak Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____ in _____ authorizes and directs the issuance of a marriage license to the above named parties. 3rd Warr.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 25th day of August, 1967, authorizing the joining together as husband and wife of Daniel Harter Whaley and Judy Lee Arnold.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Starling E. Wamsley hereby certify that on the 26th day of August, 1967, at Stilesville, County of Hendricks, State of Indiana, Groom Daniel Harter Whaley and, Bride Judy Lee Arnold of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.
Dated this 26th day of August, 1967.

Signed Starling E. Wamsley
Official Designation Minister, Christian Church
Subscribed and sworn to before me this 29th day of August, 1967
Signed John Samblak, Jr. Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Judy Lee Arnold
Date of Birth August 29 1947
Place of Birth Greencastle, Ind.
Residence Address RI 3x11 Stilesville, Hendricks Co., Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation House wif.

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

- ☒ Other (Specify) Drives lic.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Raymond Duwood Arnold
Residence of father (if deceased so state) RI Stilesville, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Stilesville, Ind.
 - Full maiden name of mother Lillian Frances Hurst
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Michigan City, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Judy Lee Arnold
New Address Same
Subscribed and sworn to before me this 23rd day of August, 1967
John Samblak Clerk HENDRICKS Circuit Court

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

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 291
File Book 30
25 August 1967
Date of Application

MALE

Medical Examination Report Dated 7 August 1967
Name of Physician E.R. Beurer MD

FEMALE

Medical Examination Report Dated 7 August 1967
Name of Physician E.R. Beurer 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 Stephen R. Hurley
Date of Birth June 8 1946
Place of Birth Rensselaer, Ind.
Residence Address 472 N. Salisbury W. La. Tipp, Ind.
Previous 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) Driver's Lic.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) 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 Russell Charles Hurley
Residence of father (if deceased so state) RS Rensselaer, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Rensselaer, Ind.
12. Full maiden name of mother Doris Eileen Sell
Residence of mother (if deceased so state) Sane
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Marshall, Ind.

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

Signed Stephen R. Hurley

New Address 472 N. Salisbury W. La. Tipp, Ind.

Subscribed and sworn to before me this 25th day of August, 1967
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Janet R. Cummings
Date of Birth May 15 1948
Place of Birth Rensselaer, Ind.
Residence Address R3 Bx 272 Bibury, Hen, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: Purdue

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

☒ Other (Specify) Driver's Lic.

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

7. Full name of father Paranthee Carlyle Cummings
Residence of father (if deceased so state) R3 Bx 272 Bibury, Ind.
Occupation of father Consultant: Farm Bureau Race of father white
Birthplace of father (State or foreign country) Jasper, Ind.
8. Full maiden name of mother Doris Ernestine Rockwell
Residence of mother (if deceased so state) Sane
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Jasper Co., Ind.

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

Signed Janet R. Cummings

New Address Sane

Subscribed and sworn to before me this 25 day of August, 1967
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29 day of Aug, 1967, authorizing the joining together as husband and wife Stephen R. Hurley and Janet R. Cummings.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James V. Bennett hereby certify that on the 3rd day of September, one thousand nine hundred and sixty-seven at Rensselaer, County of Jasper, State of Indiana, Groom Stephen R. Hurley of Jasper County, State of Indiana and, Bride Janet R. Cummings of Hendricks County, State of Indiana were by me united 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 September, 1967.

Signed James V. Bennett

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of September, 1967.

Signed John Samuels, Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 292
File Book 30
25 August 1967
Date of Application

MALE
Medical Examination Report Dated 22 August 1967
Name of Physician Dr. Forrest L. Denny M.D.

FEMALE
Medical Examination Report Dated 22 August 1967
Name of Physician Dr. Forrest L. Denny M.D.

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

MALE APPLICANT

Name First Middle Last
Marion S. Smith
Date of Birth Month Day Year
August 9 1917
Place of Birth (State or foreign country)
Van Wert, Ohio
Residence Address Street or R. R. City County State
Rt 3 Box 143A, New, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Purchasing Tool Proc. Switzer.

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

☐ Other (Specify)

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

Name Age Address

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

11. Full name of father Marion S. Smith Jr.
Residence of father (if deceased so state) Columbia City, Ind.
Occupation of father Retired. Race of father White
Birthplace of father (State or foreign country) Van Wert, Ohio.
12. Full maiden name of mother Olive
Residence of mother (if deceased so state) Deceased. Race of mother White
Occupation of mother — Birthplace of mother (State or foreign country) Van Wert, Ohio.

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

Signed Marion S. Smith

New Address 2615 W. Walnut, Indpls, Ind.

Subscribed and sworn to before me this 25th day of August, 1967

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 29th day of August, 1967, authorizing the joining together as husband and wife of Marion S. Smith and Emma S. Margole. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. Arthur Heinge, hereby certify that on the 1st day of September, 1967, at Zionsville, Indiana, Groom Marion S. Smith, of Hendricks County, State of Indiana, and, Bride Emma S. Margole, 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, State of Indiana.
Dated this 1st day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of _____, 19____
Signed H. Arthur Heinge
Official Designation Justice of the Peace
Signed John L. Ladd, Jr.
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Emma L. Margole
Date of Birth Month Day Year
November 10 1915
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
2615 W. Walnut, Indpls, Marion, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Stenographer

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

☒ Other (Specify) Bap. Cent.

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

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

Signed Emma L. Margole

New Address Same

Subscribed and sworn to before me this 25th day of August, 1967

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk _____

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 293
File Book 30
26 August 1967
Date of Application

MALE

Medical Examination Report Dated 23 August 1967
Name of Physician D. A. Darbro MD

FEMALE

Medical Examination Report Dated 23 August 1967
Name of Physician D. A. Darbro MD

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

MALE APPLICANT

Name Donald E. Finchum
Date of Birth January 14, 1936
Place of Birth Indianapolis, Ind.
Residence Address 138 Bx 244 Indpls, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Counter Salesman, Farm Bureau

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

☐ Other (Specify) _____

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Finchum
Residence of father (if deceased so state) 1507 Banner Ave, Indpls.
Occupation of father Cabinet maker, self Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Beatrice Isabelle Cook
Residence of mother (if deceased so state) R 8 Indpls, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Donald E Finchum

New Address 2461 Shelby Apt 2 Indpls.

Subscribed and sworn to before me this 26th day of August, 1967
John G. Sanborn Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Judith Ann Keys
Date of Birth January 27, 1942
Place of Birth Lafayette, Indiana
Residence Address 2461 Shelby Apt 2, Indpls, Marion, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Clerk: S.O.B. B.M.V.

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

☐ Other (Specify) _____

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

7. Full name of father Tray Ralph Keys
Residence of father (if deceased so state) Marion, Ind.
Occupation of father Cabinet Assy: RCA Race of father white
Birthplace of father (State or foreign country) Ky.
8. Full maiden name of mother Mary Evelyn Van Voorst
Residence of mother (if deceased so state) Marion, Ind.
Occupation of mother Cook Race of mother white
Birthplace of mother (State or foreign country) Ind.

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

Signed Judith A. Keys

New Address 2461 Shelby Apt 2 Indpls.

Subscribed and sworn to before me this 26th day of August, 1967
John G. Sanborn Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of August, 1967, authorizing the joining together as husband and wife Donald E Finchum and Judith Ann Keys

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

I, Howard E Rogers hereby certify that on the 2nd day of September, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom Donald E Finchum of Hendricks County, State of Indiana, and, Bride Judith Ann Keys 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 September, 1967.

Signed Howard E Rogers

Official Designation Methodist Minister

Subscribed and sworn to before me this 6th day of September, 1967
Signed John G. Sanborn Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 294
File Book 30
26 August 1967
Date of Application

MALE
Medical Examination Report Dated 14 August 1967
Name of Physician James E. Southern MD

FEMALE
Medical Examination Report Dated 14 August 1967
Name of Physician James E. Southern MD

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

MALE APPLICANT

Name First Middle Last
Kenneth R. Rayl
Date of Birth Month Day Year
November 1 1943
Place of Birth (State or foreign country)
Meridian, Miss.
Residence Address Street or R. R. City County State
3047 W. Mich. Indpls Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Carter mkt & strapper. Eli Lilly.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.

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

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

11. Full name of father: Guy Paul Rayl
Residence of father (if deceased so state) Logansport, Ind.
Occupation of father: Wt & So. Lbr Ind. Race of father: white
Birthplace of father (State or foreign country): Kokomo, Ind.
12. Full maiden name of mother: Ardene M's Carn
Residence of mother (if deceased so state) Logansport, Ind.
Occupation of mother: Beautician. Race of mother: white
Birthplace of mother (State or foreign country): Kokomo, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: Signed: Kenneth R. Rayl
New Address: 3047 W. Mich. Indpls Marion, Ind.
Subscribed and sworn to before me this 26th day of August, 1967.
John L. Landis, Jr. Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of August, 1967, authorizing the joining together as husband and wife of Kenneth R. Rayl and Betty June Easley. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Ben Thomas E. Berry, hereby certify that on the 2nd day of September, one thousand nine hundred and sixty-seven, at Marion, County of Hendricks, State of Indiana, Groom: Kenneth R. Rayl and, Bride: Betty June Easley 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, State of Indiana. Dated this 2nd day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of September, 1967.
Signed: Ben Thomas E. Berry
Official Designation: Minister
Signed: John L. Landis, Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Betty June Easley
Date of Birth Month Day Year
December 6 1943
Place of Birth (State or foreign country)
Macon, Ga.
Residence Address Street or R. R. City County State
R2 Bx63 Danville, New, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Assembly: Aircraft Elect.

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

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

7. Full name of father: Carl Thomas Easley
Residence of father (if deceased so state) R2 Danville, Ind.
Occupation of father: Block opr. PRR Race of father: white
Birthplace of father (State or foreign country): Trinidad, Colo.
8. Full maiden name of mother: Rosalie Barr.
Residence of mother (if deceased so state) Same
Occupation of mother: H/w. Race of mother: white
Birthplace of mother (State or foreign country): Barlow, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: Signed: Betty June Easley
New Address: Same

Subscribed and sworn to before me this 26th day of August, 1967.
John L. Landis, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 295
File Book 30
Date of Application 26 August 1967

MALE

Medical Examination Report Dated 18 August 1967
Name of Physician Lloyd Terry M.D.

FEMALE

Medical Examination Report Dated 18 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 David First E. Middle Payne Last
Date of Birth December 6 Month 1946 Day
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R3 Bx 80c Danville, Ind. Street or P.O. Box 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 Stock chief: Westinghouse

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

☐ Other (Specify)

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

Name Age Address

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

11. Full name of father Porter Thomas Payne
Residence of father (if deceased so state) R3 D'ville, Ind.
Occupation of father Mechanical: Allen Race of father white
Birthplace of father (State or foreign country) Park City, Ky.
12. Full maiden name of mother Leatha Gertha Farmer
Residence of mother (if deceased so state) same
Occupation of mother Soc: Union Tith. Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed David E. Payne

New Address 131 1/2 East 4th Ave. PRH, Ind.

Subscribed and sworn to before me this 26th day of August, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Janet First L. Middle Corcoran Last
Date of Birth March 19 Month 1948 Day
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 528 Brookside Hwy, P.H.D., Ind. Street or P.O. Box 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: IU Ent.

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

☐ Other (Specify)

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

7. Full name of father Ralph Thomas Corcoran
Residence of father (if deceased so state) 528 Brookside, P.H.D.
Occupation of father Sgt: Link Belt Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Christine Owens
Residence of mother (if deceased so state) same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Janet L. Corcoran

New Address 2nd

Subscribed and sworn to before me this 26th day of August, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1967, authorizing the joining together as husband and wife

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

I, Rev Herman J. Sutz, hereby certify that on the 1st day of September, one thousand nine hundred and sixty-seven at Indianapolis, County of Hendricks, State of Indiana, Groom David E. Payne of Hendricks County, State of Indiana, and, Bride Janet Corcoran of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____ County.

Dated this 1st day of September, 1967.

Signed Rev Herman J. Sutz

Official Designation Catholic Priest

Signed John Handfield, Jr. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of September, 1967

HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 295
File Book 30
Date of Application 26 August 1967

MALE

Medical Examination Report Dated 18 August 1967
Name of Physician Lloyd Terry M.D.

FEMALE

Medical Examination Report Dated 18 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 David First E. Middle Payne Last
Date of Birth December 6 Day 1946 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R3 Bx 802 Danville, Ind. Street or P. O. Box 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 Stock chief: West
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
Of Unsound Mind?
 - Are you under guardianship as a person of unsound mind?
 - Are you now or have you been within five (5) years an inmate of
home for indigent persons?
If answer to 3 is "yes" has the cause of such condition been removed?
 - Are you afflicted with a transmissible disease?
 - Are you related to the bride closer than second cousin?
 - Are you now under the influence of intoxicating liquor?
 - Are you now under the influence of a narcotic drug?
 - Are you able to support a family?
 - Are you likely to so continue?
 - Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Add

- (b) Are you supporting or contributing to their support?
(c) Are you complying with any court order or orders issued for
their support?

11. Full name of father Porter Thomas
Residence of father (if deceased so state) R3 Div.
Occupation of father Mechanist: Alben Race of father
Birthplace of father (State or foreign country) Park Co.
12. Full maiden name of mother Leotta Gertl
Residence of mother (if deceased so state) same
Occupation of mother Sew: Union T. Co. Race of mother
Birthplace of mother (State or foreign country) Indpls.

State of Indiana, HENDRICKS ss: I depose and state that
County of _____ in this application

Signed David E. Payne
New Address 131 1/2 Eastern Ave
Subscribed and sworn to before me this 26th day of Aug
John J. Smith Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

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

FEMALE APPLICANT

Name Janet First L. Middle Corcoran Last
Date of Birth March 19 Day 1948 Year
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 28 Brookside Ln, F.H.D., New, Ind. Street or P. O. Box City County State
Maiden Name if Different _____

*We give permission
for David Payne to
get married.*

Father Mr Porter T. Payne

Mother Mrs Leotta G. Payne

*State of Indiana
County of Hendricks*

Sworn before me this the

25th Day of Aug 1967

Donald Ray Ziegler

*My Commission expires
2-20-68*



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 30th day of August, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Herman J. Sutz hereby certify that on the 1st day of September

one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks
State of Indiana, Groom David E. Payne of Hendricks County, State of Indiana
and, Bride Janet Corcoran of Hendricks County, State of Indiana

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

Dated this 1st day of September, 1967.

Signed Rev Herman J. Sutz
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of September, 1967.

Signed John J. Smith, Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No.

File

296

Book 30

26 August 1967

Date of Application

MALE

Medical Examination Report Dated

21 August 1967

Name of Physician

Carl Hemken MD.

FEMALE

Medical Examination Report Dated

21 August 1967

Name of Physician

Carl Hemken MD.

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

MALE APPLICANT

Name Gary L. Rogers
Date of Birth August 27, 1947
Place of Birth Hamilton Co. Ohio
Residence 863 Sunset Dr. Danville, Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student Empl. PSI

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

☐ Other (Specify)

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

Name Age Address

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

11. Full name of father Howard Huland Rogers
Residence of father (if deceased so state) 863 Sunset Dr. Danville, Ind.
Occupation of father Super. A.D.C. FAA Race of father white
Birthplace of father (State or foreign country) Edwardsville, Ill.
12. Full maiden name of mother Gertrude Claire Haig
Residence of mother (if deceased so state) same
Occupation of mother Teacher, Danville, Ind. Race of mother white
Birthplace of mother (State or foreign country) Caseyville, Ill.

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

Signed Gary L. Rogers

New Address 26th day of August 1967

Subscribed and sworn to before me this 26th day of August, 1967
Clerk John Sandell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed Howard L. Rogers Father

Signed Gertrude C. Rogers Mother

Subscribed and sworn to before me this 26th day of August, 1967
Clerk John Sandell HENDRICKS Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of August, 1967, authorizing the joining together as husband and wife of Gary L. Rogers and Elmora Hardin.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, W.E. Potts hereby certify that on the 2nd day of September, 1967, at Danville, County of Hendricks, State of Indiana, and, Bride Elmora Hardin of Danville, County of Hendricks, State of Indiana, were by me united 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 W.E. Potts

Official Designation Methodist Minister

Signed John Sandell Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of August, 1967.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 297
File Book 30
Aug 26-1967
Date of Application

MALE
Medical Examination Report Dated Aug 16-1967
Name of Physician Dr M. O. Schmahorn

FEMALE
Medical Examination Report Dated Aug 16-1967
Name of Physician Dr M. O. Schmahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Lee Last Ward
Date of Birth Month June Day 2 Year 1948
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address Street or R. R. Pittsburg City Ind. County Ind. 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) White
Usual Occupation Laborer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

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

11. Full name of father Herbert Eugene Ward
Residence of father (if deceased so state) Brownsburg
Occupation of father Carpenter Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy Eileen Harris
Residence of mother (if deceased so state) Pittsburg
Occupation of mother Beautician Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Terry Ward

New Address _____

Subscribed and sworn to before me this 26 day of Aug, 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 _____

Parents Divorced
Mother has custody

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed Dorothy E. Ward Mother

Subscribed and sworn to before me this 26 day of Aug, 1967
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 30 day of August, 1967, authorizing the joining together as husband and wife Terry Lee Ward and Brenda Sue Reeves

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

I, William E. Wallace hereby certify that on the 2nd day of September, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom Terry Lee Ward of Hendricks County, State of Indiana, and, Bride Brenda Sue Reeves 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 September, 1967. Signed Wm. E. Wallace
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of September, 1967.

Signed John Hambold, Jr. Clerk
HENDRICKS Circuit Court

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

Signed Brenda Sue Reeves

New Address _____

Subscribed and sworn to before me this 26 day of August, 1967
John Hambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed Homer Wesley Reeves Father

Signed Virginia Catherine Bugg Mother

Subscribed and sworn to before me this 26 day of Aug, 1967
John Hambold, Jr. Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 298

File Book 30

29 August 1967
Date of Application

MALE

Medical Examination Report Dated 28 August 1967
Name of Physician A. Alan Fischer MD

FEMALE

Medical Examination Report Dated 28 August 1967
Name of Physician A. Alan Fischer 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 Stanley Wayne Carroll
Date of Birth August 28, 1946
Place of Birth Lebanon, Ind.
Residence Address 18 Bx 384 Indpls, Hendricks, Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Lance Corporal - USMC.

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

☐ Other (Specify)

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

Name Age Address

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

11. Full name of father William Paul Carroll
Residence of father (if deceased so state) 28 Indpls, Ind. Hs.
Occupation of father Factory: Kater Seg. White
Birthplace of father (State or foreign country) Ky.

12. Full maiden name of mother Dorothy Mae Davis
Residence of mother (if deceased so state) Same
Occupation of mother Recreational Race of mother White
Birthplace of mother (State or foreign country) Danville, Ind.

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

Signed Stanley Wayne Carroll
New Address San Clemente, Calif.
Subscribed and sworn to before me this 29th day of August, 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, Hendricks } ss:

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

FEMALE APPLICANT

Name Diana S. Sutterfield
Date of Birth October 19, 1946
Place of Birth Indianapolis, Ind.
Residence Address 4423 Alden Dr., Indpls, Marion, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation File clerk.

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

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Robert Barker Sutterfield
Residence of father (if deceased so state) 4423 Alden, Indpls, Ind.
Occupation of father Car Sales: Palmer Bros. Race of father white
Birthplace of father (State or foreign country) Ky.
- Full maiden name of mother Jewell Irene Capps
Residence of mother (if deceased so state) 4423 Alden, Indpls, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Ky.

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

Signed Diana S. Sutterfield
New Address Same.
Subscribed and sworn to before me this 29th day of August, 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, Hendricks } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2nd day of September 1967, authorizing the joining together as husband and wife of Stanley Wayne Carroll and Diana S. Sutterfield. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, William H. Lewis, hereby certify that on the 2 day of September, 1967, at Indianapolis, County of Marion, State of Indiana, Groom Stanley Wayne Carroll and, Bride Diana Sutterfield of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 2 day of September, 1967.

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

Signed William H. Lewis
Official Designation Minister
day of Sept, 1967
Signed John Gambrell Jr Clerk
Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 299
File Book 30
Date of Application 29 August 1967

MALE
Medical Examination Report Dated 23 August 1967
Name of Physician Geo. A. Tiley M.D.

FEMALE
Medical Examination Report Dated 23 August 1967
Name of Physician Geo. A. Tiley M.D.

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

MALE APPLICANT

Name William A. Burney
Date of Birth September 25, 1912
Place of Birth (State or foreign country) Decatur Co., Ind.
Residence Address 286 N. Center, R. 1, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Civil Service: Retired
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Clifford Franklin Burney	Deceased	
Blanche May Horner	Deceased	

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Clifford Franklin Burney
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Decatur Co., Ind.
12. Full maiden name of mother Blanche May Horner
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother White
Birthplace of mother (State or foreign country) Shelby Co., Ind.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed William A. Burney
New Address 8801 Madison Ave Apt 210A
Subscribed and sworn to before me this 29th day of August, 1967
Clerk John Sanford HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name Maybeth O. Owen
Date of Birth October 8, 1910
Place of Birth (State or foreign country) Johnson Co., Ind.
Residence Address 8801 Madison Ave, Ind., Marion, Ind.
Maiden Name if Different Maybeth Green
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 Sales Lady J.C. Penny
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Forest Grove Green
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Johnson Co., Ind.
8. Full maiden name of mother Vina Bell Price
Residence of mother (if deceased so state) 8801 Madison
Occupation of mother Retired Race of mother White
Birthplace of mother (State or foreign country) Johnson Co., Ind.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Maybeth O. Owen
New Address Same
Subscribed and sworn to before me this 29th day of August, 1967
Clerk John Sanford HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1967, authorizing the joining together as husband and wife William A. Burney and Maybeth O. Owen
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles L. Stickle hereby certify that on the 10th day of September, one thousand nine hundred and sixty-seven at Indianapolis, Ind., County of Marion, State of Indiana, Groom William A. Burney of Hendricks County, State of Indiana, and, Bride Maybeth O. Owen 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 September, 1967.
Signed Charles L. Stickle
Official Designation Minister of the Gospel
Filed and recorded in accordance with the laws of the State of Indiana this 11th day of September, 1967.
Signed John Sanford, Jr. Clerk
HENDRICKS Circuit Court

B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R
S
T
U
V
W
X
Y
Z

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 300
File Book 30
Aug 29-1967
Date of Application

MALE
Medical Examination Report Dated Aug 21-1967
Name of Physician David B Haggard M.D.

FEMALE
Medical Examination Report Dated Aug 21-1967
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 William S England Jr.
Date of Birth March 3 1948
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 139 N Center St, Plainfield 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 Mechanic
Date of birth verified by: X Birth Cert. ☐ Judicial Decree

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

Name Age Address

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

11. Full name of father Wm Lester England
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 Mary Louise Ray
Residence of mother (if deceased so state) Wilkesburg Kentucky
Occupation of mother none Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed William S England Jr.
New Address

Subscribed and sworn to before me this 29 day of August 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.
Consent of Mother attached

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed William S England Jr. Father
Signed Mother
Subscribed and sworn to before me this 29 day of August 1967
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 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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of September 1967, authorizing the joining together as husband and wife of William S England Jr. and Sandra Jean Bault. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Conley Bowman hereby certify that on the 2nd day of September, 1967, at Plainfield, Indiana, Groom William S England Jr. and Bride Sandra Jean Bault of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana. Dated this 2nd day of September 1967.

Signed Conley Bowman
Official Designation Minister
8th day of September 1967
Signed John Hambold Jr. Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Sandra Jean Bault
Date of Birth March 3 1947
Place of Birth (State or foreign country) Beech Grove Marion Ind.
Residence Address 9507 Harmony Dr Indianapolis Ind.
Maiden Name if different Sandra Jean Rivers
Previous Marital Status: Never Married X Number of Previous Marriages Once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White X Negro ☐ Other ☐ (specify)
Usual Occupation none
Date of birth verified by: X Birth Cert. ☐ Judicial Decree

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

7. Full name of father Robert Rivers
Residence of father (if deceased so state) Indianapolis
Occupation of father Machine Engineer Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Nora Hinson
Residence of mother (if deceased so state) Indianapolis Ind. Co.
Occupation of mother none Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

Subscribed and sworn to before me this 29 day of August 1967
John Hambold Jr. Clerk HENDRICKS Circuit Court

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

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

August 24, 1967

To Whom It May Concern:

I, Mary Louise England, mother of William Lester England, Jr.
give my permission for him to marry Sandra Jean Bault.

Signed---
W.T. Teachman - Notary Public Mary Louise England.
My Commission Expires Jan. 31, 1970

11. Full name of father... *Wm Lester England*
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 *Mary Louise Ray*
Residence of mother (if deceased so state) *Wilkesburg Kentucky*
Occupation of mother *none* Race of mother *W*
Birthplace of mother (State or foreign country) *Kentucky*
State of Indiana, *HENDRICKS* } ss: I depose and state the information given
County of... in this application is true and correct.
Signed *William L. England*
New Address...

Subscribed and sworn to before me this *29* day of *August*, 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 attached

State of Indiana, *HENDRICKS* } ss:
County of...
Signed *William L. England* Father
Signed *Sandra Jean Bault* Mother
Subscribed and sworn to before me this *29* day of *August*, 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
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 *2nd* day of *September*, 19*67*, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, *Conley Bowman* hereby certify that on the *2nd* day of *September*,
one thousand nine hundred and *sixty-seven* at *Plainfield*, County of *Hendricks*,
State of Indiana, Groom *William L. England Jr.* of *Hendricks* County, State of *Indiana*,
and, Bride *Sandra Jean Bault* of *Hendricks* County, State of *Indiana*,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of *HENDRICKS*
County, State of *Indiana*.
Dated this *2nd* day of *September*, 19*67*.

Signed *Conley Bowman*
Official Designation *Minister*
Filed and recorded in accordance with the laws of the State of Indiana this *8th* day of *September*, 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. 301
File BOOK 30
30 August 1967
Date of Application

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

FEMALE
Medical Examination Report Dated 29 August 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 Patrick L. Jones
Date of Birth March 27 1949
Place of Birth Indpls Ind.
Residence Address 50 W. Vermont B'burg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Stock Boy: 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? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses

Name	Age	Address
Ray Leo Jones		B'burg, Ind.
Mart: FR. Maloney		Conte, Ind.
Marian Lucille Britt		B'burg, Ind.
Pamela L. Horn		Paris, Ill.
Gladys Elaine Pedigo		Oakland, Ill.

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

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

11. Full name of father Ray Leo Jones
Residence of father (if deceased so state) B'burg, Ind.
Occupation of father Mart: FR. Maloney
Birthplace of father (State or foreign country) Conte, Ind.
12. Full maiden name of mother Marian Lucille Britt
Residence of mother (if deceased so state) B'burg, Ind.
Occupation of mother Pamela L. Horn
Birthplace of mother (State or foreign country) Paris, Ill.

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

Signed Patrick L. Jones

New Address 50 W. Vermont St., B'burg

Subscribed and sworn to before me this 30th day of August, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed Ray Leo Jones Father

Signed Marian Lucille Britt Mother

Subscribed and sworn to before me this 30th day of August, 1967
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Pamela L. Horn
Date of Birth April 12 1949
Place of Birth Paris, Ill.
Residence Address 5350 W. Jackson, Indpls, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Dental Asst.

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

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Paul Horn
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Apr. M/C. Race of father white
Birthplace of father (State or foreign country) Paris, Ill.
8. Full maiden name of mother Gladys Elaine Pedigo
Residence of mother (if deceased so state) same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Oakland, Ill.

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

Signed Pamela L. Horn

New Address same

Subscribed and sworn to before me this 30th day of August, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of September, 1967, authorizing the joining together as husband and wife of Patrick L. Jones and Pamela L. Horn

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

I, Lester B. Yearick hereby certify that on the 3rd day of September, one thousand nine hundred and sixty-seven at B'burg, County of Hendricks, State of Indiana, Groom Patrick L. Jones of Hendricks County, State of Indiana, and, Bride Pamela L. Horn 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 September, 1967

Signed Lester B. Yearick

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of September, 1967

Signed John L. Smith, Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 302
File Book 30
Aug 30-1967
Date of Application

MALE
Medical Examination Report Dated 8-28-67
Name of Physician Lloyd Zengy M.D.

FEMALE
Medical Examination Report Dated 8-28-67
Name of Physician Lloyd Zengy M.D.

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

MALE APPLICANT

Name First Middle Last
Michael Ellis Rodney
Date of Birth Month Day Year
12 19 1944
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
R 2 Danville Hend. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Farmer

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

☐ Other (Specify) Drivers License

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

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

11. Full name of father Vestal T. Rodney
Residence of father (if deceased so state) Danville R 2
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Anna Margaret Ellis
Residence of mother (if deceased so state) Danville R 2
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Michael Ellis Rodney
New Address R 2 Box 13A Danville

Subscribed and sworn to before me this 30 day of Aug, 1967
John Hambold, Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1967, authorizing the joining together as husband and wife of Michael Ellis Rodney and Mary Ann Nicholson. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Herbert O. Pettengill, Jr., hereby certify that on the 10th day of September, 1967, at Danville, County of Hendricks, State of Indiana, Groom Michael Ellis Rodney of Hendricks County, State of Indiana, and, Bride Mary Ann Nicholson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of Indiana.
Dated this 6th day of September, 1967.

Signed Herbert O. Pettengill, Jr.
Official Designation Minister
11th day of September, 1967
Signed John Hambold, Jr. Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 303
File 31 August 1967
Date of Application Book 30

MALE

Medical Examination Report Dated 30 August 1967
Name of Physician Walter McManis M.D.

FEMALE

Medical Examination Report Dated 30 August 1967
Name of Physician Walter McManis M.D.

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

MALE APPLICANT

Name William Glen Hendrick
Date of Birth February 2, 1924
Place of Birth Frederick, Ky.
Residence Address RI Bx 170 Clayton, New, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Abba Culwell Co. Ky.

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

Usual Occupation Bus Driver: Brooks, Paducah
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Motor Driver's Lic.

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

(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Donn Steven D. 7A 21 Princeton, Ky.
William Glen II 9
Angela Lyan 12
Glenda 12
Helen Susan 13

(b) Are you supporting or contributing to their 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 Henry Hendrick
Residence of father (if deceased so state) Princeton, Ky.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Ky.

12. Full maiden name of mother Marella Harris
Residence of mother (if deceased so state) Princeton, Ky.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Ky.

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

Signed William Glen Hendrick
New Address RI Bx 170 Clayton, Ind.
Subscribed and sworn to before me this 31st day of August, 1967
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Linda Kathleen Hennessey
Date of Birth December 2, 1943
Place of Birth Camden, Tenn.
Residence Address 7340 Harper Detroit, Wayne, Mich.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation unemployed

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

☐ Other (Specify) _____

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

7. Full name of father James Marshall Hennessey
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Mt. Braddock, Pa.

8. Full maiden name of mother Cora Kathleen Johnson
Residence of mother (if deceased so state) New Haven, Mich.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Banta Co, Tenn

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

Signed Linda Kathleen Hennessey
New Address Same
Subscribed and sworn to before me this 31st day of August, 1967
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of Sept., 1967, authorizing the joining together as husband and wife of William Glen Hendrick and Linda Kathleen Hennessey.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John J. Goodman hereby certify that on the 2nd day of September, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom William Glen Hendrick of Hendricks County, State of Indiana and, Bride Linda K. Hennessey of Wayne County, State of Michigan were by me united 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 September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of September, 1967.

Signed John J. Goodman
Official Designation Justice of the Peace
Signed John Samuels Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 304
File Book 30
Aug 31-1967
Date of Application

MALE
Medical Examination Report Dated 8-30-67
Name of Physician G. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 8-30-67
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 Middle Last
Harrison Savage Jr.
Date of Birth Month Day Year
July 29 1925
Place of Birth (State or foreign country)
Marion Ind.
Residence Address Street or R. R. City County State
2826 W 10th Indpls Marion Ind.
Previous Marital Status: Never Married ☐ Divorced ☒ Number of Previous Marriages once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father Harrison Savage Sr.
Residence of father (if deceased so state) Indianapolis
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mayme E. Care
Residence of mother (if deceased so state) Indianapolis
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Subscribed and sworn to before me this 31 day of August 1967
John Gambold, Jr. Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 1967, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, 1967, at _____, County of _____, State of Indiana, Groom _____ and, Bride _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.
Dated this _____ day of _____, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1967.
Signed _____
Official Designation _____
Signed _____ Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last
Pamela P. Williams
Date of Birth Month Day Year
Oct 24 1925
Place of Birth (State or foreign country)
London England
Residence Address Street or R. R. City County State
440 Douglas Brownsburg Ind.
Maiden Name if Different Pamela Pierce
Previous Marital Status: Never Married ☐ Divorced ☒ Number of Previous Marriages once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Book Keeper
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

8. Full maiden name of mother Kate Sullivan
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) England

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

Subscribed and sworn to before me this 31 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, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 305
File Book 30
Date of Application 1 September 1967

MALE
Medical Examination Report Dated 28 August 1967
Name of Physician Joseph C. Kerlin MD

FEMALE
Medical Examination Report Dated 28 August 1967
Name of Physician Joseph 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 Patrick W. Parrish
Date of Birth February 8, 1945
Place of Birth Indianapolis, Ind.
Residence Address 131 Bx170AF B'burg, Hen, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Manifest CLK. Dohrn Truck
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

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

(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Charles William Parrish
Residence of father (if deceased so state) R1 B'burg, Ind.
Occupation of father Alum. self Race of father White
Birthplace of father (State or foreign country) Spencer, Ind.

12. Full maiden name of mother Anna Mae Shook
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Patrick W. Parrish

New Address 2239 White Oak Dr. Apt 3

Subscribed and sworn to before me this 1st day of September, 1967
Clerk John Samliff HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Claudia Jo. Caylor
Date of Birth October 3, 1945
Place of Birth Indianapolis, Ind.
Residence Address R3 Bx194 Danville, Hen, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Filing CLK: Ellis

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 Claude Casper Caylor

Residence of father (if deceased so state) R3 Drisk, Ind.

Occupation of father Pres: Ellis Race of father White

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

8. Full maiden name of mother Josephine Georgianna Widger

Residence of mother (if deceased so state) R3 Drisk

Occupation of mother H/W. Race of mother White

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

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

Signed Claudia Jo Caylor

New Address Sam.

Subscribed and sworn to before me this 1st day of September, 1967

Clerk John Samliff HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of September, 1967, authorizing the joining together as husband and wife of Patrick W. Parrish and Claudia Jo Caylor.

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

I, George A. Harris hereby certify that on the 23rd day of September, one thousand nine hundred and sixty-seven at The Danville Christian Church, County of Hendricks, State of Indiana, Groom Patrick W. Parrish of Hendricks County, State of Indiana and, Bride Claudia Jo Caylor of Hendricks County, State of Indiana were by me united 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 September, 1967.

Signed Rev George A Harris

Official Designation Minister

Signed John Samliff, Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of September, 1967.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 306
File Book 30
Date of Application 3 September 1967

MALE
Medical Examination Report Dated 30 August 1967
Name of Physician M.O. Scamahorn M.D.

FEMALE
Medical Examination Report Dated 30 August 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 Earl Grant Poland
Date of Birth May 30 1948
Place of Birth Lebanon, Ind.
Residence Address 309 N. Church Hixton, New, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation office boy: Link Belt

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

☒ Other (Specify) Drives Lic.

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

Name Age Address

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

11. Full name of father Raburn Earl Poland
Residence of father (if deceased so state) Hixton, Ind.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) New Co., Ind.
12. Full maiden name of mother Betty Lee Nicholson
Residence of mother (if deceased so state) Sano
Occupation of mother Assembly Elect. Spl. Race of mother white
Birthplace of mother (State or foreign country) Sametown (Ben) Mo.

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

Signed Earl Grant Poland
New Address 309 N. Church Hixton
Subscribed and sworn to before me this 3rd day of September, 1967
Clerk John Gammell HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS ss:

Signed Raburn Earl Poland Father
Signed Betty L. Nicholson Mother
Subscribed and sworn to before me this 3rd day of September, 1967
Clerk John Gammell

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 7th day of September, 1967, authorizing the joining together as husband and wife of Earl Grant Poland and Beverly Sue Hallam.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul E. Whitsett hereby certify that on the 9th day of September, 1967, at 309 N. Church Hixton, County of Hendricks, State of Indiana, Groom Earl Grant Poland and, Bride Beverly Sue Hallam of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS.
Dated this 9th day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of September, 1967.

Signed Paul E. Whitsett
Official Designation Minister The Sijon Christian Church
Signed John Gammell Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 307
File Bk. 30
Date of Application Sept. 5, 1967

MALE

Medical Examination Report Dated August 23, 1967
Name of Physician L. E. Gatty, M.D.

FEMALE

Medical Examination Report Dated Aug 23, 1967
Name of Physician L. E. Gatty, M.D.

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

MALE APPLICANT

Name Michael R. Selby
Date of Birth Oct. 20, 1946
Place of Birth (State or foreign country) Linton, Ind.
Residence Address 433 Barnaday Dr., Brownsburg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
11. Full name of father <u>Ray Curtis Selby</u>		
Residence of father (if deceased so state) <u>Same</u>		
Occupation of father <u>Mgr. Ele. Div.</u>	Race of father <u>W.</u>	
Birthplace of father (State or foreign country) <u>Martin Co. Ind.</u>		
12. Full maiden name of mother <u>Laura Jean Smith</u>		
Residence of mother (if deceased so state) <u>Same</u>		
Occupation of mother <u>Housewife</u>	Race of mother <u>W.</u>	
Birthplace of mother (State or foreign country) <u>Indpls. Ind.</u>		

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

Signed Michael R. Selby
New Address Locust Ave., Auburn, Alabama

Subscribed and sworn to before me this 5 day of Sept., 1967
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed Laura Jean Selby Father
Signed Laura Jean Selby Mother

Subscribed and sworn to before me this 5 day of Sept., 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 9th day of September, 1967, authorizing the joining together as husband and wife of Michael R. Selby and Rebecca May Wannell.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick hereby certify that on the 9th day of September, one thousand nine hundred and sixty-seven at Brownsburg, County of Hendricks, State of Indiana, Groom Michael R. Selby of Hendricks County, State of Indiana, and, Bride Rebecca M. Wannell of Hendricks County, State of Indiana, were by me united 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 September, 1967.

Signed Lester B. Yearick
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 12th 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. 308
File Book 30
Date of Application 5 September 1967

MALE
Medical Examination Report Dated 28 August 1967
Name of Physician John Arthur Kestey Lt. USA

FEMALE
Medical Examination Report Dated 23 August 1967
Name of Physician Dr. B. H. Haggard MD.

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

MALE APPLICANT
Name Glenn William Davis
Date of Birth September 8, 1941
Place of Birth Elizabeth, N.J.
Residence Address 434 Grier Ave., Eliz. Union, N.J.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) USN
Usual Occupation E6 USN
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
11. Full name of father <u>John William Davis</u>		
Residence of father (if deceased so state) <u>434 Grier Ave. Eliz. N.J.</u>		
Occupation of father <u>Lab Tech. Gen. An. Sys. White</u>		
Birthplace of father (State or foreign country) <u>Elizabeth, N.J.</u>		
12. Full maiden name of mother <u>Geraldine Ann Sheehan</u>		
Residence of mother (if deceased so state) <u>Same</u>		
Occupation of mother <u>H/W</u>		
Birthplace of mother (State or foreign country) <u>Eliz. N.J.</u>		

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Glenn William Davis
New Address NAMTG, NATTC Memphis Tenn.
Subscribed and sworn to before me this 5th day of September, 1967
Clerk John Samblak HENDRICKS Circuit Court

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

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

FEMALE APPLICANT
Name Judy Ann Chambers
Date of Birth August 31, 1945
Place of Birth Indpls, Ind.
Residence Address R2 Bx 595 Indpls, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation _____
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Clarence Ellsworth Chambers
Residence of father (if deceased so state) R2 Indpls, Ind.
Occupation of father Truck Dr. Geuzel Carl. Wg
Birthplace of father (State or foreign country) Marion, Ind.
8. Full maiden name of mother Grace Annabelle Shane
Residence of mother (if deceased so state) Same
Occupation of mother Secy. J.C. Lewis
Birthplace of mother (State or foreign country) Plainfield, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Judy Ann Chambers
New Address Same
Subscribed and sworn to before me this 5th day of September, 1967
Clerk John Samblak HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 September, 1967, authorizing the joining together as husband and wife of Glenn William Davis and Judy Ann Chambers.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Raymond E. Sanham hereby certify that on the 10th day of September, 1967, at Indianapolis, County of Marion, State of Indiana, Groom Glenn William Davis of San Diego, County, State of California, and, Bride Judy Ann Chambers of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____.
Dated this 14th day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of September, 1967.
Signed Raymond E. Sanham
Official Designation Associate Chaplain
Signed John Samblak, Jr.
Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 309
File Book 30
Date of Application 6 September 1967

MALE

Medical Examination Report Dated 31 August 1967
Name of Physician Howard Aldrich MD

FEMALE

Medical Examination Report Dated 31 August 1967
Name of Physician Howard Aldrich 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 Emmons Crawley Sr.
Date of Birth June 28 1909
Place of Birth (State or foreign country) Putnam Co., Ind.
Residence Address 152 Bx 148 Indpls, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Tank Opr. Alum. Finish Corp.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11. Full name of father: <u>Lewis Alfred Crawley</u>		
Residence of father (if deceased so state): <u>Deceased</u>		
Occupation of father: _____ Race of father: <u>White</u>		
Birthplace of father (State or foreign country): <u>Putnam Co., Ind.</u>		
12. Full maiden name of mother: <u>Ina Elizabeth Prince</u>		
Residence of mother (if deceased so state): <u>Deceased</u>		
Occupation of mother: _____ Race of mother: <u>White</u>		
Birthplace of mother (State or foreign country): <u>Marion Co., Ind.</u>		

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed: Emmons Crawley Sr.
New Address: 401 Spruce St., Indpls, Ind.
Subscribed and sworn to before me this 6th day of September, 1967
Clerk: John Samblor HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name Anna M. Johnson
Date of Birth July 28 1916
Place of Birth (State or foreign country) Mercer Co., Ky.
Residence Address 401 Spruce St., Indpls, Marion, Ind.
Maiden Name if Different Anna Mave
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 Trucker & Insp. Alum. Finish Corp.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Ind. Policy Dental 632-610-076
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the groom closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - Full name of father: George William Mave
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: Edith Berry
Residence of mother (if deceased so state): Longwood, Fla.
Occupation of mother: _____ Race of mother: White
Birthplace of mother (State or foreign country): Ky.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed: Anna M. Johnson
New Address: Same
Subscribed and sworn to before me this 6th day of September, 1967
Clerk: John Samblor HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 11th day of August, 1967, authorizing the joining together as husband and wife of Emmons Crawley Sr. and Anna M. Johnson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John J. Goodman hereby certify that on the 11th day of September, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Emmons Crawley Sr. of Hendricks County, State of Indiana and, Bride Anna M. Johnson of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 11 day of September, 1967.

Signed: John J. Goodman
Official Designation: Justice of the Peace
Filed and recorded in accordance with the laws of the State of Indiana this 12th day of September, 1967.
Signed: John Samblor, Jr. HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 310
File Book 30
Date of Application 7 September 1967

MALE
Medical Examination Report Dated 5 September 1967
Name of Physician Alvin D. Schaaf M.D.

FEMALE
Medical Examination Report Dated 5 September 1967
Name of Physician Alvin D. Schaaf M.D.

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

MALE APPLICANT
Name Melvin L. McCullough
Date of Birth October 19 1948
Place of Birth Frankfort, Ind.
Residence Address R2 Jamestown, Boone, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Filly Station Att.
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

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

11. Full name of father Everett Leonard McCullough
Residence of father (if deceased so state) R2 Jamestown, Ind.
Occupation of father Carpenter Mel. Rhodes Race of father white
Birthplace of father (State or foreign country) Liberal, Kansas
12. Full maiden name of mother Edna Jane Snider
Residence of mother (if deceased so state) Saw
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Carrollton, Mo.

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

Signed Melvin L. McCullough
New Address R2 Jamestown, Ind.
Subscribed and sworn to before me this 7th day of September, 1967
Clerk John Lambell HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Everett Leonard McCullough Father
Signed Edna Jane McCullough Mother
Subscribed and sworn to before me this 7th day of September, 1967
Clerk John Lambell

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 11 day of September, 1967, authorizing the joining together as husband and wife of Melvin L. McCullough and Mary Louise Hatcher.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John E. Van Arsdale, hereby certify that on the 11th day of September, 1967, at Jamestown Christian Church, County of Boone, State of Indiana, Groom Melvin L. McCullough and, Bride Mary Louise Hatcher of Boone County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.
Dated this 11th day of September, 1967.

Signed John E. Van Arsdale
Official Designation Minister
day of September, 1967
Signed John Lambell
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Mary Louise Hatcher
Date of Birth December 27 1950
Place of Birth Lebanon, Ind.
Residence Address Box 121 Lizton, Ind.
Maiden Name if Different _____
Previous 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: N. Salen.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Samuel Ferris Hatcher
Residence of father (if deceased so state) R1 Lizton, Ind.
Occupation of father Door closer service Race of father white
Birthplace of father (State or foreign country) London, Ky.
8. Full maiden name of mother Virginia Louise Walker
Residence of mother (if deceased so state) Saw
Occupation of mother Wrapper: Marsh cold meat Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Mary Louise Hatcher
New Address Saw
Subscribed and sworn to before me this 7th day of September, 1967
Clerk John Lambell HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 7th day of September, 1967
Clerk John Lambell

Parents notarized consent dated 6 August 1967 attached.

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

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 7th day of September, 1967
Clerk John Lambell

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

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 7th day of September, 1967
Clerk John Lambell

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

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 7th day of September, 1967
Clerk John Lambell

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

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 7th day of September, 1967
Clerk John Lambell

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 310
File Book 30
Date of Application 7 September 1967

MALE
Medical Examination Report Dated 5 September 1967
Name of Physician Alvin D. Schaaf M.D.

FEMALE
Medical Examination Report Dated 5 September 1967
Name of Physician Alvin D. Schaaf M.D.

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

MALE APPLICANT
Name Melvin First L. Middle McCullough Last
Date of Birth October 19 Month 1948 Day 1948 Year
Place of Birth (State or foreign country) Frankfort, Ind.
Residence Address R2 Jamestown, Boone, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Filly Station. A.H.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers Lic.

FEMALE APPLICANT
Name Mary Louise First Hatcher Middle Hatcher Last
Date of Birth December 27 Month 1950 Day 1950 Year
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address Box 131 Lizton, Ind.
Maiden Name if Different _____
Previous 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: N. Salen.
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 ☐
2. Are you now or have you been adjudged, diagnosed or considered as: No ☒ Yes ☐
3. Are you now or have you been adjudged, diagnosed or considered as: No ☒ Yes ☐
4. Are you now or have you been adjudged, diagnosed or considered as: No ☒ Yes ☐
5. Are you now or have you been adjudged, diagnosed or considered as: No ☒ Yes ☐
6. Are you now or have you been adjudged, diagnosed or considered as: No ☒ Yes ☐
7. Are you now or have you been adjudged, diagnosed or considered as: No ☒ Yes ☐
8. Are you now or have you been adjudged, diagnosed or considered as: No ☒ Yes ☐
9. Are you now or have you been adjudged, diagnosed or considered as: No ☒ Yes ☐
10. Do you now or have you been adjudged, diagnosed or considered as: No ☒ Yes ☐

I, Samuel F. Hatcher Sr., hereby give my consent for
my Daughter Mary Hatcher to
marry Melvin McCullough

subscribed and sworn to before me this 6 day of Aug 1967

Kathleen K. James
Notary Public

11. Full name of father Samuel F. Hatcher Sr.
Residence Liberal, Kansas.
Occupation of father Liberal, Kansas.
Birthplace of father (State or foreign country) Liberal, Kansas.
12. Full maiden name of mother Edna Jane Snider
Residence of mother (if deceased so state) Saw
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Carrollton, Mo.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Melvin D. McCullough

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

Signed Mary Louise Hatcher

New Address Same

Subscribed and sworn to before me this 6 day of September 1967
John Landolf Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Virginia Lois Hatcher, hereby give my consent for
my Daughter, Mary Hatcher to
marry Melvin McCullough.

subscribed and sworn to before me this 6 day of Aug 1967

Kathleen K. James
Notary Public

Be 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 September 1967, authorizing the joining together as husband and wife of Melvin L. McCullough and Mary Louise Hatcher.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John E. Van Arsdale, hereby certify that on the 11th day of September, 1967, at Jamestown Christian Church, County of Boone, State of Indiana, Groom Melvin L. McCullough and, Bride Mary Louise Hatcher of Boone County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 11th day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of September, 1967.

Signed John E. Van Arsdale
Official Designation Minister
Signed John Landolf Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 311
File Book 30
Date of Application 7 September 1967

MALE
Medical Examination Report Dated 6 September 1967
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated 6 September 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 Donald Christopher
Date of Birth June 12 1942
Place of Birth (State or foreign country) Hendricks Co., Ind.
Residence Address 501 Avon Rd., P.O. Box 745, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Truck Driver: Sam Wolkoff
Usual Occupation Truck Driver: Sam Wolkoff
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address

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

11. Full name of father Howard Christopher Sr.
Residence of father (if deceased so state) 501 Avon Rd., P.O. Box 745, Hendricks, Ind.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Columbus, Ind.
12. Full maiden name of mother Margaret Loretta Scanlon
Residence of mother (if deceased so state) Deceased
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Ontario, Canada

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

Signed Donald Christopher
New Address P.O. Box 61 Plainfield, Ind.

Subscribed and sworn to before me this 7th day of September, 1967
Clerk John J. Gaudman HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Dorothy A. Morphew
Date of Birth March 30 1949
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address RI Bx 745 P.O. Box 745, Hendricks, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Proof Reader: BMV
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father James Alfred Morphew
Residence of father (if deceased so state) RI P.O. Box 745, Hendricks, Ind.
Occupation of father Truck Driver: Daimler Race of father White
Birthplace of father (State or foreign country) Danville, Ind.
8. Full maiden name of mother Alice Katherine Hunter
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) P.O. Box 745, Hendricks, Ind.

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

Signed Dorothy A. Morphew
New Address San

Subscribed and sworn to before me this 7th day of September, 1967
Clerk John J. Gaudman HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of September, 1967, authorizing the joining together as husband and wife

of Donald Christopher and Dorothy A. Morphew
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ira J. Gaudman hereby certify that on the 11th day of September, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Donald Christopher of Hendricks County, State of Indiana, and, Bride Dorothy Ann Morphew of Hendricks County, State of Indiana, were by me united 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 September, 1967.

Signed Ira J. Gaudman

Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of September, 1967.

Signed John J. Gaudman, 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. 312
File Bk. 30
Date of Application Sept. 7, 1967

MALE
Medical Examination Report Dated Sept. 7, 1967
Name of Physician Eli G. Coats

FEMALE
Medical Examination Report Dated Sept. 7, 1967
Name of Physician Eli G. 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 Melvin Thompson
Date of Birth Feb. 18, 1948
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address RR #4, Box 76 B, Clayton Hend., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

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

11. Full name of father Charles Lewis Thompson
Residence of father (if deceased so state) Same
Occupation of father Machinist Race of father W.
Birthplace of father (State or foreign country) Putnam Co., Ind.
12. Full maiden name of mother Lena May Sparks
Residence of mother (if deceased so state) Same
Occupation of mother Waitress Race of mother W.
Birthplace of mother (State or foreign country) Indpls., Ind.

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

Signed Melvin L. Thompson
New Address Co C 78th Sig Bn Fort Lewis, Washington
Subscribed and sworn to before me this 7th day of Sept., 1967
Clerk John S. Lamb, Jr. HENDRICKS Circuit Court

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued Sept. 7, 1967 and filed in _____ 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 _____ County _____ Court dated the 7th day of Sept., 1967 authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Malcolm R. Rier and Mary Burnett
one thousand nine hundred and sixty-seven hereby certify that on the 10th day of September, 1967 at Cottlesville, County of Hendricks, State of Indiana

State of Indiana, Groom Melvin Thompson and, Bride Mary Burnett of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.

Dated this 10th day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of September, 1967.
Signed Malcolm R. Rier, Pastor
Official Designation Cottlesville Baptist Church
Signed John S. 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. 313
File Book 30
9 Sept. 1967
Date of Application

MALE

Medical Examination Report Dated 8 September 1967
Name of Physician Dr. B. Haggard MD

FEMALE

Medical Examination Report Dated 5 September 1967
Name of Physician Dr. 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 James L. Kinsman
Date of Birth July 21 1948
Place of Birth (State or foreign country) Monroe, W. Va.
Residence Address Bx 35 Cartersburg, W. Va.
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 Navy Disch.

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

☐ Other (Specify) _____

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

Name Age Address

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

11. Full name of father Harry Joseph Kinsman
Residence of father (if deceased so state) Cartersburg, Ind.
Occupation of father Mech. Barker Race of father White
Birthplace of father (State or foreign country) Mineral Pt., W. Va.
12. Full maiden name of mother Betty Jean Ashley
Residence of mother (if deceased so state) Cartersburg, Ind.
Occupation of mother Assembler, P.R. Mallory Race of mother White
Birthplace of mother (State or foreign country) Mitchell, Ind.

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

Signed James L. Kinsman

New Address Cartersburg, Ind.

Subscribed and sworn to before me this 9th day of September, 1967
Clerk John Sambo HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed Harry J. Kinsman Father

Signed Betty J. Ashley Mother

Subscribed and sworn to before me this 9th day of September, 1967
Clerk John Sambo

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 11 September 1967 and filed in clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3da want

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We do Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of September, 1967, authorizing the joining together as husband and wife

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

I, Robert A. Falgout hereby certify that on the 11th day of September, one thousand nine hundred and sixty-seven at elata, County of Hendricks, State of Indiana, Groom James Lee Kinsman of Hendricks County, State of Indiana and, Bride Mari Lee Worrell of Hendricks County, State of Indiana

were by me united 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 September, 1967.

Signed Robert A. Falgout

Official Designation Ordained Presbyterian Minister

13th day of September, 1967

Signed John Sambo, Jr. Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 314
File Book 30
9 September 1967
Date of Application

MALE
Medical Examination Report Dated 5 September 1967
Name of Physician L. E. Foltz, M.D.

FEMALE
Medical Examination Report Dated 5 September 1967
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 Stephen Kent Wright
Date of Birth December 28 1943
Place of Birth Troy, Ohio
Residence Address 1100 Eric Ave., Evansville, Vanderburgh, Ind.
Previous 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: NCR.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Draft Card

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

(b) Are you supporting or contributing to their 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 Burkhardt Wright
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Engr. Alcoa Race of father white
Birthplace of father Springfield, Ohio
12. Full maiden name of mother Betty Ann Taylor
Residence of mother (if deceased so state) Same
Occupation of mother Secy: Meyer Mat. Race of mother white
Birthplace of mother Springfield, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed [Signature] New Address 1100 Eric Ave., Evansville, Ind.
Subscribed and sworn to before me this 19th day of September, 1967.
[Signature] Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

Name Elsa Louise Foltz
Date of Birth January 3 1945
Place of Birth Indpls, Ind.
Residence Address 1100 Eric Ave., Evansville, Vanderburgh, Ind.
Maiden Name if Different
Previous 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)

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

7. Full name of father Lloyd Elwood Foltz
Residence of father (if deceased so state) B'burg, Ind.
Occupation of father Doctor. Race of father white
Birthplace of father (State or foreign country) Valley Mills, Ind.
8. Full maiden name of mother Mildred Ruth Redinger
Residence of mother (if deceased so state) Same
Occupation of mother R.N. Race of mother white
Birthplace of mother (State or foreign country) St Joseph Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Elsa Louise Foltz
New Address Same
Subscribed and sworn to before me this 19th day of September, 1967.
[Signature] Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 19th day of September, 1967, authorizing the joining together as husband and wife of Stephen Kent Wright and Elsa Louise Foltz. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Lester B. Yearick, hereby certify that on the 16th day of September, 1967, at Evansville, Vanderburgh County, State of Indiana, Groom Stephen K. Wright and, Bride Elsa Louise Foltz were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____ County, State of Indiana. Dated this 16th day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of September, 1967.
Signed Lester B. Yearick
Official Designation Minister
Signed John J. Campbell, Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 315
File Bk 30
Date of Application Sept. 9, 1967

HENDRICKS County

MALE
Medical Examination Report Dated Sept 5, 1967
Name of Physician John P. Calhoun

FEMALE
Medical Examination Report Dated Sept. 5, 1967
Name of Physician John P. Calhoun

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

MALE APPLICANT

Name Richard D. Thompson
Date of Birth November 20, 1943
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 5926 Lynn Rd, Indpls., Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Stewart Warners

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

☒ Other (Specify) Drivers License

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

Name Age Address

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

11. Full name of father Clifford E. Thompson
Residence of father (if deceased so state) R.R. 2, Coffeyville
Occupation of father Construction Worker Race of father W.
Birthplace of father (State or foreign country) Mainfield, Ind.
12. Full maiden name of mother Nora Ida Hooker
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Martinsville, Ind.

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

County of _____ Signed Richard D. Thompson

New Address 1110 Walton St.

Subscribed and sworn to before me this 9th day of Sept, 1967

John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

County of _____ Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name Karon A. Lange
Date of Birth Jan. 18, 1945
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address R.R. 3, Box 43, Danville, Hend. Ind.
Maiden Name if Different Same
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 Public Service of Ind.

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

☒ Other (Specify) Drivers License

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

8. Full maiden name of mother Viola Elvora Groff

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother W.

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

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

County of _____ Signed Karon A. Lange

New Address Same

Subscribed and sworn to before me this 9th day of Sept, 1967

John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

County of _____ Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1967, authorizing the joining together as husband and wife of Richard D. Thompson and Karon A. Lange

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 September, 1967, at The Danville Christian Church, County of Hendricks, State of Indiana, Groom Richard D. Thompson of Marion County, State of Indiana, and, Bride Karon A. Lange of Hendricks County, State of Indiana, were by me united 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 September, 1967.

Signed Rev. George A. Harris Minister

Official Designation _____

Signed John Lambold, Jr. Clerk

_____ HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 316
File Book 30
Date of Application 9 September 1967

MALE
Medical Examination Report Dated 1 September 1967
Name of Physician Sanford N. Plavin MD

FEMALE
Medical Examination Report Dated 1 September 1967
Name of Physician Sanford N. Plavin 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)." *Remarriage*

MALE APPLICANT

Name Walter E. Vicars Jr.
Date of Birth April 20 1936
Place of Birth Gate City, Va.
Residence Address 455 Douglas St. Siburg, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Richmond, Va., 65

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

Usual Occupation Lather: Circle 3 Acton

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

☐ Other (Specify) Drivers Lic.

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

Name Age Address
Jerry Wayne 10 455 Douglas St. Siburg
Rosa Deane 9
Rose Marie 5

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

11. Full name of father: Walter Ernest Vicars Jr.
Residence of father (if deceased so state): Gate City, Va.
Occupation of father: Farmer Race of father: white
Birthplace of father (State or foreign country): Gate City, Va.
12. Full maiden name of mother: Daisy Herron
Residence of mother (if deceased so state): same.
Occupation of mother: H/W. Race of mother: white
Birthplace of mother (State or foreign country): Gate City, Va.

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

Signed: Walter E. Vicars Jr.
New Address: 455 Douglas St. Siburg

Subscribed and sworn to before me this 9th day of September 1967
John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed: _____ Father
Signed: _____ Mother

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

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

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 13th day of September 1967, authorizing the joining together as husband and wife

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

I, J. Frank Ingram, hereby certify that on the 10th day of September 1967, at _____, County of _____, State of Indiana, Groom Walter E. Vicars Jr. and, Bride Brenda Kay Vicars were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County, State of _____, Dated this 10th day of September 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of September 1967.

Signed: J. Frank Ingram
Official Designation: Minister Church of Christ

Signed: John Samuels, Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Brenda Kay Vicars
Date of Birth June 24 1941
Place of Birth Hardman, W. Va.
Residence Address 455 Douglas St. Siburg, Ind.
Maiden Name if Different: Brenda Kay Plott
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Richmond, Va. 65
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: John David Plott
Residence of father (if deceased so state): Deceased.
Occupation of father: _____ Race of father: white
Birthplace of father (State or foreign country): Lexington, Va.
8. Full maiden name of mother: Ruth Ellen Turner Moore
Residence of mother (if deceased so state): Gratton, W. Va.
Occupation of mother: H/W. Race of mother: white
Birthplace of mother (State or foreign country): Gratton, W. Va.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed: Brenda Kay Vicars
New Address: same.

Subscribed and sworn to before me this _____ day of _____, 19____
John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 317
File Book 30
Date of Application 9 September 1967

MALE

Medical Examination Report Dated 7 September 1967

Name of Physician Robert M. Maurer M.D.

FEMALE

Medical Examination Report Dated 6 September 1967

Name of Physician Harry C. Wolfe, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael D. Ooley
Date of Birth December 2, 1945
Place of Birth (State or foreign country) Montgomery Co. Ohio.
Residence Address 40 N. Green Apt 9, Bibury, 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 Barber: Walsh Bishop
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Dr. Card.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Ross Burks Ooley
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Montgomery Co. Ohio

12. Full maiden name of mother Loranne Ward
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) Clay Co., Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Michael D. Ooley
New Address 40 N. Green Apt 9, Bibury

Subscribed and sworn to before me this 9th day of September, 1967
Clerk John Sanbald HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

FEMALE APPLICANT

Name Lynn Marie Fettig
Date of Birth April 12, 1948
Place of Birth (State or foreign country) Logansport, Ind.
Residence Address 960 Locke St, Indpls, Marion, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Nurses Trng. General
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Joseph Charles Fettig
Residence of father (if deceased so state) Logansport, Ind.
Occupation of father Factory wkr: RBM Race of father White
Birthplace of father (State or foreign country) Cass Co., Ind.

8. Full maiden name of mother Marylyn Alice Fettig
Residence of mother (if deceased so state) Same
Occupation of mother Insp: RBM Race of mother White
Birthplace of mother (State or foreign country) Cass Co., Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Lynn Marie Fettig
New Address Same

Subscribed and sworn to before me this 9th day of September, 1967
Clerk John Sanbald HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 1967
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, H. Arthur Helge hereby certify that on the 15th day of September, 1967, at Indianapolis, County of Boone, State of Indiana, Groom Michael D. Ooley of Hendricks County, State of Indiana, and, Bride Lynn Marie Fettig 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 September, 1967.

Signed H. Arthur Helge
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of September, 1967.

Signed John Sanbald, Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 318
File B 530
Date of Application September 14, 1967

MALE
Medical Examination Report Dated September 11, 1967
Name of Physician Carl S. Heinlein MD

FEMALE
Medical Examination Report Dated September 11, 1967
Name of Physician Carl S. 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 Keith Middle A Last Conery
Date of Birth Month November Day 28 Year 1944
Place of Birth (State or foreign country) Lebanon Boone Ind.
Residence Address Street or R. R. City County State
600 W Pearl St - North Salem Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Trucking Co. Ind. plc.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Kenneth R. Conery
Residence of father (if deceased so state) R R 1 North Salem
Occupation of father Custodian (Schell) Race of father white
Birthplace of father (State or foreign country) Ind. Co.
12. Full maiden name of mother Royal Marie Gons
Residence of mother (if deceased so state) R R 1 N. Salem
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Johnson Co.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Keith A. Conery
New Address 600 W Pearl St. N. Salem

Subscribed and sworn to before me this 14th day of Sept., 1967.
John Hamblin, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 18th day of September, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul E. Whitsett

hereby certify that on the 23rd day of September, 1967, at _____ County of _____ State of Indiana, Groom Keith Allen Conery and, Bride Karen Ellen Lonsless were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____ Indiana.
Dated this 23rd day of September, 1967.

Signed Rev. Paul E. Whitsett
Official Designation Minister The Sycamore Christian Church
26th day of September, 1967
Signed John Hamblin, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 319
File Book 30
14 September 1967
Date of Application

MALE

Medical Examination Report Dated 13 September 1967
Name of Physician Walter M. Mansfield

FEMALE

Medical Examination Report Dated 13 September 1967
Name of Physician Walter M. Mansfield

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Norman K. Vance
Date of Birth June 24, 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R18 Bx 139 Lot 119 Lakeside Indpls, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Time Keeper: Link Belt
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Marlon Kenneth Vance
Residence of father (if deceased so state) 5520 W. Ohio, Indpls.
Occupation of father Freeman: Power Light Race of father white
Birthplace of father (State or foreign country) Evansville, Ind.
12. Full maiden name of mother Byrl Ratliff
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Maytown, Ky.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Norman K. Vance

New Address R18 Bx 139 Lot 119 Lakeside Indpls, Ind.

Subscribed and sworn to before me this 14th day of September, 1967
Clerk John Campbell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Marlon K. Vance Father

Signed Byrl Ratliff Mother

Subscribed and sworn to before me this 14th day of September, 1967
Clerk John Campbell HENDRICKS Circuit Court

FEMALE APPLICANT

Name Sherri Lynn Collins
Date of Birth April 21, 1949
Place of Birth (State or foreign country) Sullivan, Mo.
Residence Address 5520 W. Ohio, Indpls, Marion, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) 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 Drexel Dill Collins
Residence of father (if deceased so state) 73704 County Rd Lot 12 River View
Occupation of father Electronic Engr. FAX Race of father white
Birthplace of father (State or foreign country) Sullivan, Mo.
8. Full maiden name of mother Marion Frances Schmidt
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Stanton, MO.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Sherri Lynn Collins

New Address Same

Subscribed and sworn to before me this 14th day of September, 1967
Clerk John Campbell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 18th day of Sept, 1967, authorizing the joining together as husband and wife Norman K. Vance and Sherri Lynn Collins

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. George H. Kinsey hereby certify that on the 18th day of September, one thousand nine hundred and sixty-seven at Indianapolis Ind County of Marion State of Indiana, Groom Norman K. Vance of Hendricks County, State of Indiana and, Bride Sherri Lynn Collins of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of September, 1967. Signed Geo. H. Kinsey

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of September, 1967.

Signed John Campbell, Jr. Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 320
File Book 30
15 September 1967
Date of Application

MALE
Medical Examination Report Dated 15 September 1967
Name of Physician R.W. Kirtley M.D.

FEMALE
Medical Examination Report Dated 15 September 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 Middle Last
Lance M. Goehrke
Date of Birth Month Day Year
December 13 1944
Place of Birth (State or foreign country)
Chicago, Ill.
Residence Address Street or R. R. City County State
5047 W. Strong St., Chicago, Cook, Ill.
Previous Marital Status: Never Married Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Army Dr. J. Sch.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- Other (Specify) Army I.D.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Chester Harold Goehrke
Residence of father (if deceased so state): 5047 W. Strong St., Chicago
Occupation of father: Foreman, Shade Nitro Mfg. Co. White
Birthplace of father (State or foreign country): Chicago, Ill.
12. Full maiden name of mother: Eleanor Esther Struve
Residence of mother (if deceased so state): Same
Occupation of mother: Clerk, Chi. St. Education. White
Birthplace of mother (State or foreign country): Chicago, Ill.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed: John M. Gambold
New Address: Chicago, Ill.

Subscribed and sworn to before me this 15 day of September, 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, Hendricks } ss:
County of
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 19th day of September, 1967, authorizing the joining together as husband and wife of _____ Lance M. Goehrke, and _____ Cheryl Ann Walker.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ Sonjer C. Ziegler, hereby certify that on the 24th day of September, 1967, at North Salem, Indiana, County of _____ Hendricks, State of _____ Illinois, and, Bride, _____ Cheryl Ann Walker, of _____ Hendricks County, State of _____ Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 24th day of September, 1967.

Signed: Sonjer C. Ziegler
Official Designation: Minister
26th day of September, 1967
Signed: John Gambold, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 321
File Book 30
16 September 1967
Date of Application

MALE

Medical Examination Report Dated 9 September 1967

Name of Physician A. N. Scudder MD.

FEMALE

Medical Examination Report Dated 9 September 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 Jimmy H. Abels
Date of Birth January 7 1949
Place of Birth Methodist Hosp. Indpls, Ind.
Residence Address 738 N. Bellview Indpls, 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 Maintenance N.Y.C.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Birth Cert.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Clyde Francis Abels
Residence of father (if deceased so state) 738 N. Bellview Indpls.
Occupation of father disabled Race of father white
Birthplace of father (State or foreign country) Shigels, Ind.
12. Full maiden name of mother Wanda Jean Dalley
Residence of mother (if deceased so state) same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jimmy H. Abels

New Address R 18 BX 139 Lakeside T.S. Indpls.

Subscribed and sworn to before me this 16th day of September, 1967
Clerk John Samdall HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed Clyde F. Abels Father

Signed Wanda J. Dalley Mother

Subscribed and sworn to before me this 16th day of September, 1967
Clerk John Samdall

FEMALE APPLICANT

Name Kay A. McClure
Date of Birth January 22 1949
Place of Birth Shelbyville, Ind.
Residence Address 504 Stephen Dr. Brownsburg, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Steno-clerk RCA

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Birth Cert.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Walter Norine McClure
Residence of father (if deceased so state) 504 Stephen Dr. Brownsburg, Ind.
Occupation of father Maintenance N.Y.C. Race of father white
Birthplace of father (State or foreign country) Shelbyville, Ind.
8. Full maiden name of mother Orpha Elaine Kuhn
Residence of mother (if deceased so state) same
Occupation of mother clerk: Kroger Race of mother white
Birthplace of mother (State or foreign country) Shelbyville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kay A. McClure

New Address same

Subscribed and sworn to before me this 16th day of September, 1967
Clerk John Samdall HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 20 day of September, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lester B. Yearick hereby certify that on the 23rd day of September, one thousand nine hundred and sixty-seven at Brownsburg County of Hendricks State of Indiana, Groom Jimmy L. Abels of Hendricks County, State of Indiana and, Bride Kay Ann 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 _____ HENDRICKS County.

Dated this 23rd day of September, 1967.

Signed Lester B. Yearick

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of September, 1967.

Signed John Samdall, Jr. Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 322
File Book K 30
16 September 1967
Date of Application

MALE
Medical Examination Report Dated 5 September 1967
Name of Physician R.M. Jacobs M.D.

FEMALE
Medical Examination Report Dated 5 September 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 Middle Last
Harry Dean Bryant
Date of Birth Month Day Year
September 30 1946
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
R2 Bx 308 Danville, Hendricks, Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Construction: for father

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐

Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

1. Full name of father Clifford George Bryant
Residence of father (if deceased so state) R2 Danville, Ind.
Occupation of father Construction: set Race of father white
Birthplace of father (State or foreign country) Morgan Co., Ind.
2. Full maiden name of mother Era Lee Pounds
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Boone Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Larry Dean Bryant
New Address R3 Bx 349 Danville, Ind.
Subscribed and sworn to before me this 16th day of September, 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.

Noted. Mother notarized consent dated 15 Sept 67 at the above.

State of Indiana, HENDRICKS } ss:
County of
Signed Clifford H. Bryant Father
Signed 16th day of September 1967 Mother
John Gambrell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court Indiana dated the 20th day of September 1967, authorizing the joining together as husband and wife of Harry Dean Bryant and Vivian L. Wyatt.

Further remembered, the following marriage certificate was filed in my office, to-wit:
New Donald Tyler
husband and wife
of Indiana, Groom Harry Dean Bryant
Bride Vivian L. Wyatt
County of Hendricks
County, State of Indiana
Dated this 23 day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1967.

Signed New Donald Tyler
Official Designation Baptist Minister
27th day of September, 1967
Signed John Gambrell Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 322
File Book K 30
Date of Application 16 September 1967

MALE
Medical Examination Report Dated 5 September 1967
Name of Physician R.M. Jacobs M.D.

FEMALE
Medical Examination Report Dated 5 September 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 Larry Dean Bryant
Date of Birth September 30, 1946
Place of Birth Indianapolis, Ind.
Residence Address R2 Bx 308 Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) None

FEMALE APPLICANT
Name Vivian L. Wyatt
Date of Birth March 11, 1948
Place of Birth El Monte, Calif.
Residence Address Shank, R1 Jamestown, Boone, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) None

To whom it may concern -

I give my full consent for
my son, Larry Dean Bryant, age 2
apply for and be issued a m.
license.

Signed - Eva Lee Bryant
(mother of Larry Dean Bryant)

Subscribed and sworn to before me this 15th day of Sept.

My Commission expires Sept. 14, 1970

Hendricks County

Marianne
Notary Public

FILED

SEP 16 1967

John Gambold Jr.
CLERK HENDRICKS
CIRCUIT COURT
SUPERIOR COURT

were
County.
Dated this 23 day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this

Signed Rev. Harold Tyler
Official Designation Baptist Minister
27th day of September, 1967
Signed John Gambold Jr.
Clerk
HENDRICKS Circuit Court

al Decree
ed or considered as:
No ☒ Yes ☐
No ☒ Yes ☐
and mind? No ☒ Yes ☐
No ☒ Yes ☐
cousin? No ☒ Yes ☐
liquor? No ☒ Yes ☐
No ☒ Yes ☐
Allen Wyatt
R1 Lebanon, Ind.
White
Boone Co., Ind.
Belle Souther
R1 Lebanon,
Comm. File white
Boone Co., Ind.
depose and state the information given
this application is true and correct.
L. Wyatt
Sane
day of September, 1967
Berk HENDRICKS Circuit Court
N
st for this marriage. If only one parent
ther parent unnecessary
Father
Mother
day of September, 1967
Clerk
to the above named parties, the
and filed
ties.
HENDRICKS Circuit Court
ing together as husband and wife
L. Wyatt
y of September
County of Hendricks
ty, State of Indiana
ty, State of Indiana
rt of HENDRICKS

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 323
File Book 30
16 September 1967
Date of Application

MALE
Medical Examination Report Dated 15 September 1967
Name of Physician M.O. Scamahorn MD

FEMALE
Medical Examination Report Dated 15 September 1967
Name of Physician M.O. Scamahorn MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Wiley C. Davis.
Date of Birth Month Day Year
May 23 1938
Place of Birth (State or foreign country)
Marion Co., Ind.
Residence Address Street or R. R. City County State
R2 Bx 65 Brownsburg, New, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Engineer: Allison.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drives Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Marion Leon Davis
Residence of father (if deceased so state) R2 Bx 65 Ind
Occupation of father Title Ins. hawkes title, white
Birthplace of father (State or foreign country) Marion Co., Ind.
12. Full maiden name of mother Alice Frances (Athe) Alexander
Residence of mother (if deceased so state) same
Occupation of mother Kindergarten Teach. white
Birthplace of mother (State or foreign country) same

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Wiley C. Davis

New Address 453 Douglas Cts B'burg, Ind

Subscribed and sworn to before me this 16th day of September, 1967
John Samblak Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Middle Last
Carol L. Kissel
Date of Birth Month Day Year
September 8 1944
Place of Birth (State or foreign country)
Hancock Co., Ind.
Residence Address Street or R. R. City County State
R1 Bx 302 New Palestine, Hancock Ind.
Maiden Name if Different

Previous 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: H.A. Co. H. Block 6.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drives Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Jasper King Kissel
Residence of father (if deceased so state) R1 New Palestine, Ind
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Rush Co., Ind.

8. Full maiden name of mother Lois Frances Cook
Residence of mother (if deceased so state) same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Hancock Co., Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Carol L. Kissel

New Address 16th day of September 1967

Subscribed and sworn to before me this 16th day of September, 1967
John Samblak Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana, dated the 15th day of September, 1967, authorizing the joining together as husband and wife of Wiley C. Davis and Carol L. Kissel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John F. Deal, hereby certify that on the 15th day of October, one thousand nine hundred and sixty-seven, at New Palestine, County of Hancock, State of Indiana, Groom Wiley C. Davis of Hendricks County, State of Indiana, and, Bride Carol L. Kissel 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 15th day of October, 1967.

Signed John F. Deal

Official Designation Methodist Chaplain

18th day of October, 1967

Signed John Samblak, Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 324
File 30
Date of Application Sept. 18 1967

MALE
Medical Examination Report Dated Sept 11, 1967
Name of Physician Fred P. Weinbrenner, M.D.

FEMALE
Medical Examination Report Dated Sept. 11, 1967
Name of Physician Fred P. Weinbrenner, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Jim Middle Last Harrell
Date of Birth Month Oct. Day 4 Year 1942
Place of Birth (State or foreign country) Cario, Georgia
Residence Address Street or R. R. City County State
139 1/2 S. Center St., Plainfield, Hend., Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Service Station
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Drivers License
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Irvin James Harrell
Residence of father (if deceased so state) Rm 1 Box 222, Martinsville
Occupation of father Carpenter Race of father W.
Birthplace of father (State or foreign country) Marlboro, Georgia
12. Full maiden name of mother Madeline McConnell
Residence of mother (if deceased so state) Rm 1 Box 222, Martinsville
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Georgia

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Jim Harrell
New Address 139 1/2 South Center St Plainfield

Subscribed and sworn to before me this 18 day of Sept. 1967
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22 day of September 1967, authorizing the joining together as husband and wife of Jim Harrell and Ruth Anne Miller.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Reverend Harold H. Doadley, hereby certify that on the 23rd day of September, one thousand nine hundred and sixty-seven, at Plainfield, Hendricks County, State of Indiana, Groom Jim Harrell and, Bride Ruth Anne Miller of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 23 day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1967.

Signed Rev. Harold H. Doadley
Official Designation Minister
27th day of September, 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. 325
File Book 30
Date of Application 18 September 1967

MALE

Medical Examination Report Dated 18 September 1967
Name of Physician Lloyd Terry MD

FEMALE

Medical Examination Report Dated 18 September 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 Ronald A. Kennedy
Date of Birth November 24 1950
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address RI Litzan, Ind.
Previous Marital Status: ☒ Never Married ☐ Divorce ☐ Annulment

Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment
Color or Race ☒ White ☐ Negro ☐ Other (specify) _____
Usual Occupation School N. Salem Hgh.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Dick Edward Kennedy
Residence of father (if deceased so state) RI Litzan, Ind.
Occupation of father Tr. Driver Roadway Race of father White
Birthplace of father (State or foreign country) Litzan, Ind.
12. Full maiden name of mother Johnette Leach
Residence of mother (if deceased so state) Sams
Occupation of mother H/W Coker Roger Race of mother White
Birthplace of mother (State or foreign country) Litzan, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Ronald A. Kennedy
New Address RI Litzan, Ind.
Subscribed and sworn to before me this 18th day of September, 1967
Clerk John Sambl HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed Dick E. Kennedy Father
Signed Johnette Leach Mother
Subscribed and sworn to before me this 18th day of September, 1967
Clerk John Sambl

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, _____ County _____ Court by written order issued 18 September 1967 in _____ Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3da

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS of Indiana dated the 19th day of September, 1967, authorizing the joining together as _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul E. Whitsett hereby certify that on the 23 day of September, at Sinton, County of _____, State of Indiana, Groom Ronald Allen Kennedy of Hendricks County, State of _____ and, Bride Mary Esther Graham of Hendricks 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 _____ HENDRICKS County.
Dated this 23 day of September, 1967.

Signed Paul E. Whitsett
Official Designation Minister The Sinton
Signed John Sambl
HENDRICKS

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of September

FEMALE APPLICANT

Name Mary E. Graham
Date of Birth October 31 1950
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address RI Bx 184A Litzan, Ind.
Maiden Name if Different _____

Previous Marital Status: ☒ Never Married ☐ Divorce ☐ Annulment
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment

Color or Race ☒ White ☐ Negro ☐ Other (specify) _____

Usual Occupation N. Salem H.S.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Hubert Oral Graham
Residence of father (if deceased so state) RI Litzan, Ind.
Occupation of father Disabled Race of father White
Birthplace of father (State or foreign country) Harrisburg, Ind.
8. Full maiden name of mother Glady's May Garla
Residence of mother (if deceased so state) Sams
Occupation of mother B.M. Shokley Van Cate Race of mother White
Birthplace of mother (State or foreign country) Ind 76, 1

State of Indiana, HENDRICKS } ss: I depose and state the information in this application is true and correct.
County of _____

Signed Mary E. Graham
New Address Sams
Subscribed and sworn to before me this 18th day of September
Clerk John Sambl HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____
Signed _____
Subscribed and sworn to before me this 19th day of September
Clerk John Sambl

Parents notarized
dated 18 September 1967
attached.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 325
File Book 30
18 September 1967
Date of Application

MALE

Medical Examination Report Dated 18 September 1967
Name of Physician Lloyd Terry MD

FEMALE

Medical Examination Report Dated 18 September 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 Ronald A. Kennedy
Date of Birth November 24 1950
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address RI Litzan, Hen, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation School N. Salem Hgh.

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 guard?

3. Are you now or have you been confined in a mental hospital or home for indigent?

If answer to 3 is:

4. Are you afflicted?

5. Are you related to?

6. Are you now under?

7. Are you now under?

8. Are you able to?

9. Are you likely to?

10. Do you have mine?

(If yes, answer question)

(a) List their full names

Name

.....

.....

(b) Are you supported by?

(c) Are you supported by their support?

11. Full name of father

Residence of father

Occupation of father

Birthplace of father

12. Full maiden name

Residence of mother

Occupation of mother

Birthplace of mother

State of Indiana

County of.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

FEMALE APPLICANT

Name Mary E. Graham
Date of Birth October 31 1950
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address RI Bx 184A Litzan, Hen, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation N. Salem H.S.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers Lic

..... have you been adjudged, diagnosed or considered as:

September 18, 1967

These notarized signatures give you our permission, for Mary E. Graham, age 16, Birthdate October 31, 1950 and Ronald A. Kennedy age 16, Birthdate November 24, 1950 to obtain a Marriage License

Signed: Hubert O. Graham Father

Gladys M. Graham Mother



Subscribed and sworn to this 18th day of September, 1967

Chester J. Parker
Notary Public

My Commission expires Jan 6 1969

FILED

SEP 19 1967

John J. Lambold Jr.
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

of Indiana

Be it further

I, Pan

one thousand

State of In

and, Bride.

were by me

County.

Dated this.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 326
File Bk. 30
Date of Application Sept. 18, 1967

MALE
Medical Examination Report Dated Sept. 18, 1967
Name of Physician John P. Calhoun

FEMALE
Medical Examination Report Dated Sept. 18, 1967
Name of Physician John P. Calhoun

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Lee W. Cunningham
Date of Birth August 11, 1947
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 9036 E. 42nd Indpls., Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation 2nd Lt. : A.V.S.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) USAID.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

1. Full name of father Wesley Clark Cunningham
Residence of father (if deceased so state) Deceased
Occupation of father Race of father white
Birthplace of father (State or foreign country) Springfield, Ill.
2. Full maiden name of mother Betty Lou Wright
Residence of mother (if deceased so state) 9036 E. 42nd Indpls.
Occupation of mother Sgt. Am. Unit Race of mother white
Birthplace of mother (State or foreign country) Indpls., Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed John P. Cunningham
New Address 32nd Ave. Apt. 09039 N. Friedberg, Germany.
Subscribed and sworn to before me this 18th day of September, 1967
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, Hendricks } ss:
County of.....

Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
Clerk

FEMALE APPLICANT

Name Janet L. Bruce
Date of Birth August 22, 1948
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 2442 Box 2095, Plainfield, Hend., Ind.
Maiden Name if Different.....
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Receptionist.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father John Summers, Bruce
Residence of father (if deceased so state) Deceased.
Occupation of father Race of father white
Birthplace of father (State or foreign country) Dundee Scotland
8. Full maiden name of mother Dorral' Eran Fletcher.
Residence of mother (if deceased so state) R2 P'ld, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Waverly, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
Signed Janet L. Bruce
New Address Friedberg, Germany.
Subscribed and sworn to before me this 18th day of September, 1967
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, Hendricks } ss:
County of.....
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day 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..... 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 22nd day of September, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Lee W. Cunningham and Janet L. Bruce.

1. Teal O. Neil Younce hereby certify that on the 23rd day of September, one thousand nine hundred and sixty-seven at Marion, County of Hendricks, State of Indiana, Groom Lee W. Cunningham and, Bride Janet L. Bruce of Hendricks County, State of Indiana, were by me united 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 September, 1967.

Signed Teal O. Younce
Official Designation Minister
Signed John P. Calhoun, Jr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of October, 1967.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 326
File Bk. 30
Date of Application Sept. 18, 1967

MALE
Medical Examination Report Dated Sept. 18, 1967
Name of Physician John P. Calhoun

FEMALE
Medical Examination Report Dated Sept. 18, 1967
Name of Physician John P. Calhoun

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Lee W. Cunningham
Date of Birth August 11, 1947
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 9036 E. 42nd, Indpls., Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) USAID
Usual Occupation 2nd Lt. A.S.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) USAID
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

FEMALE APPLICANT
Name Janet L. Bruce
Date of Birth August 22, 1948
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address Rt 2 Box 209C, Plainfield, Hend., Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Receptionist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

I, Bettylou W. Cunningham, hereby give my consent for my son,
Lee W. Cunningham, to marry Janet L. Bruce.

9-20-67
Date

Bettylou W. Cunningham
Signature

James M. Lyon
Notary Public

My commission expires May 4, 1970.

signs, state facts which render the consent of the other parent unnecessary.....
State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 22nd day of September, 1967, authorizing the joining together as husband and wife
of Lee W. Cunningham and Janet L. Bruce.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Teal O. Younce, hereby certify that on the 23rd day of September,
one thousand nine hundred and sixty-seven at Avon, County of Hendricks,
State of Indiana, Groom Lee W. Cunningham of Marion, County, State of Indiana,
and, Bride Janet L. Bruce of Hendricks, County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 23rd day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1967.

Signed Teal O. Younce
Official Designation Minister
day of October, 1967.
Signed John W. 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

No. 327
File Book 30
Date of Application 19th September 1967

MALE
Medical Examination Report Dated 5 September 1967
Name of Physician Robert L. Gammiesi MD

FEMALE
Medical Examination Report Dated 5 September 1967
Name of Physician Robert L. Gammiesi 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 R. Dennis Hutton
Date of Birth August 30, 1947
Place of Birth Indianapolis, Ind.
Residence Address 6426 Rockville Rd, Indpls, Marion, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: 31 Aug. 67 ☐ Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation habaer: Black, Moore Butch.
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 Cynthia Christine Age 6.3 July 67 Address Van Buren, 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 Harold Richard Hutton
Residence of father (if deceased so state) Okla.
Occupation of father Machinist Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Hazel Mae Miller
Residence of mother (if deceased so state) 3710 N. Med. Apt 516
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed [Signature]
New Address 1304 N. Del. Indpls
Subscribed and sworn to before me this 19th day of September, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Parents divorced. Mother given custody by Marion Co. in 1958
State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed Mrs. Betty Elise Mother
Subscribed and sworn to before me this 19th day of September, 1967
Clerk John Samdell

FEMALE APPLICANT

Name Wanda Yates
Date of Birth March 5, 1948
Place of Birth Scottsville, Ky.
Residence Address Walter T. Bx 277 Camby, Hend. Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Mar. 67 ☐ Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Plainfield School Recd.
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father S. M. Yates
Residence of father (if deceased so state) 410 S. Warrman St.
Occupation of father Roof. Bl. Moore Butch. Race of father white
Birthplace of father (State or foreign country) Scottsville, Ky.
Full maiden name of mother Estell Smelling
Residence of mother (if deceased so state) Scottsville, Ind.
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Scottsville, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Wanda Yates
New Address Same
Subscribed and sworn to before me this 19th day of September, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1967, authorizing the joining together as husband and wife of R. Dennis Hutton and Wanda Yates
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Geo. Kinsey hereby certify that on the 23 day of September, at Indianapolis, County of Marion, State of Indiana, Groom R. Dennis Hutton of Marion County, State of Indiana and, Bride Wanda Yates of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 23 day of September, 1967.
Signed Geo. H. Kinsey
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 26th day of September, 1967.
Signed John Samdell, Jr. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 327
File Book 30
Date of Application 19th September 1967

MALE

Medical Examination Report Dated 5 September 1967
Name of Physician Robert L. Gammiesi MD

FEMALE

Medical Examination Report Dated 5 September 1967
Name of Physician Robert L. Gammiesi 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 R. Dennis Hutton
Date of Birth August 30, 1947
Place of Birth (State or foreign country)

Residence 62

Previous Marriage

Last Marriage

Color or Race

Usual Occupation

Date of birth

☒ Other (

1. Are you ne

2. Are you un

3. Are you n

home for i

If answer

4. Are you a

5. Are you re

6. Are you n

7. Are you n

8. Are you al

9. Are you li

10. Do you hav

(If yes, an

(a) List th

Cynth

(b) Are yo

(c) Are yo

their si

11. Full name

Residence o

Occupation

Birthplace

12. Full maider

Cline

Residence o

Occupation

Birthplace c

State of Indiana

County of

Subscribed and

CONSENT OF

We, the parents

signs, state fact

Do

Six

State of Indiana

County of

Subscribed and s

COMPLETE

in

of Indiana de

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Leo Kimsey

hereby certify that on the 23 day of September

one thousand nine hundred and sixty-seven at Indianapolis

State of Indiana, Groom R. Dennis Hutton

County of Marion

and, Bride Wanda Yates

County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County.

Dated this 23 day of September, 19 67.

Signed Rev. Leo Kimsey

Official Designation Minister

Signed John Lambell

County, State of Indiana

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of September, 19 67.

Signed John Lambell

County, State of Indiana

of Indiana de

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Leo Kimsey

hereby certify that on the 23 day of September

one thousand nine hundred and sixty-seven at Indianapolis

State of Indiana, Groom R. Dennis Hutton

County of Marion

and, Bride Wanda Yates

County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County.

Dated this 23 day of September, 19 67.

Signed Rev. Leo Kimsey

Official Designation Minister

Signed John Lambell

County, State of Indiana

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of September, 19 67.

Signed John Lambell

County, State of Indiana

Plainfield Community School Corporation

PLAINFIELD, INDIANA 46168

September 19, 1967

TO WHOM IT MAY CONCERN:

This is to certify that Wanda Yates attended
Plainfield High School from September 8, 1965 until
January 5, 1966, and that she is the daughter of
Walter Lynch (foster) of Camby and that her birthdate
was March 5, 1948.

PLAINFIELD HIGH SCHOOL

Gene Combs
Gene Combs, Principal

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 328
File Book 30
19 September 1967
Date of Application

MALE
Medical Examination Report Dated 18 September 1967
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 18 September 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 Robert R. Ferguson
Date of Birth January 1943
Place of Birth Indianapolis, Ind.
Residence Address 115 N. Wayne, Danville, Hendricks, Ind.
Previous Marital Status: Never Married Number of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)
Usual Occupation Clerk: Post Office.
Date of birth verified by: Birth Cert. Judicial Decree

- Other (Specify) Driver Lic.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No Yes
Of Unsound Mind? No Yes
 - Are you under guardianship as a person of unsound mind? No Yes
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No Yes
If answer to 3 is "yes" has the cause of such condition been removed? No Yes
 - Are you afflicted with a transmissible disease? No Yes
 - Are you related to the bride closer than second cousin? No Yes
 - Are you now under the influence of intoxicating liquor? No Yes
 - Are you now under the influence of a narcotic drug? No Yes
 - Are you able to support a family? Yes No
 - Are you likely to so continue? Yes No
 - Do you have minor children from one or more former marriages? No Yes
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Harmon Walter Ferguson		444 Western Dr. Danville, Ind.
Mary Frances Marshall		Same

(b) Are you supporting or contributing to their support? Yes No
(c) Are you complying with any court order or orders issued for their support? Yes No

11. Full name of father: Harmon Walter Ferguson
Residence of father (if deceased so state): 444 Western Dr. Danville, Ind.
Occupation of father: Timekeeper. Always Race of father: white
Birthplace of father (State or foreign country): Ontario, Canada
12. Full maiden name of mother: Mary Frances Marshall
Residence of mother (if deceased so state): Same
Occupation of mother: H/W. Race of mother: white
Birthplace of mother (State or foreign country): Danville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed Robert R. Ferguson
New Address: 115 N. Wayne St., Danville
Subscribed and sworn to before me this 19th day of September, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of: HENDRICKS
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 19, 1967
Clerk

FEMALE APPLICANT

Name Linda Jean Smith
Date of Birth April 8 1949
Place of Birth Indianapolis, Ind.
Residence Address R1 Danville, Hendricks, Ind.
Maiden Name if Different Linda Jean Clark
Previous Marital Status: Never Married Number of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment
Color or Race White Negro Other (specify)
Usual Occupation Lab. Tech. W. Med Center
Date of birth verified by: Birth Cert. Judicial Decree

- Other (Specify) Driver Lic.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No Yes
Of Unsound Mind? No Yes
 - Are you under guardianship as a person of unsound mind? No Yes
 - Are you afflicted with a transmissible disease? No Yes
 - Are you related to the groom closer than second cousin? No Yes
 - Are you now under the influence of intoxicating liquor? No Yes
 - Are you now under the influence of a narcotic drug? No Yes
 - Full name of father: Oliver Eugene Clark
Residence of father (if deceased so state): R1-47 Danville, Ind.
Occupation of father: Exec Capt. Conservation Race of father: white
Birthplace of father (State or foreign country): Ill.
 - Full maiden name of mother: Martha Imogene Walton
Residence of mother (if deceased so state): Same
Occupation of mother: LPN: HCH Race of mother: white
Birthplace of mother (State or foreign country): Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed Linda Jean Smith
New Address: Same
Subscribed and sworn to before me this 19th day of September, 1967
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of: HENDRICKS
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 19, 1967
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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana, dated the 23rd day of September, 1967, authorizing the joining together as husband and wife of Robert R. Ferguson and Linda Jean Smith.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George A. Harris, hereby certify that on the 23rd day of September, 1967, at the Danville Christian Church, County of Hendricks, State of Indiana, Groom, Robert R. Ferguson and, Bride, Linda Jean Smith, were by me united 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 September, 1967.

Signed Rev. George A. Harris
Official Designation Minister
23rd day of September, 1967
Signed John Samuels, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of September, 1967

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 329
File Book 30
Date of Application 22 September 1967

MALE
Medical Examination Report Dated 23 September 1967
Name of Physician Paul Stanley Howard MD

FEMALE
Medical Examination Report Dated 30 August 1967
Name of Physician Paul Stanley Howard MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
GARY DEAN CARE
Date of Birth Month Day Year
24 1947
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
R2 Bx 249 Danville, Hend., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Sgt. U.S. Marine Corps
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Donald Roy Care Sr.		

- (b) Are you supporting or contributing to their 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 Roy Care Sr.
Residence of father (if deceased so state) R2 Danville, Ind.
Occupation of father Yd. Cond: NYC, white
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Pauline Marie Hansen
Residence of mother (if deceased so state) Same
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary D. Care
New Address HHS Co. 085 Quantico, Va
Subscribed and sworn to before me this 23rd day of September 1967
John Samblak Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Father, notarized consent dated 22nd Sept 1967 Attached

State of Indiana, HENDRICKS } ss:

Signed Pauline M. Care Father
Signed Gary D. Care Mother
Subscribed and sworn to before me this 23rd day of September 1967
John Samblak Clerk

FEMALE APPLICANT

Name First Middle Last
PATRICIA LYN ARNOLD
Date of Birth Month Day Year
22 1949
Place of Birth (State or foreign country)
Lebanon, Ind.
Residence Address Street or R. R. City County State
R2 Bx 218 Danville, Hend., Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Tape Lib. Emp. Sec. Dr.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father George Edward Arnold
Residence of father (if deceased so state) R2 Danville, Ind.
Occupation of father Stock charr: Allway, white
Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Elizabeth Anita Stewart
Residence of mother (if deceased so state) Same
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia Lyn Arnold
New Address Same
Subscribed and sworn to before me this 30th day of September 1967
John Samblak Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Clerk of the County of HENDRICKS Court by written order issued 22 September 1967 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3da warrr

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September 1967, authorizing the joining together as husband and wife of Gary Dean Care and Patricia Lyn Arnold

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward McLaughlin hereby certify that on the 23rd day of September at Danville (St. Mary's Church) County of Hendricks State of Indiana, Groom Gary Dean Care of Hendricks County, State of Indiana and, Bride Patricia Lyn Arnold of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of September, 1967

Signed John Edward McLaughlin
Official Designation Catholic Priest - Pastor
Subscribed and sworn to before me this 26th day of September 1967
John Samblak, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 329
File Book 30
Date of Application 22 September 1967

MALE
Medical Examination Report Dated 23 September 1967
Name of Physician Paul Stanley Lewis MD

FEMALE
Medical Examination Report Dated 30 August 1967
Name of Physician Paul Stanley Lewis MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
GARY DEAN CAVE
Date of Birth Month Day Year
July 29 1947
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
R2 Bx 249 Danville, Hend., Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: Birth Cert. ☒ Judicial Decree ☐

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 Roy Cave Sr.
Residence of father (if deceased so state): R2 Danville, Ind.
Occupation of father: Yd. Cond: NYC
Birthplace of father (State or foreign country): Indpls, Ind.
12. Full maiden name of mother: Pauline Marie Hawmen
Residence of mother (if deceased so state): Same
Occupation of mother: H/W
Birthplace of mother (State or foreign country): Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Gary D. Cave

New Address: H255 G. OCS Quantico, VA

Subscribed and sworn to before me this 23rd day of September 1967
John J. Lambell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Dated 22nd Sept 1967 At Danville

State of Indiana, HENDRICKS } ss:

Signed:

Signed: Pauline M. Cave Father

Subscribed and sworn to before me this 23rd day of September 1967
John J. Lambell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license has been issued by the Court by written order issued in _____ County, _____ Court.

_____ Clerk _____ authorizes and directs the issuance of a marriage license to the _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the County of _____ of Indiana dated the 23rd day of September 1967, and

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Edward McLaughlin hereby certify that on the _____ day of _____ at Danville (5th) State of Indiana, Groom Gary Dean Cave of Hendricks and, Bride Patricia Lynn Arnold of Hendricks

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of _____ County.

Dated this 23rd day of September 1967

Signed: _____

Official Designation: _____

Signed: John J. Lambell

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____

FEMALE APPLICANT

Name First Middle Last
PATRICIA LYNN ARNOLD
Date of Birth Month Day Year
March 22 1949
Place of Birth (State or foreign country)
Lebanon, Ind.
Residence Address Street or R. R. City County State
R2 Bx 218 Danville, Hend., Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: Birth Cert. ☒ Judicial Decree ☐

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Edward Arnold

Residence of father (if deceased so state): R2 Danville, Ind.

Occupation of father: Stock charr: Allway, white

Birthplace of father (State or foreign country): Indpls, Ind.

8. Full maiden name of mother: Elizabeth Anita Stewart

Residence of mother (if deceased so state): Same

Occupation of mother: H/W. Race of mother: white

Birthplace of mother (State or foreign country): Indpls, Ind.

State of Indiana, HENDRICKS

County of: HENDRICKS

Signed: _____

New Address: _____

Subscribed and sworn to before me this _____ day of _____ 1967

_____ Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Dated _____ At _____

State of Indiana, HENDRICKS } ss:

Signed: _____

Signed: _____

Subscribed and sworn to before me this _____ day of _____ 1967

_____ Clerk

I, DONALD R. CAVE
MY SON
PATRICIA L. ARNOLD
GARY D. CAVE
hereby give my consent for
to _____
subscribed and sworn to before me this 22nd day of September 1967
John J. Lambell Clerk
Notary Public

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 330
File Book 30
Date of Application 23 September 1967

MALE
Medical Examination Report Dated 20 September 1967
Name of Physician M.D. Scamahorn M.D.

FEMALE
Medical Examination Report Dated 20 September 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 Robert G. Stafford
Date of Birth June 11, 1942
Place of Birth Indianapolis, Ind.
Residence Address 625 S. East Pk. 11, New, 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 Shrutehman, Bell Telephone

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Military I.D.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father William Clayton Stafford
Residence of father (if deceased so state) Pik 11, Ind.
Occupation of father Asst. Sec. for Ind. State
Birthplace of father (State or foreign country) Ind. Co., Ind.
12. Full maiden name of mother Esther Louise Krug
Residence of mother (if deceased so state) H/W. Pik 11, Ind.
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Ind. Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Robert G. Stafford

New Address 3339 33rd Apt E, Regency Apt. Bldg.

Subscribed and sworn to before me this 23rd day of September, 1967

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: _____

County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name Margaret Ann Smith
Date of Birth August 25, 1945
Place of Birth Camp Le Jeune, N.C.
Residence Address 512 Chapel Hill Wdr. Ind. Co., Marion, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Calculator: V.S. Steel

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Harlan Arthur Smith
Residence of father (if deceased so state) 512 Chapel Hill Indpls.
Occupation of father Salesman Eastern Exp.
Race of father white
Birthplace of father (State or foreign country) Belleville, Ind.

8. Full maiden name of mother Alberta Kay Koll

Residence of mother (if deceased so state) same

Occupation of mother Teacher: Chapman

Race of mother white

Birthplace of mother (State or foreign country) Terre Haute, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Margaret Ann Smith

New Address same

Subscribed and sworn to before me this 23rd day of September, 1967

Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of October, 1967

Signed Rev. George O. Silas
Official Designation Pastor St. Luke Lutheran Church
Date of Signature 10th day of October, 1967
Signed John Lambell, Jr.
Clerk HENDRICKS Circuit Court

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County, Indiana, dated the 23rd day of September, 1967, authorizing the joining together as husband and wife of Robert G. Stafford and Margaret Ann Smith.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. George O. Silas, hereby certify that on the 7th day of October, 1967, at Plainfield, County of Hendricks, State of Indiana, Groom Robert G. Stafford and, Bride Margaret Ann Smith 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, Indiana.
Dated this 7th day of October, 1967.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 331
File Book 30
Date of Application 25 September 1967

MALE

Medical Examination Report Dated 20 September 1967
Name of Physician Frederic D. Warburton MD

FEMALE

Medical Examination Report Dated 13 September 1967
Name of Physician Dil 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 Harry D Wilson
Date of Birth March 24 1949
Place of Birth Plainfield, Ind.
Residence Address 1951 S. Lynchburg, Indpls, Marion
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 filling sta Att: 2nd Plaz still

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drives Lic.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Ralph August Wilson

Residence of father (if deceased so state) 1951 S. Lynchburg Indpls.

Occupation of father St. Mech. Summer Race of father white

Birthplace of father (State or foreign country) Columbus, Ky.

12. Full maiden name of mother Roseanna Naomi Myers

Residence of mother (if deceased so state) Same.

Occupation of mother H/W. Race of mother white

Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Harry D. Wilson

New Address 114 N. Vine St, P.O. 114

Subscribed and sworn to before me this 25th day of September, 1967

John Samblott Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Mother, notarized consent dated 25 Sep 67 attached.

State of Indiana, HENDRICKS ss:

County of _____

Signed Ralph A. Wilson Father

Signed _____ Mother

Subscribed and sworn to before me this 25th day of September, 1967

John Samblott Clerk

FEMALE APPLICANT

Name Anita J Mason
Date of Birth March 16 1948
Place of Birth Sullivan, Ind.
Residence Address R2 Bx102 Indpls, Hen, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation NCR Opr. Ind. Nat. B

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drives Lic.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒
Of Unsound Mind? No ☒
2. Are you under guardianship as a person of unsound mind? No ☒
3. Are you afflicted with a transmissible disease? No ☒
4. Are you related to the groom closer than second cousin? No ☒
5. Are you now under the influence of intoxicating liquor? No ☒
6. Are you now under the influence of a narcotic drug? No ☒
7. Full name of father Hubert Eugene Masq

Residence of father (if deceased so state) R2 Indpls. Ind

Occupation of father Die setter. clv. Race of father white

Birthplace of father (State or foreign country) Sullivan, Ind.

8. Full maiden name of mother Catherine Grace Meis

Residence of mother (if deceased so state) Same.

Occupation of mother H/W Race of mother white

Birthplace of mother (State or foreign country) Sullivan, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information in this application is true and correct.

County of _____

Signed Anita J. Mason

New Address Same.

Subscribed and sworn to before me this 25th day of September, 1967

John Samblott Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of _____

Signed _____

Signed _____

Subscribed and sworn to before me this _____ day of _____, 1967

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1967, authorizing the joining together as husband and wife

of Larry D Wilson and Anita J Mason

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Evan O Paul hereby certify that on the 30th day of September,

one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks,

State of Indiana, Groom Larry D Wilson of Mason County, State of Indiana,

and, Bride Anita J Mason of Hendricks County, State of Indiana,

were by me united 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 September, 1967.

Signed Rev Evan O Paul

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of October, 1967.

Signed John Samblott, Jr. Clerk

HENDRICKS Circuit Court

No. 551
File Book 30
25 September 1967
Date of Application

MALE
Medical Examination Report Dated 20 September 1967
Name of Physician Fred D. W. Robertson

FEMALE
Medical Examination Report Dated 13 September 1967
Name of Physician Dr. 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 Harry	Middle D	Last Wilson
Date of Birth	Month March	Day 24	Year 1949
Place of Birth (State or foreign country)	Plantfield, Ind.		
Residence Address	Street or R. R.	City	County State
1951 S. Lynchburg Dr., Indpls, Marion			
Previous Marital Status:	Never Married <input checked="" type="checkbox"/>	Number of Previous Marriages.....	
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>

FEMALE APPLICANT

Name	First Anita	Middle J	Last Mason
Date of Birth	Month March	Day 16	Year 1948
Place of Birth	(State or foreign country) Sullivan, Ind.		
Residence Address	Street or R. R.	City	County State
8	R2 BX102	Ind. 6,	Hew., Ind.
Maiden Name if Different			
Previous Marital Status: Never Married <input checked="" type="checkbox"/> Number of Previous Marriages.....			

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation *filling sta ATT: 21112 Plaz*

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

shall
Color or F

NOT

☒ Other (Specify) Draves, Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
------	-----	---------

Usual Occ.

Date of birth

10th

1. Are you
An
Of

2. Are you

3. Are you

4. Are you

5. Are you

6. Are you

7. Full name

Residence

FILED

SEP 25 1967

John Gambold Jr.
CLERK HENDRICKS COURT
SUPERIOR

Wilson

Day of Sept 1967

Hendricks

Public

Yes ☐

Yes ☐

Yes ☐

es ☐

es ☐

es ☐

es ☐

.....

BK.

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Ralph Augustus Wilson

Residence of father (if deceased so state) 1251 S. Broadway St. Ind.

Occupation of father St. Mech. Summer Race of father White

Birthplace of father (State or foreign country) Columbia, Ky.

12. Full maiden name of mother Roseanna Naomi Myers

Residence of mother (if deceased so state) Same.

Occupation of mother H/W. Race of mother White

Birthplace of mother (State or foreign country) Indpls, Ind.


Occupation _____, hereby give
Birthplace _____
8. Full maiden _____
Residence of _____
Occupation of _____
Birthplace of _____
State of Indiana, _____
County of _____
Subscribed and sworn to _____
Notary Public _____
George F. [Signature]

State of Indiana, } ss: I depose and state the information given
County of..... } in this application is true and correct.

Signed: *Larry D. Wilson*
New Address: *112 N. Vine St., P. 4th.*

Subscribed and sworn to before me this *25th* day of *September*, 19*67*.

John Samuels Clerk. **HENDRICKS** Circuit Court



 CONSENT OF PARI
 We, the parents, of t
 signs, state facts whic

Rosario
L. M...
 Sworn to b
edpuy
1968

CONSENT OF PARENTS, OR GUARDIAN
 We, the parents, of 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
 dated 25 Sep 67 attached.
 State of Indiana,
 County of HENDRICKS ss:
 Signed Ralph A. Wilson Father
 Signed Mother
 Subscribed and sworn to before me this 25th day of September 1967
 John G. Gamble Clerk

State of Indiana,
County of

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of September, 1967, authorizing the joining together as husband and wife Larry D Wilson and Arita J Mason

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Evan O Paul hereby certify that on the 30th day of September, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Larry D Wilson of Marietta County, State of Indiana and, Bride Arita J Mason of Hendricks County, State of Indiana, were by me united 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 September, 1967.

Signed Rev Evan O Paul

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of October, 1967.

Signed John H. Hamblin, Jr. Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 332
File Bk 30
Date of Application Sept 25, 1967

MALE
Medical Examination Report Dated 22 September 1967
Name of Physician Elmer L. Koch MD

FEMALE
Medical Examination Report Dated 22 September 1967
Name of Physician Elmer L. Koch MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Ray Buck
Date of Birth December 28 1946
Place of Birth Jackson Co. Tenn.
Residence Address RI Bx 763 Clayton, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Race White ☒ Negro ☐ Other ☐ (specify).....

Occupation Construction Worker. Spears & Damm.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

Other (Specify) Drivers Lic.

Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
Are you now or have you been within five (5) years an inmate of a county asylum or for indigent persons? No ☒ Yes ☐
Answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
Are you afflicted with a transmissible disease? No ☒ Yes ☐
Are you related to the bride closer than second cousin? No ☒ Yes ☐
Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
Are you now under the influence of a narcotic drug? No ☒ Yes ☐
Are you able to support a family? Yes ☒ No ☐
Are you likely to so continue? Yes ☒ No ☐
Do you have minor children from one or more former marriages? No ☒ Yes ☐
If yes, answer questions a, b, c)
a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father George Lee Brock
Residence of father (if deceased so state) deceased
Occupation of father — Race of father white
Birthplace of father (State or foreign country) Jackson Co. Tenn.
12. Full maiden name of mother Opal Edith Goolsby
Residence of mother (if deceased so state) Camebno, Tenn.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Jackson Co. Tenn.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Ray Buck

New Address Clayton, Ind

Subscribed and sworn to before me this 25th day of September, 1967.
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

Father deceased, mother notarized consent dated Sept 67 at Nashv.

State of Indiana, HENDRICKS ss:

Signed.....

Signed.....

Subscribed and sworn to before me this 25th day of September, 1967.
Clerk John Samuels HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court Indiana dated the 29th day of September, 1967, authorizing the joining together as husband and wife

of Ray Buck and Margaret Ann Thompson
it is further remembered, the following marriage certificate was filed in my office, to-wit:

Oscar C Jones hereby certify that on the 1st day of October, 1967, at Stilesville, County of Hendricks, State of Indiana, and, Bride Margaret Ann Thompson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 29 day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1967.

Signed Oscar C Jones, Rev.
Official Designation Church Pastor
Signed John Samuels, Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 332
File Bk 30
Date of Application Sept 25, 1967

MALE
Medical Examination Report Dated 22 September 1967
Name of Physician Elmer L. Koch MD

FEMALE
Medical Examination Report Dated 22 September 1967
Name of Physician Elmer L. Koch MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Roy Buck
Date of Birth December 28 1946
Place of Birth Jackson Co. Tenn.
Residence Address RI Bx 76B Clayton, Hendricks, Ind.

FEMALE APPLICANT
Name Margaret Ann Thompson
Date of Birth June 21 1947
Place of Birth Indianapolis, Ind.
Residence Address RI Bx 76B Clayton, Hendricks, Ind.

MRS. ROMA LYNCH
COUNTY COURT CLERK
JACKSON COUNTY
GAINESBORO, TENN. 38562

STATE OF TENNESSEE
JACKSON COUNTY

I, Opal Buck, Mother of Roy Hugh Buck who is 20 years of age, do hereby give my consent for him to marry Margaret Thompson.

This 8th day of September, 1967.

Opal Buck
Opal Buck

Sworn and subscribed to before me this 8th day of September, 1967.

My Commission expires 1-20-68.

Marjorie Quarles
Marjorie Quarles, Notary

one thousand nine hundred and sixty seven
State of Indiana, Groom Roy Buck
and, Bride Margaret Thompson
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana
Dated this 29 day of September, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of October, 1967.

Signed Oscar C. Jones, Rev.
Official Designation Church Pastor
Signed John H. Smith, Jr.
Clerk
HENDRICKS Circuit Court

Truck Stop
Thompson.
for me
white
Ind.
Sparks.

white
Tenn., Ind.

information given
true and correct.

Thompson

Sept. 1967

Circuit Court

If only one parent

Father

Mother

19

Clerk

married parties, the

and filed

Circuit Court

husband and wife

indicates

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 333
File Book 30
Date of Application 26 September 1967

MALE
Medical Examination Report Dated 26 September 1967
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 26 September 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 James E. Taylor
Date of Birth December 15, 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RI Bx 24 Clayton, 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 Production: Chevrolet

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft Card

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Archie Allen Taylor
Residence of father (if deceased so state) Bellefonte, Pa.
Occupation of father Prod. Bridgeport, Upstr
Birthplace of father (State or foreign country) Tipton, Ind.

12. Full maiden name of mother Opal Horame Grantham
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Tipp Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James E. Taylor
New Address RI Bx 60 A Danville, Ind.

Subscribed and sworn to before me this 26th day of September, 1967
Clerk John G. Hamblett HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of Sept., 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Thomas E. Barry hereby certify that on the 30th day of September, one thousand nine hundred and sixty-seven at Danville, County of Hendricks, State of Indiana, Groom James E. Taylor of Hendricks County, State of Indiana and, Bride Karen Sue Majors of Hendricks County, State of Indiana were by me united 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 September, 1967.
Signed Rev. Thomas E. Barry
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of October, 1967.
Signed John G. 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. 334
File Book 30
27 September 1967
Date of Application

MALE
Medical Examination Report Dated 27 September 1967
Name of Physician E. Kourany MD

FEMALE
Medical Examination Report Dated 27 September 1967
Name of Physician E. Kourany MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Charles E. Hester
Date of Birth April 25 1943
Place of Birth Crossville, Tenn.
Residence Address 22 Murphy Ct., Brownsburg, Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Green 6-20-67

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Construction, Pierce & Turner Trucking

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Frederick Fred Hester

Residence of father (if deceased so state) Deceased

Occupation of father — Race of father white

Birthplace of father (State or foreign country) Paducah, Ky.

12. Full maiden name of mother Edie Daugherty

Residence of mother (if deceased so state) Crossville, Tenn.

Occupation of mother Retired. Race of mother white

Birthplace of mother (State or foreign country) Jellico, Ky.

State of Indiana, Hendricks } ss: I depose and state the information given

County of Hendricks } in this application is true and correct.

Signed Charles E. Hester

New Address Plainfield, Ind.

Subscribed and sworn to before me this 27th day of September, 1967

Clerk Hendricks Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

County of Hendricks } in this application is true and correct.

Signed — Father

Signed — Mother

Subscribed and sworn to before me this — day of —, 19 —

Clerk —

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County — Court by written order issued — and filed

in — authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court

of Indiana dated the 18th day of October, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Robbins

one thousand nine hundred and sixty-seven hereby certify that on the 1st day of October

State of Indiana, Groom Charles E. Hester at Plainfield, County of Hendricks

and, Bride Judy Kay Garbrough of Cumberland County, State of Tenn.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks

County, State of Indiana

Dated this 1st day of October, 1967.

Signed Warren A. Robbins

Official Designation Christian Minister

Signed John Samblak, Jr. Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of October, 1967.

Signed —

—

—

—

—

—

—

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 335
File Book 30
Sept 29-1967
Date of Application

MALE

Medical Examination Report Dated Sept 27-1967
Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated Sept 27-1967
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 Middle Last
Michael D Thompson
Date of Birth Month Day Year
Jan 24 1950
Place of Birth (State or foreign country)
San Antonio Texas
Residence Address Street or R. R. City County State
3093 A. Chantrel St. Rantoul Illinois
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Night Mgr of Country School Restaurant
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John C Thompson
Residence of father (if deceased so state) Rantoul Illinois
Occupation of father Mechanic Race of father W
Birthplace of father (State or foreign country) Oklahoma
12. Full maiden name of mother Jessie L. Jones
Residence of mother (if deceased so state) Rantoul Illinois
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Texas

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Michael Thompson
New Address

Subscribed and sworn to before me this 29 day of September, 1967
John Sanbold, 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.

Consents of both parents
Filed

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this 29 day of Sept. 1967
John Sanbold, 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 Sept 29-1967 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3d Ward

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 29 day of September, 1967, authorizing the joining together as husband and wife

Michael D Thompson and Loretta A. Burgess
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Conley Bouman hereby certify that on the 29th day of September, one thousand nine hundred and sixty-seven at Plainfield, Indiana, County of Hendricks, State of Indiana, Groom Michael D Thompson of Champaign County, State of Illinois and, Bride Loretta A. Burgess of Champaign County, State of Illinois were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 29th day of September, 1967.

Signed Conley Bouman Ph.D.
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of October, 1967.
Signed John Sanbold, Jr. Clerk Hendricks Circuit Court

FEMALE APPLICANT

Name First Middle Last
Loretta A. Burgess
Date of Birth Month Day Year
Oct 12 1950
Place of Birth (State or foreign country)
Indianapolis Ind.
Residence Address Street or R. R. City County State
424 E. Champaign Rantoul Illinois
Maiden Name if Different

Previous 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) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father George Edward Burgess

Residence of father (if deceased so state) Rantoul Illinois

Occupation of father Mgr. Co. School Rest. Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Mary Susanna Mitchell

Residence of mother (if deceased so state) Rantoul Illinois

Occupation of mother Co. School Rest. Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Loretta Burgess

New Address

Subscribed and sworn to before me this 29 day of Sept. 1967
John Sanbold, 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.

Consents of both parents
Filed

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 29 day of Sept. 1967
John Sanbold, Jr. Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 336

File 30

Sept 29-1967
Date of Application

MALE
Medical Examination Report Dated Sept 27-1967
Name of Physician Robert Coughenour M.D.

FEMALE
Medical Examination Report Dated Sept 27-1967
Name of Physician Robert Coughenour M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Wiles
Date of Birth June 27 1932
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 936 Gary Dr Plainfield Hend. Ind.
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages once
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation State of Ind. (auditor)

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes
2. Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☒ Yes
4. Are you afflicted with a transmissible disease? ☐ No ☒ Yes
5. Are you related to the bride closer than second cousin? ☐ No ☒ Yes
6. Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes
7. Are you now under the influence of a narcotic drug? ☐ No ☒ Yes
8. Are you able to support a family? ☒ Yes ☐ No
9. Are you likely to so continue? ☒ Yes ☐ No
10. Do you have minor children from one or more former marriages? ☐ No ☒ Yes

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address
<u>William</u>	<u>11</u>	<u>Knightstown</u>
<u>Donald</u>	<u>8</u>	<u>"</u>
<u>Ronald</u>	<u>8</u>	<u>"</u>

(b) Are you supporting or contributing to their support? ☒ Yes ☐ No
(c) Are you complying with any court order or orders issued for their support? ☒ Yes ☐ No

11. Full name of father Orin Wiles
Residence of father (if deceased so state) Arcadia Ind.
Occupation of father Ins. + Real Estate Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Carolyn Hiatt
Residence of mother (if deceased so state) Arcadia Ind.
Occupation of mother none Race of mother W
Birthplace of mother (State or foreign country) N. Dakota

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Robert C. Wiles

New Address _____

Subscribed and sworn to before me this 29 day of Sept, 1967
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

FEMALE APPLICANT

Name Daphane Cahill
Date of Birth April 28 1935
Place of Birth (State or foreign country) West Hoboken N.J.
Residence Address 5049 Southgreen Dr Duplos Marion Ind.
Maiden Name if Different Daphane L Eysmann
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation State of Indiana

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Id. card

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes
2. Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes
3. Are you afflicted with a transmissible disease? ☐ No ☒ Yes
4. Are you related to the groom closer than second cousin? ☐ No ☒ Yes
5. Are you now under the 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 Michael Eysmann
Residence of father (if deceased so state) Jersey City N.J.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) N.J.
8. Full maiden name of mother Katherine Frances Katz
Residence of mother (if deceased so state) Jersey City N.J.
Occupation of mother none Race of mother W
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Daphane G. Cahill

New Address _____

Subscribed and sworn to before me this 29 day of Sept, 1967
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 3rd day of October, 1967, authorizing the joining together as husband and wife

of Robert C. Wiles and Daphane G. Cahill
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gerald Machgan hereby certify that on the 14th day of October, one thousand nine hundred and sixty-seven at Arcadia, County of Hamilton, State of Indiana, Groom Robert C. Wiles and, Bride Daphane G. Cahill 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, State of _____

Dated this 3rd day of October, 1967.

Signed Gerald Machgan
Official Designation Minister
14th day of October, 1967

Signed John Gambold, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 334
File Sept. 30 1967
BOOK 30
Date of Application

MALE

Medical Examination Report Dated 9-23-67
Name of Physician Lester O Biber

FEMALE

Medical Examination Report Dated 9-23-67
Name of Physician Lester O Biber

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Clyde Rolis Harstine
Date of Birth Month Day Year
July 9 1892
Place of Birth (State or foreign country)
Owen County
Residence Address Street or R. R. City County State
RRI BOX 220 North Salem, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Abraham Harstine
Residence of father (if deceased so state) deceased
Occupation of father farmer Race of father white
Birthplace of father (State or foreign country) Ohio, Tuscarawas
12. Full maiden name of mother Suzanne, Sorena
Residence of mother (if deceased so state) deceased
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Ohio, Cackerton

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed X Clyde R Harstine Joseph
New Address 78 N Sheffield Ave.

Subscribed and sworn to before me this 30th day of Sept., 1967
John Hamblough, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Middle Last
Laurine G Howell
Date of Birth Month Day Year
January 12 1899
Place of Birth (State or foreign country)
Hope, Indiana
Residence Address Street or R. R. City County State
Maiden Name if Different Laurine G Floyd
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 Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Ins. Papers

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Arthur Floyd
Residence of father (if deceased so state) deceased
Occupation of father Barber Race of father white
Birthplace of father (State or foreign country) Geneva Ind.
8. Full maiden name of mother Alta Reed
Residence of mother (if deceased so state) 146 N Sheffield
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Kansas

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed X Laurine G Howell
New Address Same

Subscribed and sworn to before me this 30 day of Sept., 1967
John Hamblough, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 27th day of October, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Edward J Barnes hereby certify that on the 8th day of October, 1967, at Speedway Christian Church, County of Marion, State of Indiana, Groom Clyde R Harstine of Hendricks County, State of Indiana, and, Bride Laurine G Howell of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 8th day of October, 1967. Signed Edward J Barnes
Official Designation Pastor West Park Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of October, 1967. Signed John Hamblough, Jr. Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 338

File Book 30

Sept. 30, 1967
Date of Application

MALE
Medical Examination Report Dated 9-23-67
Name of Physician Scudder, A. N.

FEMALE
Medical Examination Report Dated 9-23-67
Name of Physician Scudder, A. N.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Albertson W Bruce
Date of Birth October 14 1949
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 1222 S. Sheffield Indpls. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Gas attendant

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Howard Albertson
Residence of father (if deceased so state) Deceased
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Ind
12. Full maiden name of mother Mary Elizabeth Albertson
Residence of mother (if deceased so state) 1222 S. Sheffield
Occupation of mother Cashier Race of mother W
Birthplace of mother (State or foreign country) Indpls. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bruce Albertson
New Address 501 S. School Indpls.

Subscribed and sworn to before me this 30th day of Sept., 1967
John H. Hanks, 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 Mother
John H. Hanks, Jr. Consent
State of Indiana, HENDRICKS } ss:

Signed Mrs. Mary E. Albertson Father

Subscribed and sworn to before me this 30th day of Sept., 1967
John H. Hanks, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in Hendricks County, Circuit Court by written order issued 3 October 1967 and filed 3 October 1967 authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler, hereby certify that on the 11th day of October, 1967, at Browning, Ind., County of Hendricks, State of Indiana, and, Bride Peggy R. Douglas of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.

Dated this 11th day of October, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of October, 1967.

Signed Rev. Donald Tyler
Official Designation Baptist Minister
Signed John H. Hanks, Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 339
File Book 30
Date of Application 30 September 1967

MALE
Medical Examination Report Dated 18 September 1967
Name of Physician E.S. O'Brien MD

FEMALE
Medical Examination Report Dated 18 September 1967
Name of Physician E.S. O'Brien 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 Dick A. Stringfellow
Date of Birth April 13, 1932
Place of Birth Kendallville, Ind.
Residence Address 400 N. Jackson, Danville, Hend., Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Lineman: REMC.
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
<u>Christine Peggy Rock</u>	<u>15</u>	<u>B'burg, Ind.</u>
	<u>12</u>	
	<u>10</u>	

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arthur V. Stringfellow
Residence of father (if deceased so state) Albion, Ind.
Occupation of father Foreman: REMC Race of father white
Birthplace of father (State or foreign country) Ft Wayne, Ind.
12. Full maiden name of mother Ruby Ellen Rimmel
Residence of mother (if deceased so state) Albion, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Albion, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Dick A. Stringfellow
New Address Danville, Ind.
Subscribed and sworn to before me this 30th day of September, 1967
Clerk John J. Gambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Sheila R. Lathrop
Date of Birth July 21, 1945
Place of Birth Paoletti, Ind.
Residence Address Rt. 191, Pittsburg, Hend., Ind.
Maiden Name if Different Sheila R. Wagoner
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 Receptionist: EMC Plastics
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 Oren Wagoner
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) French Lick, Ind.
8. Full maiden name of mother Janetta Pallas Collins
Residence of mother (if deceased so state) Franklin, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) W. Baden, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Sheila R. Lathrop
New Address 30th
Subscribed and sworn to before me this 30th day of September, 1967
Clerk John J. Gambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 7th day of October, 1967, authorizing the joining together as husband and wife of Dick A. Stringfellow and Sheila R. Lathrop.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. James Stevens hereby certify that on the 14th day of October, one thousand nine hundred and 67 at 1st Baptist Church _____ County of Hendricks, State of Indiana and, Bride Sheila R. Lathrop of Hendricks County, State of Indiana were by me united 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 October, 1967.
Signed Rev. James Stevens
Official Designation Pastor First Baptist Church
Filed and recorded in accordance with the laws of the State of Indiana this 23 day of February, 1968.
Signed John J. Gambold Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 340
File BK 30
Oct. 2, 1967
Date of Application

MALE
Medical Examination Report Dated 29 Sept 1967
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 25 Sept 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 Thomas Middle L. Last Tamlin
Date of Birth Month 10 Day 19 Year 1948
Place of Birth (State or foreign country) La Porte, Ind.-am.
Residence Address 412 E. Main St., Brownsburg, Hendricks Co., Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation E2 - US Army

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Army I.D.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
under the influence of a narcotic drug? No ☒ Yes ☐
to support a family? Yes ☒ No ☐
to so continue? Yes ☒ No ☐
Minor children from one or more former marriages? No ☒ Yes ☐
or questions a, b, c) full names, ages and addresses

Name Age Address

Supporting or contributing to their support? Yes ☐ No ☒

Applying with any court order or orders issued for? Yes ☐ No ☒

Her Frederick Chester Tamlin

her (if deceased so state) B. burg, Ind.

the Sales: Blanch Cher. Race of father white

her (State or foreign country) Michigan City, Ind.

of mother Margaret Ellen Pfeiffer

her (if deceased so state) B. burg, Ind.

her H/W. Race of mother white

her (State or foreign country) La Porte, Ind.

HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Thomas L. Tamlin

New Address 412 E. Main B. burg.

Subscribed and sworn to before me this 2nd day of October, 1967

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

see attached statement of father giving his consent

State of Indiana, ss:

County of HENDRICKS

Signed

Signed Margaret S. Tamlin Father

Subscribed and sworn to before me this 2nd day of October, 1967

Clerk HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in _____ 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 6th day of October, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Father Paul Dede, hereby certify that on the 7th day of October, 1967, at Brownsburg, Hendricks County, State of Indiana, Groom Thomas Lee Tamlin and, Bride Betty Ann Markesberry of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS.

Dated this 7th day of October, 1967.

Signed Father Paul Dede

Official Designation Catholic Priest

Signed 9th day of October, 1967

Signed John Hamblin, Jr. Clerk

HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Betty Middle A. Last Markesberry
Date of Birth Month 13 Day 19 Year 1949
Place of Birth (State or foreign country) Brownsburg, Ind.
Residence Address 9706 Ramon Dr., Indpls, Hendricks Co., Ind.

Maiden Name if Different

Previous 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: Shopper Fair

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the 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 Garfield Markesberry

Residence of father (if deceased so state) Brownsburg, Ind.

Occupation of father Press Op. Charlot. Race of father white

Birthplace of father (State or foreign country) Latonia, Ky.

8. Full maiden name of mother: Dzidra Ruejneck.

Residence of mother (if deceased so state) Same

Occupation of mother Mgr. Topps. Race of mother white

Birthplace of mother (State or foreign country) Latonia.

State of Indiana, ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Betty A. Markesberry

New Address 9706 Ramon Dr., Indpls.

Subscribed and sworn to before me this 2nd day of October, 1967

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, ss:

County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 340
File 3430
Date of Application Oct. 2, 1967

MALE
Medical Examination Report Dated 29 Sept 1967
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 25 Sept 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 Thomas L. Tamlin
Date of Birth January 19, 1948
Place of Birth Evansville, Ind.
Residence Address 412 E. Main St., Brownsville, Hendricks Co., Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation E2 - US Army
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 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 of the same blood as the bride? No ☒ Yes ☐

FEMALE APPLICANT
Name Betty A. Marksberry
Date of Birth January 13, 1949
Place of Birth Evansville, Ky.
Residence Address 9706 Ramon Dr., Indianapolis, Ind.
Maiden Name if Different
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk-Typist: Shopper Fair
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

I, FREDERICK C. TAMLIN, hereby give my consent for
my SON, THOMAS LEE TAMLIN to
marry BETTY A. MARKSBERRY.

FILED
Subscribed and sworn to before me this 2 day of Oct 1967
OCT - 6 1967
John Hambold Jr.
CLERK HENDRICKS COUNTY
SUPERIOR COURT
Frederick C. Tamlin
Notary Public
2-11-31

State of Indiana, Hendricks County, ss: in this application is true and correct.

Signed Thomas L. Tamlin
New Address 412 E. Main St. Brownsville, Ind.
Subscribed and sworn to before me this 2nd day of October, 1967
John Hambold Jr. Clerk HENDRICKS County Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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 statement of father giving his consent

State of Indiana, Hendricks County, ss:
Signed Margaret C. Tamlin Father
Signed John Hambold Jr. Mother
Subscribed and sworn to before me this 2nd day of October, 1967
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
in _____ 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 6th day of October, 1967, authorizing the joining together as husband and wife
of Thomas L. Tamlin and Betty A. Marksberry
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Father Paul Dede,
one thousand nine hundred and sixty-seven hereby certify that on the 7th day of October,
State of Indiana, Groom Thomas Lee Tamlin at Brownsville, County of Hendricks,
and, Bride Betty Ann Marksberry of Indianapolis, County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 7th day of October, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of October, 1967.
Signed Father Paul Dede
Official Designation Catholic Priest
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. 341
File BK 30
Oct 2 - 1967
Date of Application

MALE

Medical Examination Report Dated 9-22-67
Name of Physician Fred P Warbinton M.D.

FEMALE

Medical Examination Report Dated 9-22-67
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 Fredrick Middle Lee Last McAninch
Date of Birth Month Dec Day 17 Year 1944
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. R2 Box 464 City Indianapolis County Hendricks 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 Plumber

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Noel Frederick McAninch
Residence of father (if deceased so state) R2 Indpls
Occupation of father Photographer Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dora Beatrice MacMaster
Residence of mother (if deceased so state) R2 Indpls
Occupation of mother Caterer Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Fredrick Lee McAninch

New Address 115 N East, Plainfield, Ind.

Subscribed and sworn to before me this 2 day of October, 1967
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Joan Middle Elizabeth Last Shaw
Date of Birth Month Nov Day 14 Year 1942
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. 115 N. East Street Apt 1 City Plainfield County Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Cashier Pld Super Drugs

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Willard Alfred Shaw
Residence of father (if deceased so state) R2 Bx 604 Indpls
Occupation of father Estimator Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Juliana Gertrude Fopeke
Residence of mother (if deceased so state) R2 Bx 604 Indpls
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Joan Elizabeth Shaw

New Address _____

Subscribed and sworn to before me this 2 day of October, 1967
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1967, authorizing the joining together as husband and wife

Fredrick Lee McAninch and Joan Elizabeth Shaw
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Donald Coaleley hereby certify that on the 14th day of October, one thousand nine hundred and sixty-seven at Plainfield County of Hendricks,

State of Indiana, Groom Fredrick Lee McAninch of Hendricks County, State of Indiana and, Bride Joan Elizabeth Shaw of Marion County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of Oct, 1967. Signed Rev Donald Coaleley

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of October, 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. 342
File Book 30
Date of Application 2 October 1967

MALE
Medical Examination Report Dated 30 September 1967
Name of Physician Frederic P. Brooks M.D.

FEMALE
Medical Examination Report Dated 30 September 1967
Name of Physician Frederic P. 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 Kless Guzen Jr.
Date of Birth June 17 1950
Place of Birth (State or foreign country) Fort Benning, Ga.
Residence Address 3334 Brewer Dr., Indianapolis, Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Grill: Steak & Shake

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Driver's Lic.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

- (b) Are you 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 Kless Guzen Sr.
Residence of father (if deceased so state) Ret: Lt Col Columbus, Ga.
Occupation of father Ret: Lt Col Race of father White
Birthplace of father (State or foreign country) Waukegan, Ill.
Full maiden name of mother Betty Ann Gordon
Residence of mother (if deceased so state) 3334 Brewer Dr., Indpls.
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Little Rock, Ark.

I, Kless Guzen Jr., do hereby state and depose that the information given in this application is true and correct.

Signed Kless Guzen Jr.

New Address _____

Subscribed and sworn to before me this 2nd day of October, 1967
Clerk John Samblak HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Parents divorced - Mother has custody Muskogee, Ga. 2 Feb 53

Signed _____

Signed Betty A. McCormick Father

Subscribed and sworn to before me this 2nd day of October, 1967
Clerk John Samblak HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties. Waiver of 3 day age requirements

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court _____ dated the 3rd day of October, 1967, authorizing the joining together as husband and wife of Kless Guzen Jr. and Rose Marie Harper.
I further remembered, the following marriage certificate was filed in my office, to-wit:
Rev. Ronnie Hancock hereby certify that on the 2nd day of October, 1967, at Indianapolis, County of Marion, State of Indiana,
Groom Kless Guzen Jr. of Marion County, State of Indiana,
Bride Rose Marie Harper of Hendricks County, State of Indiana,
were by me united 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 October, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1967.

Signed Rev. Ronnie Hancock
Official Designation Ordained Minister
24th day of October, 1967
Signed John Samblak Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of October, 1917.

Signed John W. Ambold, 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. 342
File BOK 30
2 October 1967
Date of Application

MALE
Medical Examination Report Dated 30 September 1967
Name of Physician Fred P. Brooks M.D.

FEMALE
Medical Examination Report Dated 30 September 1967
Name of Physician Fred P. 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 Kless First Middle Last Guyzen Jr.
Date of Birth June 14 1950
Place of Birth (State or foreign country) Ft. Benning, Ga.
Residence Address 3334 Brewer St., Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

FEMALE APPLICANT
Name Rose First Middle Last Marie Harper
Date of Birth October 24 1950
Place of Birth (State or foreign country) Greensburg, Ind.
Residence Address Shugart St. Rt. 29, Brownsburg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

DONALD R. FRENCH, PRINCIPAL



BROWNSBURG HIGH SCHOOL
BROWNSBURG, INDIANA 46112
TELEPHONE: 852-2258

PAUL ACTON, ASS'T PRINC

October 2, 1967

To Whom it May Concern;

Regarding the birth date of ROSE HARPER.
According to our records, her date of birth is
10/24/50.

Sincerely,

Donald R. French
Donald R. French
Principal

DRF/bf

A Member of the North Central Accrediting Association

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 3rd day of October, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this...

Signed Rev. Ronnie Hancock
Official Designation Ordained Minister
Signed John Sanford, Jr.
Clerk
HENDRICKS Circuit Court

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 3413
File Book 30
Date of Application 2 October 1967

MALE
Medical Examination Report Dated 2 October 1967
Name of Physician John P. Calhoun MD

FEMALE
Medical Examination Report Dated 2 October 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 Kenneth D. Wuerthley
Date of Birth October 11, 1943
Place of Birth Indianapolis, Ind.
Residence Address 188 Lucky Tr. R8 B317, Indpls, Hen, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 64 extended call

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Corman: N.Y.C.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Dr. W. H. C.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Kenneth Frederick Wuerthley
Residence of father (if deceased so state) 2878 Medallion Dr. Indpls, Ind.
Occupation of father Electrician: Alton Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.

12. Full maiden name of mother Mildred Lee Chance
Residence of mother (if deceased so state) Deceased
Occupation of mother — Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Kenneth D. Wuerthley
New Address 188 Lucky Tr. R8 B317, Indpls, Ind.

Subscribed and sworn to before me this 2nd day of October, 1967
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

FEMALE APPLICANT

Name Deloris J. Coburn
Date of Birth February 16, 1949
Place of Birth Waterloo, Iowa
Residence Address 181 Danville, Hen, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Horis James Coburn
Residence of father (if deceased so state) R8 Bx Danville
Occupation of father unemployed Race of father white
Birthplace of father (State or foreign country) Daw City, Iowa
- Full maiden name of mother Dorothy Frances Gangke
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) Olwern, Iowa

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Deloris J. Coburn

New Address Same

Subscribed and sworn to before me this 2nd day of October, 1967

Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 1967, authorizing the joining together as husband and wife _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Glenn Clark hereby certify that on the 8th day of October, 1967, at _____, County of _____, State of _____, Groom Kenneth D. Wuerthley of _____ County, State of _____, and, Bride Deloris J. Coburn 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 8th day of October, 1967.

Signed Rev. Glenn Clark

Official Designation Methodist Minister

Signed John Samuels, Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1967.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 344
File Bk. 30
Date of Application Oct. 3, 1967

MALE
Medical Examination Report Dated 9-30-67
Name of Physician William R. Storer

FEMALE
Medical Examination Report Dated 9-30-67
Name of Physician William R. Storer

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Larry D. Cooper
Date of Birth Sept. 24, 1949
Place of Birth (State or foreign country) Cincinnati, Ind.
Residence Address 280 N. Mill, Plainfield, Hend., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Abolitionist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Kenneth Wayne Cooper
Residence of father (if deceased so state) RP#1, Monrovia, Ind.
Occupation of father Abolitionist Race of father W.
Birthplace of father (State or foreign country) Hendricks Co., Ind.
12. Full maiden name of mother Mary Ruth Rippey
Residence of mother (if deceased so state) Records Clk., Public Service
Occupation of mother Records Clk., Public Service Race of mother W.
Birthplace of mother (State or foreign country) Geneva, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Larry D. Cooper

New Address Indiana St., Plainfield, Ind.

Subscribed and sworn to before me this 3 day of Oct., 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 has legal custody of son.
Divorce, Hend. Co. 1953

State of Indiana, HENDRICKS ss:

Signed Mary R. Hendricks Father

Signed John R. Hendricks Mother

Subscribed and sworn to before me this 3 day of Oct., 1967.
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name Georganna Harrington
Date of Birth March 23, 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #1, Box 691, Plainfield, Hend., Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation None
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father George Thomas Harrington
Residence of father (if deceased so state) Same
Occupation of father Security Community Hospital Race of father W.
Birthplace of father (State or foreign country) Metropolis, Ill.
8. Full maiden name of mother Charlotte Marie Davison
Residence of mother (if deceased so state) Same
Occupation of mother Oakrite - Plainfield Race of mother W.
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Georganna Harrington

New Address _____

Subscribed and sworn to before me this 3 day of Oct., 1967.
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed George T. Harrington Father

Signed Charlotte M. Harrington Mother

Subscribed and sworn to before me this 3 day of Oct., 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 7th day of October, 1967.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Larry D. Cooper and Georganna Harrington

I, Robert F. De Long, hereby certify that on the 7th day of October, 1967, at Plainfield, County of Hendricks, State of Indiana, Groom Larry D. Cooper and, Bride Georganna Harrington were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.

Dated this 7th day of October, 1967.

Signed Robert F. De Long

Official Designation Minister

Signed John Gambold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of October, 1967.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 345
File Book 30
5 October 1967
Date of Application

MALE
Medical Examination Report Dated 2 October 1967
Name of Physician R.W. Kintley M.D.

FEMALE
Medical Examination Report Dated 2 October 1967
Name of Physician R.W. Kintley M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gary Michael Leach
Date of Birth May 23 1947
Place of Birth Indpls, Ind.
Residence Address 439 Midland Dr, Danville, Hen, Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Clark: Krager.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Draft Card.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Paul Leach Jr.
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Sales: Samsco Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.

12. Full maiden name of mother Anna Lee Byram
Residence of mother (if deceased so state) Sams
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Gary Michael Leach
New Address 5701 Port View Dr, Indpls.
Subscribed and sworn to before me this 5th day of October, 1967
Clerk John Gambrell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed Paul Leach Jr. Father
Signed Anna Lee Byram Mother
Subscribed and sworn to before me this 5th day of October, 1967
Clerk John Gambrell

FEMALE APPLICANT

Name Susan Gwen Whitaker
Date of Birth March 25 1947
Place of Birth Indpls, Ind.
Residence Address 252 W. Broadway, Danville, Hen, Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Beautician: Beauty By Bryant

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father William Stanley Whitaker
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Job Samsco Race of father white
Birthplace of father (State or foreign country) Somerset, Ky.

8. Full maiden name of mother Mildred Christine Walk
Residence of mother (if deceased so state) Sams
Occupation of mother H Cashier: Krager Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Susan Gwen Whitaker
New Address Sams
Subscribed and sworn to before me this 5th day of October, 1967
Clerk John Gambrell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of October, 1967, authorizing the joining together as husband and wife of Gary Michael Leach and Susan Gwen Whitaker.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jack E Van Audall hereby certify that on the 14th day of October, one thousand nine hundred and sixty-seven at Danville Christian Church County of Hendricks, State of Indiana, Groom Gary Michael Leach of Hendricks County, State of Indiana, and, Bride Susan Gwen Whitaker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 14th day of October, 1967.

Signed Jack E Van Audall
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 16th day of October, 1967.
Signed John Gambrell, Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 346
File Book 30
5 October 1967
Date of Application

MALE
Medical Examination Report Dated 30 September 1967
Name of Physician D. Duane House MD

FEMALE
Medical Examination Report Dated 3 October 1967
Name of Physician D. Duane House MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gerald Abell
Date of Birth May 16 1947
Place of Birth Indianapolis, Ind.
Residence Address 5039 Karen Dr, Indpls, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify) _____
Occupation Stenographer: Sta - news.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____
Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
Are you afflicted with a transmissible disease? No ☒ Yes ☐
Are you related to the bride closer than second cousin? No ☒ Yes ☐
Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
Are you now under the influence of a narcotic drug? No ☒ Yes ☐
Are you able to support a family? Yes ☒ No ☐
Are you likely to so continue? Yes ☒ No ☐
Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Robert Dee Abell		Indpls, Ind.
Dorothy House Chandler		Indpls, Ind.

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Robert Dee Abell
Residence of father (if deceased so state) Indpls, Ind.
Occupation of father Presman - Air - force
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Dorothy House Chandler
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Gerald L. Abell
New Address 3340 E 20th Indpls, Ind.
Subscribed and sworn to before me this 5th day of October, 1967
Clerk John H. Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Sharon A Tryon
Date of Birth April 28 1948
Place of Birth Indianapolis, Ind.
Residence Address R2 Bx 105 B'burg, New Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Coll. Correspondent.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Bryan Anthony Tryon
Residence of father (if deceased so state) R2 Bx 105 B'burg, Ind.
Occupation of father Bus Driver
Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Dorothy Pearl Hunter
Residence of mother (if deceased so state) same
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Altoona, Pa.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Sharon A. Tryon
New Address San.
Subscribed and sworn to before me this 5th day of October, 1967
Clerk John H. Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1967, authorizing the joining together as husband and wife

of Gerald L. Abell and Sharon A. Tryon
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

John M. Greene hereby certify that on the 14th day of October, 1967, at Indianapolis, County of Marion, State of Indiana, Groom Gerald L. Abell and, Bride Sharon A. Tryon were by me united 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 October, 1967.

Signed John M. Greene Official Designation Justice of the Peace
Signed John H. Lambell Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of October, 1967.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 346
File Book 30
5 October 1967
Date of Application

MALE
Medical Examination Report Dated 30 September 1967
Name of Physician D. Duane House MD.

FEMALE
Medical Examination Report Dated 3 October 1967
Name of Physician D. Duane House MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Gerald L. Abell
Date of Birth May 16 1947
Place of Birth Indianapolis, Ind.
Residence Address 5039 Karen Dr., Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

FEMALE APPLICANT
Name Sharon A. Tryon
Date of Birth April 28 1948
Place of Birth Indianapolis, Ind.
Residence Address R2 Bx 105 Bibury, New, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

TO WHOM IT MAY CONCERN:

We, Robert D. Abell and Dorothy L. Abell, parents and guardian of Gerald L. Abell, give full consent and permission for him to marry Sharon A. Tryon.

Robert D. Abell
Robert D. Abell

State of Indiana
County of Marion

Dorothy L. Abell
Dorothy L. Abell

Before me, Kathryn Koerner, a Notary Public in and for the County and State aforesaid, this 2nd day of October, 1967, personally appeared Robert D. Abell, and Dorothy L. Abell respectively, and acknowledged the execution of the above and foregoing document of consent for and on behalf of said parties.

Kathryn Koerner
Kathryn Koerner, Notary Public

MY COMMISSION EXPIRES:

4/30/70

FILED

OCT - 5 1967

John Gambold Jr.
CLERK HENDRICKS COUNTY SUPERIOR

State _____
and, Bride Sharon A. Tryon 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 14th day of October, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed John M. House
Official Designation Justice of the Peace
day of October, 1967
Signed John Gambold Jr.
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 347
File Book 30
Date of Application 7 October 1967

MALE

Medical Examination Report Dated 11 September 1967Name of Physician Harold E. Petitjean MD

FEMALE

Medical Examination Report Dated 11 September 1967Name of Physician Harold E. Petitjean 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 Lloyd R. Daniels.
Date of Birth June 23 1930

Place of Birth Edwards Co., Ill.

Residence Address R2 Bx 75 Clayton, Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
1954-60 Vanderburgh Co, Indiana

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Pipe fitter: Paul Hasker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
No ☒ Yes ☐

(a) List their full names, ages and addresses

Name Peggy Dianne Age 14 Address Chandler, Ind.
Name Shirley Sherri Age 9 Address Tuas.

- Are you supporting or contributing to their support? Yes ☒ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father James Franklin Daniels

Residence of father (if deceased so state) Evansville, Ind.

Occupation of father Retired Race of father White

Birthplace of father (State or foreign country) White Co., Ill.

12. Full maiden name of mother Alma Mae Flannigan

Residence of mother (if deceased so state) Sam

Occupation of mother H/W. Race of mother White

Birthplace of mother (State or foreign country) White Co., Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Lloyd R. Daniels

New Address R2 Bx 103 Clayton, Ind.

Subscribed and sworn to before me this 7th day of October, 1967

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

FEMALE APPLICANT

Name Lula E. McNeely
Date of Birth June 9 1929

Place of Birth Perry Co., Ind.

Residence Address 1620 N 5th, Evansville, Vanderburgh, Ind.

Maiden Name if Different Lula E. Underhill

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Boone Co, Vanderburgh 64

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Written proof

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Dennis Underhill

Residence of father (if deceased so state) Deceased

Occupation of father _____ Race of father White

Birthplace of father (State or foreign country) Perry Co., Ind.

8. Full maiden name of mother Winnie Ethel King

Residence of mother (if deceased so state) Taswell, Ind.

Occupation of mother H/W. Race of mother White

Birthplace of mother (State or foreign country) Perry Co., Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Lula E. McNeely

New Address Sam

Subscribed and sworn to before me this 7th day of October, 1967

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas G. Austin hereby certify that on the 11 day of November

one thousand nine hundred and 67 at English, County of Crawford

State of Indiana, Groom Lloyd R. Daniels of Hendricks County, State of Indiana

and, Bride Lula E. McNeely of Vanderburgh County, State of Indiana

were by me united 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 November, 1967.

Signed Thomas G. Austin

Official Designation Justice of the Peace

14th day of November, 1967.

Signed Jane Gambel Jr Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 348
File Book 30
Date of Application 9 October 1967

MALE
Medical Examination Report Dated 3 October 1967
Name of Physician Irving Cohen MD

FEMALE
Medical Examination Report Dated 3 October 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 Gary Lee Harkins
Date of Birth June 14 1949
Place of Birth Indianapolis, Ind.
Residence Address R2 Bx 81 Plainfield, New, Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Asst Mgr. Galyas

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Lloyd Eugene Harkins
Residence of father (if deceased so state) R2 Bx 81 Plainfield, Ind.
Occupation of father Group leader Race of father white
Birthplace of father (State or foreign country) Pulaski, W. Va.
12. Full maiden name of mother Roselyn Louise Bates
Residence of mother (if deceased so state) same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Ind. B. Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Gary Lee Harkins
New Address R2 Bx 31 Plainfield, Ind.

Subscribed and sworn to before me this 9th day of October, 1967
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Lloyd E. Harkins Father
Signed Roselyn L. Bates Mother

Subscribed and sworn to before me this 9th day of October, 1967
Clerk John Samuels HENDRICKS Circuit Court

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 13th day of October, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Father Paul Dede, hereby certify that on the 13th day of October, 1967, at Plainfield, County of Hendricks, State of Indiana, and, Bride Deborah Ann Utley of Hendricks County, State of Indiana, were by me united 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 October, 1967.

Signed Father Paul Dede
Official Designation Catholic Priest

Signed John Samuels Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of October, 1967.

FEMALE APPLICANT

Name Deborah Ann Utley
Date of Birth August 26 1950
Place of Birth West Plains, Mo.
Residence Address R2 Bx 246 Ind. B. New, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student: H.S.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

Other (Specify) Bap. Cent.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Paul Edward Utley
Residence of father (if deceased so state) R2 Bx 246 Ind. B. New, Ind.
Occupation of father Barber Shop: Ind. Ins. Race of father white
Birthplace of father (State or foreign country) Madisonville, Ky.
- Full maiden name of mother Coretta Lorraine Thomas Harker
Residence of mother (if deceased so state) same
Occupation of mother None: Methodist Race of mother white
Birthplace of mother (State or foreign country) Green Valley, W. Va.

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Paul Edward Utley
Residence of father (if deceased so state) R2 Bx 246 Ind. B. New, Ind.
Occupation of father Barber Shop: Ind. Ins. Race of father white
Birthplace of father (State or foreign country) Madisonville, Ky.
12. Full maiden name of mother Coretta Lorraine Thomas Harker
Residence of mother (if deceased so state) same
Occupation of mother None: Methodist Race of mother white
Birthplace of mother (State or foreign country) Green Valley, W. Va.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Deborah Ann Utley
New Address same

Subscribed and sworn to before me this 9th day of October, 1967
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Paul E. Utley Father
Signed Coretta L. Utley Mother

Subscribed and sworn to before me this 9th day of October, 1967
Clerk John Samuels HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 349
File Book 30
Date of Application 9 October 1967

MALE

Medical Examination Report Dated 6 October 1967

Name of Physician Lloyd Terry MD.

FEMALE

Medical Examination Report Dated 6 October 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 Charlie Ephrem Brock
Date of Birth March 30 1949
Place of Birth (State or foreign country) Mayking, Ky.
Residence Address R3 Bx 14 Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Asst Mgr. Burger Chef.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Birth Cert.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses

Name	Age	Address
Alvin Buford Brock		R3 Danville, Ind.
Mary Jane Wagner		same

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Alvin Buford Brock
Residence of father (if deceased so state) R3 Danville, Ind.
Occupation of father Whseman's Nat Park
Birthplace of father (State or foreign country) Wise Co, Va.
12. Full maiden name of mother Mary Jane Wagner
Residence of mother (if deceased so state) same
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Mayking Ky.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Charlie Ephrem Brock
New Address 192 W. Broadway Danville, Ind.

Subscribed and sworn to before me this 9th day of October, 1967.
Clerk John Samblak HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Parents Notarized consent dated 11 Oct 1967 attached.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this 13th day of October, 1967.
Clerk John Samblak HENDRICKS Circuit Court

FEMALE APPLICANT

Name Pamela Sue Cline
Date of Birth July 25 1951
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address R1 Bx 324 Danville, Hendricks, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Waitress: Burger Chef.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Delivery Deeds Statement

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father L. S. Cline
Residence of father (if deceased so state) R1 Danville, Ind.
Occupation of father H. Dr. Danville, Ind.
Birthplace of father (State or foreign country) Franklin Ky.
8. Full maiden name of mother Mary Mable Gibson
Residence of mother (if deceased so state) R1 Danville, Ind.
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Edmanson, Mo.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Pamela Sue Cline
New Address same

Subscribed and sworn to before me this 9th day of October, 1967.
Clerk John Samblak HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Mother notarized consent dated 11 October attached

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this 9th day of October, 1967.
Clerk John Samblak HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the _____
of Indiana dated the 13th day of October, 1967, authorizing the joining together as husband and wife of _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Buford Brock, hereby certify that on the 14th day of October, 1967, at Danville, County of Hendricks, State of Indiana,
one thousand nine hundred and sixty-seven, _____
State of Indiana, Groom Charlie Ephrem Brock of Hendricks County, State of Indiana,
and, Bride Pamela Sue Cline of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 14th day of Oct, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 28th day of Oct, 1967.
Signed John Samblak Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 349
File Book 30
Date of Application 9 October 1967

MALE

Medical Examination Report Dated 6 October 1967
Name of Physician Lloyd Terry MD.

FEMALE

Medical Examination Report Dated 6 October 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 Charlie Ephram Brock
Date of Birth March 30 1949
Place of Birth (State or foreign country) Mayking Ky.
Residence Address R3 Bx 14 Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Asst Mgr. Burger Chef.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft Card.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐

11. Full name of father Alvin Buford Brock
Residence of father (if deceased so state) R3 Danville
Occupation of father Whse man's Nat Park
Birthplace of father (State or foreign country) Wise Va.
12. Full maiden name of mother Mary Jane Wa
Residence of mother (if deceased so state) same
Occupation of mother A/W.
Birthplace of mother (State or foreign country) May King

State of Indiana, HENDRICKS } ss: I depose and state the foregoing in this application is true

Signed Charlie Ephram Brock
New Address 192 W. Broadway

Subscribed and sworn to before me this 9th day of October
Clerk John Danbolt HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If on signs, state facts which render the consent of the other parent unnecessary.

Parents Notarized and dated 11 Oct 1967 at the

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 13th day of October
Clerk John Danbolt

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage

County _____ Court by written _____

in _____ authorizes and directs the issuance of a marriage

RETURN OF MARRIAGE LICENSE AND MARRIAGE

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the _____ of Indiana dated the 13th day of October, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Buford Brock hereby certify that on the 14th day of October

at Danville, County of Hendricks, State of Indiana

and, Bride Pamela Sue Cline of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of Oct, 1967. Signed Buford Brock

Official Designation Minister
Signed John Danbolt Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of Oct, 1967.

ROBERT W. KIRTLEY, M. D.
Reg. No. 3152
138 West Marion St., Office Phone: SHERWOOD 5-4419 Day or Night
LLOYD S. TERRY, M. D.
Reg. No. 9772
DANVILLE, INDIANA
OCT 13 1967
FILED

Re delivered a baby girl
infant on July 25, 1967 @
Methodist Hospital, Indianapolis,
Ind. for L.C. and Mable
Cline.

Lloyd Terry MD

REFILL TIMES

U. S. Reg. No. _____

County of _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Subscribed and _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 349
File Book 30
9 October 1967
Date of Application

MALE

Medical Examination Report Dated 6 October 1967

Name of Physician Lloyd Terry MD.

FEMALE

Medical Examination Report Dated 6 October 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 Charlie Ephraim Brock
Date of Birth March 30 1949
Place of Birth (State or foreign country) Indpls, Ind.

FEMALE APPLICANT

Name Pamela Sue Cline
Date of Birth July 25 1951
Place of Birth (State or foreign country) Indpls, Ind.

I, Mabel Cline, hereby give my consent for
my daughter, Pamela Cline
to marry Charlie E. Brock.

Subscribed and sworn to before me this 11 day of October 1967

Fletcher H. York
Notary Public

My commission expires Aug 13, 1970

8. Are you...
9. Are you likely to so continue?
10. Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)

7. Full name of father Mr. Danville W.

I, Alvin B. Brock, hereby give my consent for
my son, Charlie E. Brock
to marry Pamela Cline.

Subscribed and sworn to before me this 11 day of October 1967

Fletcher H. York
Notary Public

My commission expires Aug 13, 1970

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Mary Brock, hereby give my consent for
my son, Charlie E. Brock
to marry Pamela Cline.

Subscribed and sworn to before me this 11 day of October 1967

Fletcher H. York
Notary Public

My commission expires Aug 13, 1970

one thousand nine hundred and seventy
State of Indiana, Groom Charlie Ephraim Brock of Hendricks County, State of Indiana
and, Bride Pamela Sue Cline of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 11 day of Oct, 1967

Signed Alvin B. Brock

Official Designation Minister
Signed John J. Anderson Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of Oct, 1967

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 350
File Book 30
Oct. 10, 1967
Date of Application

MALE
Medical Examination Report Dated Oct. 4, 1967
Name of Physician Lester H. Hoyt, M.D.

FEMALE
Medical Examination Report Dated Oct. 4, 1967
Name of Physician Lester H. Hoyt, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jim Corgine
Date of Birth March 19 1921
Place of Birth (State or foreign country) Union Co., Illinois
Residence Address R.R. 1, Box 268, Danville, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Maintenance Machines
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Navy Discharge Papers

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐

(a) List their full names, ages and addresses

Name Age Address
Jane Ellen Shell 24 St. Petersburg, Fla.
James D. Corgine 20 Minot, N.D.

- (b) Are you supporting or contributing to their 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 Earl Corgine
Residence of father (if deceased so state) Anna, Ill.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Union Co., Ill.
12. Full maiden name of mother Sarah Elvora Howell
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Jackson Co., Ill.

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed James D. Corgine
New Address R.R. 1, Box 268, Danville
Subscribed and sworn to before me this 10 day of Oct, 1967
John Gambard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, _____ } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the _____ of the _____ County of _____ Indiana dated the 14th day of October, 1967, authorizing the joining together as husband and wife of Jim Corgine and Mary Jo Haase.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence W. Hendricks, hereby certify that on the 23 day of October, 1967, at Indianapolis, County of Marion, State of Indiana, Groom Jim Corgine and, Bride Mary Jo Haase were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 23 day of October, 1967.

Signed Clarence W. Hendricks
Official Designation Justice of Peace
Subscribed and sworn to before me this 24th day of October, 1967.
Signed John Gambard Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Mary Jo Haase
Date of Birth August 5 1937
Place of Birth (State or foreign country) Vigo County, Terre Haute, Ind.
Residence Address R.R. 6, Box 417, Terre Haute, Vigo, 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 Waitress
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Thomas Aubrey Haase
Residence of father (if deceased so state) R. 6, Box 417, Terre Haute
Occupation of father Engineer Race of father W
Birthplace of father (State or foreign country) Vigo Co., Ind.
8. Full maiden name of mother Mabel Gergetta Marquis
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Vigo Co., Ind.

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Mary Jo Haase
New Address same
Subscribed and sworn to before me this 10 day of Oct, 1967
John Gambard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, _____ } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 351
File Book 30
11 October 1967
Date of Application

MALE

Medical Examination Report Dated 11 October 1967
Name of Physician El: A. Coats MD.

FEMALE

Medical Examination Report Dated 11 October 1967
Name of Physician El: A. Coats MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Howell Dean Robinson
Date of Birth June 26 1935
Place of Birth (State or foreign country) Boone Co., Eagle Twp, Ind.
Residence Address R2 BX 85L Brownsburg, New, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1965 Annul.
Color or Race White ☒ Negro ☐ Other ☐ (specify) Interstate
Usual Occupation Road Dispatcher
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Gayle Kola	17	Columbus, Ind.
Cheryl Nadine	10	
Lauren Keith	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 Laurence Andrew Robinson
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Des Moines, Iowa
12. Full maiden name of mother Gertrude Louise Ford
Residence of mother (if deceased so state) Evansville, Ind.
Occupation of mother Home: Private Race of mother white
Birthplace of mother (State or foreign country) St. Anthony, Iowa

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Howell Dean Robinson
New Address _____
Subscribed and sworn to before me this 11th day of October, 1967
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Jacqueline Jane Reinert
Date of Birth September 18 1936
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 5732 Woodside Dr., Indpls, Marion, Ind.
Maiden Name if Different Jacqueline J. McNeil
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 66 Hamilton
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Retail Sales: Paul Harris, Indpls.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father _____
Residence of father (if deceased so state) unknown
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) _____

Full maiden name of mother Maxine Clara Jann
Residence of mother (if deceased so state) Bob Stern, Indpls.
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Jacqueline Jane Reinert
New Address _____
Subscribed and sworn to before me this 11th day of October, 1967
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of October, 1967, authorizing the joining together as husband and wife of Howell Dean Robinson and Jacqueline Jane Reinert

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Louis E. Marshall hereby certify that on the 15th day of October, one thousand nine hundred and sixty-seven at Indianapolis, County of Marion, State of Indiana, Groom Howell Dean Robinson and, Bride Jacqueline Jane Reinert 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 October, 1967.

Signed Louis E. Marshall
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of October, 1967.

Signed John Samuels, Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 226, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 352
File Book 30
14 October 1967
Date of Application

MALE
Medical Examination Report Dated 9 October 1967
Name of Physician D. J. Kerner M.D.

FEMALE
Medical Examination Report Dated 9 October 1967
Name of Physician D. J. Kerner M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Roger Adair
Date of Birth October 17 1946
Place of Birth St. Louis, Mo.
Residence Address 614 Maple St., Bibury, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Adjuster: Gen. Acc. Corp.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: James Richard Adair
Residence of father (if deceased so state): San. Mo.
Occupation of father: Dr. Mgr. Can. Cyr. Race of father: white
Birthplace of father (State or foreign country): Waynesville, Ill.
Full maiden name of mother: Leona Mae Dampsey
Residence of mother (if deceased so state): San. Mo.
Occupation of mother: Comp. opr. Bridgeport Race of mother: white
Birthplace of mother (State or foreign country): St. Louis, Mo.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Roger Adair
New Address 3816 Bennett Dr., Apt 10, 14th
Subscribed and sworn to before me this 14th day of October, 1967
Clerk John J. Sander HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Parents notarized consent dated 13 Oct 1967 attached.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 14th day of October, 1967
Clerk John J. Sander HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of October, 1967, authorizing the joining together as husband and wife of Roger S. Adair and Sheri L. Benham.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William A. Huber, hereby certify that on the 20th day of October, 1967, at Indianapolis, County of Marion, State of Indiana, Groom Roger S. Adair and, Bride Sheri L. Benham of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.
Dated this 20th day of October, 1967.

Signed William A. Huber
Official Designation Pastor of St. Andrew Presbyterian Church
Signed John J. Sander, Jr. Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Sheri L. Benham
Date of Birth April 19 1949
Place of Birth Indianapolis, Ind.
Residence Address 509 S. Green, Bibury, Ind.
Maiden Name if Different _____
Previous 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: St. B. Health
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father: Robert Earl Benham
Residence of father (if deceased so state): 6673 W. 14th Indpls.
Occupation of father: Machinist: Allison Race of father: white
Birthplace of father (State or foreign country): Indpls, Ind.
 - Full maiden name of mother: Dorothy MacLawsan Sordan
Residence of mother (if deceased so state): 509 S. Green, Bibury
Occupation of mother: H/W. Race of mother: white
Birthplace of mother (State or foreign country): Clinton, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Sheri L. Benham
New Address San.
Subscribed and sworn to before me this 14th day of October, 1967
Clerk John J. Sander HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 26, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 352
File Book 30
Date of Application 14 October 1967

MALE
Medical Examination Report Dated D.S. Kerner MD
Name of Physician 9 October 1967

FEMALE
Medical Examination Report Dated 9 October 1967
Name of Physician D.S. Kerner 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 Roger Adair
Date of Birth October 17 1946
Place of Birth (State or foreign country) St. Louis, Mo.
Residence Address 614 Maple St., Bibury, 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 Adjuster: Gen. Acc. Corp.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for the insane? No ☒ Yes ☐

FEMALE APPLICANT

Name Sheri Benham
Date of Birth April 19 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 509 S. Green, Bibury, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk-Typist: St. B. Health
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you now or have you been related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now or have you been under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now or have you been under the influence of a narcotic drug? No ☒ Yes ☐

of father Robert Earl Benham
of father (if deceased so state) 6613 W. 14th Indpls.
of father Machinist: Allen Race of father white
of father (State or foreign country) Indpls, Ind.
name of mother Dorothy Mac Lawson
of mother (if deceased so state) 509 S. Green, Bibury
of mother H/W. Race of mother white
of mother (State or foreign country) Clenton, Ind.

I, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Sheri L. Benham

New Address San

sworn to before me this 14th day of October, 1967
Clerk HENDRICKS Circuit Court

PARENTS, PARENT OR GUARDIAN

Parents of this applicant hereby give consent for this marriage. If only one parent consents which render the consent of the other parent unnecessary.

I, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

sworn to before me this _____ day of _____, 19____

Clerk _____

license having been refused to the above named parties, the order issued _____ and filed _____ license to the above named parties.

MARRIAGE CERTIFICATE

I, the clerk of the HENDRICKS Circuit Court
1967, authorizing the joining together as husband and wife
Sheri L. Benham

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William A. Miller
one thousand nine hundred and sixty-seven hereby certify that on the 20th day of October
State of Indiana, Groom Roger T. Adair at Indianapolis, County of Marion
and, Bride Sheri L. Benham of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County, State of Indiana.
Dated this 20th day of October, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of October, 1967.
Signed William A. Miller
Official Designation Pastor of St. Andrew Presbyterian Church
Signed John E. Ambold, Jr. Clerk
HENDRICKS Circuit Court

FILED

OCT 14 1967

John E. Ambold Jr.
CLERK HENDRICKS COUNTY SUPERIOR

(Seal)
Notary Public

My commission expires August 19, 1970

Witness my hand and Notarial Seal

As of this date, the 13th of October, 1967, we the
parents of Roger Thomas Adair, do hereby give our
consent to the marriage of Roger Thomas Adair to
Sheri Lynn Benham.

(Father) James Richard Adair
(Mother) Lena Mae Adair

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 353
File Book 30
Date of Application 17 October 1967

MALE

Medical Examination Report Dated 11 October 1967
Name of Physician Fred P. Warbington M.D.

FEMALE

Medical Examination Report Dated 11 October 1967
Name of Physician F.P. Warbington M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gary D. Walton
Date of Birth January 18 1946
Place of Birth Indianapolis, Ind.
Residence Address 215 Indiana St., P.O. Box, Hend., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) None
Usual Occupation New York Cent. Machinist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
- Full name of father: Dubrey Maurice Walton
Residence of father (if deceased so state) 6 Main St., P.O. Box, Indpls, Ind.
Occupation of father: Contractor: self. Race of father: White
Birthplace of father (State or foreign country) Indpls, Ind.
 - Full maiden name of mother: Irma Pauline Price
Residence of mother (if deceased so state) same
Occupation of mother: H/W. Race of mother: White
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Gary D. Walton
New Address 215 Ind. St., P.O. Box, Ind.
Subscribed and sworn to before me this 14th day of October, 1967.
Clerk John Sanford HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name Barbara Williams
Date of Birth October 13 1949
Place of Birth Indianapolis, Ind.
Residence Address 416 Hickory Ln., P.O. Box, Hend., Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) None
Usual Occupation Film Auditor: Buyer chd.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father: Sever Williams
Residence of father (if deceased so state) same
Occupation of father: Tool & Die: Allison Race of father: White
Birthplace of father (State or foreign country) Somerset, Ky.
 - Full maiden name of mother: Dorothy Mae Myers
Residence of mother (if deceased so state) same
Occupation of mother: H/W. Race of mother: White
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Barbara Williams
New Address same
Subscribed and sworn to before me this 14th day of October, 1967.
Clerk John Sanford HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 18 day of October, 1967, authorizing the joining together as husband and wife of Gary D. Walton and Barbara Williams.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 28 day of October, one thousand nine hundred and sixty-seven at Plainfield, County of Hendricks, State of Indiana, Groom Gary D. Walton of Hendricks County, State of Indiana, and, Bride Barbara Williams of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 28 day of October, 1967.

Signed Warren A. Robbins
Official Designation Christian Minister
Filed and recorded in accordance with the laws of the State of Indiana this 31st day of October, 1967.
Signed John Sanford HENDRICKS Circuit Court

Prescribed By
State Board of
Under Authority
Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 354
File Book 30
Date of Application Oct 14-1967

MALE
Medical Examination Report Dated Sept 21-67
Name of Physician Dr. C. Herlinger Jr. USAF

FEMALE
Medical Examination Report Dated 9-18-67
Name of Physician C. Elaine Lane M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Ronald W. Robbins
Date of Birth May 24 1947
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R 1 Box 71 Pittsboro Ind 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 Air Force

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) I D Card
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☒ Yes ☐ No
Of Unsound Mind? ☒ Yes ☐ No
 - Are you under guardianship as a person of unsound mind? ☒ Yes ☐ No
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☒ Yes ☐ No
If answer to 3 is "yes" has the cause of such condition been removed? ☐ Yes ☒ No
 - Are you afflicted with a transmissible disease? ☒ Yes ☐ No
 - Are you related to the bride closer than second cousin? ☒ Yes ☐ No
 - Are you now under the influence of intoxicating liquor? ☒ Yes ☐ No
 - Are you now under the influence of a narcotic drug? ☒ Yes ☐ No
 - Are you able to support a family? ☒ Yes ☐ No
 - Are you likely to so continue? ☒ Yes ☐ No
 - Do you have minor children from one or more former marriages? ☐ Yes ☒ No
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 Robbins
Residence of father (if deceased so state) Columbus Ohio
Occupation of father Team Driver Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mildred L. Atcheson
Residence of mother (if deceased so state) Pompano Beach Florida
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Ronald W. Robbins

New Address _____

Subscribed and sworn to before me this 14 day of Oct, 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 consent of mother
Parent divorced mother has custody.

State of Indiana, HENDRICKS ss: _____
County of _____

Signed _____ Father

Signed see attached Mother

Subscribed and sworn to before me this 14 day of Oct, 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 19 day of October, 1967.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harry Lee Lewis hereby certify that on the 21st day of October, 1967, authorizing the joining together as husband and wife

one thousand nine hundred and sixty-seven at Indianapolis, County of Hendricks, State of Indiana, Groom Ronald W. Robbins and, Bride Linda Ann Handell of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____

Dated this 21 day of October, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of October, 1967.

Signed Harry Lee Lewis Official Designation Preacher

Signed John Gambold, Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Linda A. Handell
Date of Birth Jan 6 1948
Place of Birth (State or foreign country) Litton Ind.
Residence Address R 18 Box 323 Indianapolis Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Typist

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Drivers License
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☒ Yes ☐ No
Of Unsound Mind? ☒ Yes ☐ No
 - Are you under guardianship as a person of unsound mind? ☒ Yes ☐ No
 - Are you afflicted with a transmissible disease? ☒ Yes ☐ No
 - Are you related to the groom closer than second cousin? ☒ Yes ☐ No
 - Are you now under the influence of intoxicating liquor? ☒ Yes ☐ No
 - Are you now under the influence of a narcotic drug? ☒ Yes ☐ No
 - Full name of father Carl Handell
Residence of father (if deceased so state) Indianapolis Ind.
Occupation of father Building Superintendent Race of father W
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of mother Marynie Olive Welking
Residence of mother (if deceased so state) Indianapolis
Occupation of mother clerk Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Linda Handell

New Address _____

Subscribed and sworn to before me this 14 day of Oct, 1967
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19_____

Clerk

354

I, Mildred L. Hazen, hereby give my consent for
my son, Ronald W. Robbins to
marry Linda Ann Handell.

FILED

subscribed and sworn to before me this 6th day of October 1967

John Gambold Jr.
CLERK HENDRICKS
CIRCUIT COURT
SUPERIOR

Mildred L. Hazen
Notary Public
My Commission Expires June 20, 1969
Notary Public, State of Indiana
Bonded by American Fidelity & Casualty Co.

R 30
14-1967
Application

7
12

statement, representa-

Last
Handell
Year
1948
2nd.
County
State
bills 2nd.

Marriages

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Air Force

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) I D Card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

- Full name of father: Eddie Robbins
Residence of father (if deceased so state): Columbus Ohio
Occupation of father: Steam Fitter Race of father: W
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Mildred L. Atcheson
Residence of mother (if deceased so state): Pompano Beach Florida
Occupation of mother: Secretary Race of mother: W
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS
Signed: Ronald W. Robbins

New Address:

Subscribed and sworn to before me this 14 day of Oct, 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 consent of mother
Parent divorced mother has custody.

State of Indiana, HENDRICKS ss:
County of: HENDRICKS

Signed: see attached Father

Signed: see attached Mother

Subscribed and sworn to before me this 14 day of Oct, 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
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 19 day of October, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harry Lee Lewis, hereby certify that on the 21st day of October, 1967, at Indianapolis, County of Hendricks,
one thousand nine hundred and sixty-seven State of Indiana, Groom: Ronald W. Robbins and, Bride: Linda Ann Handell of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.

Dated this 21 day of October, 1967.

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of October, 1967.

Signed: Harry Lee Lewis
Official Designation: Preacher
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. 355
File Book 30
Date of Application 19 October 1967

MALE

Medical Examination Report Dated 9 October 1967
Name of Physician R. W. Kirtley M.D.

FEMALE

Medical Examination Report Dated 9 October 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 John W. Jackson
Date of Birth September 19, 1946
Place of Birth Plamfield, Ind.
Residence Address 731 Bx 375 Clayton, New, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Mech Opr. Diamond chain

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

FEMALE APPLICANT

Name Candace V. Friel
Date of Birth January 30, 1944
Place of Birth Indianapolis, Ind.
Residence Address 844 E. Mansel, Pkld, New, Ind.
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Secy: Soc. Security Adm.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Vint Friel

Residence of father (if deceased so state) same

Occupation of father Foreman: ches Race of father white

Birthplace of father (State or foreign country) Plamfield, Ind.

8. Full maiden name of mother Dorothy Dean Hazelett

Residence of mother (if deceased so state) same

Occupation of mother H/w. Race of mother white

Birthplace of mother (State or foreign country) Amagon, Ark.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
..... County..... Court by written order issued..... and filed
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1967, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank J. Bailey Jr. hereby certify that on the 21st day of October

one thousand nine hundred and 67 at Plamfield, County of Hendricks

State of Indiana, Groom John W. Jackson of Hendricks County, State of Indiana

and, Bride Candace V. Friel of Hendricks County, State of Indiana

were by me united 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 October, 1967.

Signed Frank J. Bailey Jr.

Official Designation Minister

16 day of Nov., 1967.

Signed John Handall Jr. Clerk

HENDRICKS Circuit Court

.....