

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 173

File 13 out 30

June 4 1968
Date of Application

MALE

Medical Examination Report Dated 6-3-68

Name of Physician Donald Chesebrough MD

FEMALE

Medical Examination Report Dated 6-3-68

Name of Physician Donald Chesebrough 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 Ralph Middle Edwin Last Phillips
Date of Birth Month Sept. Day 19 Year 1935
Place of Birth (State or foreign country) Plainfield
Residence Address Street or R. R. Rt 1 Box 151A City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Clerk

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

☐ Other (Specify) _____

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

Name	Age	Address

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

11. Full name of father Wayne Phillips
Residence of father (if deceased so state) 1403 Dallas Dr. Plainfield
Occupation of father Due Setter Race of father W
Birthplace of father (State or foreign country) Morgan Co. Ind.
12. Full maiden name of mother Laura Collins
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Judges Indiana

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

Signed Ralph Edwin Phillips

New Address Rt 1 Box 151A Clayton Ind.

Subscribed and sworn to before me this 4th day of June, 1968.

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 First Donna Middle Sue Last Hubble
Date of Birth Month May Day 29 Year 1950
Place of Birth (State or foreign country) Green Castle
Residence Address Street or R. R. Rt 1 Box 67 City Coatesville County Hend. State Ind.
Maiden Name if Different Coatesville

Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 Gilbert Eugene Hubble
Residence of father (if deceased so state) Deceased
Occupation of father Factory Worker Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Hilbert Lucile Mann
Residence of mother (if deceased so state) Rt 1 Box 67 Coatesville
Occupation of mother Waitress Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Donna Sue Hubble

New Address Rt 1 Box 151A Clayton Ind.

Subscribed and sworn to before me this 4th day of June, 1968.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of June, 1968, authorizing the joining together as husband and wife of Ralph Edwin Phillips and Donna Sue Hubble.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Era J. Goodman hereby certify that on the 8th day of June, one thousand nine hundred and 68 at Plainfield, County of Hendricks, State of Indiana, Groom Ralph E. Phillips of Hendricks County, State of Indiana, and, Bride Donna Sue Hubble of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 8th day of June, 1968.

Signed Era J. Goodman

Official Designation Justice of the Peace
10th day of June, 1968.

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. 174
File BK 30
Date of Application 4 June 1968

MALE
Medical Examination Report Dated May 29 1968
Name of Physician Glenn G. Brooker

FEMALE
Medical Examination Report Dated John F. Spahr MD
Name of Physician 1 June 1968

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

MALE APPLICANT

Name Eric Leigh Franz
Date of Birth September 19 1947
Place of Birth Munich Germany (98th Gen Hosp)
Residence Address RA P.O. Box 122 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 USAF. Airman 1st Class
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 Earl Edward Franz
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Bloomington, Ind.
12. Full maiden name of mother Irma Anna Beyer
Residence of mother (if deceased so state) RA Greencastle
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) Bellville, Ill.

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

Signed Eric Leigh Franz
New Address PO Box 9321 Hurlburt Field, Fla.

Subscribed and sworn to before me this 14th day of June, 1968
Clerk John G. Jamison HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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
Gives sole consent

State of Indiana, HENDRICKS } ss:
County of _____

Signed Irma A. Beyer Father
Signed John G. Jamison Mother

Subscribed and sworn to before me this 14th day of June, 1968
Clerk John G. Jamison HENDRICKS Circuit Court

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 8th day of June, 1968, authorizing the joining together as husband and wife of Eric Leigh Franz and Karen Ann Richardson

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the eight day of June, _____ County of Hendricks, _____ at Clayton _____ County, State of Indiana, _____ of Putnam _____ County, State of Indiana, _____ and, Bride Karen Ann Richardson of _____ HENDRICKS _____

one thousand nine hundred and sixty-eight _____ 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 June, 1968 _____ Signed Rev. Robert A. Falconer _____

Official Designation Pastor, Clayton Presbyterian Church _____ 11th day of June, 1968 _____ Signed John G. Jamison 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. 175
File BK 30
Date of Application June 4, 1968

MALE
Medical Examination Report Dated May 29, 1968
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated May 29, 1968
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 David Paul Sumpter
Date of Birth May 27, 1947
Place of Birth (State or foreign country) Somerset, Pulaski, Kentucky
Residence Address 6416 Seerley Ct., Indianapolis

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Factory Worker RCA

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

☒ Other (Specify) Verification of birth from Pulaski Co. Ky

- Are you now or have you been adjudged, diagnosed or considered 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 Delmer C Sumpter
Residence of father (if deceased so state) Coin Store Kentucky
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Pulaski Co. Ky

12. Full maiden name of mother Florence Shelton
Residence of mother (if deceased so state) same as above
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Pulaski Co. Ky

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

County of..... Signed David Paul Sumpter

New Address 6416 Seerley Ct. Indpls.

Subscribed and sworn to before me this 4 day of June, 1968

John D. Gaudin Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Pauletta Sue Hoppedity
Date of Birth September 10, 1947
Place of Birth (State or foreign country) Sullivan, Green, Indiana
Residence Address R#2 BX327E City Indianapolis State Ind.

Maiden Name if Different.....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Factory Worker RCA

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 Melvin Melvold Hoppedity
Residence of father (if deceased so state) R#2 BX327E Pld
Occupation of father Construction Race of father W
Birthplace of father (State or foreign country) Green Co. Ind.

8. Full maiden name of mother Margaret June Baird
Residence of mother (if deceased so state) same as above
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Green Co. Indiana

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

County of..... Signed Pauletta Sue Hoppedity

New Address same

Subscribed and sworn to before me this 4 day of June, 1968

John D. Gaudin Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 8th day of June, 1968, 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. Roblins hereby certify that on the 8th day of June,

one thousand nine hundred and 68 at Plainfield, County of Hendricks,

State of Indiana, Groom David Paul Sumpter of Indianapolis County, State of Indiana

and, Bride Pauletta Sue Hoppedity of Hendricks County, State of Indiana

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

Dated this 8th day of June, 1968.

Signed Warren A. Roblins

Official Designation Christian Minister

Signed John Gaudin Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of June, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 176
File Book 30
5 June 1968
Date of Application

MALE
Medical Examination Report Dated 3 June 1968
Name of Physician Norman E. Whitney MD.

FEMALE
Medical Examination Report Dated 3 June 1968
Name of Physician Norman E. Whitney MD.

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

MALE APPLICANT

Name First Harry C. Last Holtze
Date of Birth Month September Day 3 Year 1947
Place of Birth (State or foreign country) Portland Oregon
Residence Address R1 Bx 451 Long Beach, Wash, Pacific
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U.S. Army Spec 4

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

☒ Other (Specify) Army ID.

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

Name Age Address

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

11. Full name of father Harry Charles Holtze Sr.
Residence of father (if deceased so state) R1 Long Beach Wash
Occupation of father Minister Race of father white
Birthplace of father (State or foreign country) Minneapolis, Minn.

12. Full maiden name of mother Mary Arlene Sheldon
Residence of mother (if deceased so state) Same
Occupation of mother 4/w Race of mother white
Birthplace of mother (State or foreign country) Calif

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

Signed [Signature] New Address [Address]

Subscribed and sworn to before me this 5th day of June, 1968
[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.

Parents notarized consent dated 10 May 1968 at the [Address]

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

Signed [Signature] Father

Signed [Signature] Mother

Subscribed and sworn to before me this 5th day of June, 1968
[Signature] 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 5 June 1968 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 32a Warr.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of June, 1968, authorizing the joining together as husband and wife of Harry C. Holtze Jr. and Sharon Kay Dorris.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Rev. Eron O. Paul, hereby certify that on the 8th day of June, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Harry C. Holtze Jr. of Hendricks County, State of Indiana and, Bride Sharon Kay Dorris of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 8th day of June, 1968. Signed Rev. Eron O. Paul

Official Designation Minister, 1968. Signed 20th day of June, 1968. Signed John Gamble HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of June, 1968.

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

Signed Sharon Kay Dorris
Subscribed and sworn to before me this 5th day of June, 1968
[Signature] 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 Vernon Lee Dorris
Subscribed and sworn to before me this 5th day of June, 1968
[Signature] 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 Annie L. Dorris
Subscribed and sworn to before me this 5th day of June, 1968
[Signature] Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 176
File Book 30
Date of Application 5 June 1968

MALE
Medical Examination Report Dated 3 June 1968
Name of Physician Norman E. Whitney MD.

FEMALE
Medical Examination Report Dated 3 June 1968
Name of Physician Norman E. Whitney MD.

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

ALL Q
tion or
Na
f

Long Beach, Washington.
Rt. #1. Box 451.
May 10th. 1968.

To whom it may concern:

We, the undersigned parents of ^{SP/4} ~~SP/4~~ Harry Charles Holtze, Jr, are
giving our consent to his marriage to Sharon Dorris, to be joined
in matrimony in Mooresville, Indiana. on June 8th. 1968.

Signed Harry C. Holtze
Signed Mary A. Holtze

Subscribed and sworn to before R.P. Stanway, a Notary Public, State of Washington,
County of Pacific, and residing in Long Beach.
May 10, 1968

R.P. Stanway

FILED

JUN - 5 1968

John Gambold Jr.
CLERK HENDRICKS COUNTY SUPERIOR

Yes ☐
Yes ☐
Yes ☐
Yes ☐
Yes ☐
Yes ☐
Yes ☐

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information given
e and correct.

Dorris

e, 19 68

Circuit Court

only one parent

Father

Mother

19 68

Clerk

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Wann

in Clerks office authorizes and directs the issuance of a
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the
of Indiana dated the 5th day of June, 19 68, authorizing the joining together as husband and wife
Harry C. Holtze Jr. and Sharon Kay Dorris
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 8th day of June,
at Plainfield County of Hendricks
one thousand nine hundred and 68 of Pacific County, State of Washington
State of Indiana, Groom Harry C. Holtze Jr. of Hendricks County, State of Indiana
and, Bride Sharon Kay Dorris of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County. HENDRICKS
Dated this 8th day of June, 19 68. Signed Rev. Evan O. Paul
Official Designation Minister, 19 68.
20th day of June
Signed John Gambold 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. 177
File B630
Date of Application June 5, 1968

MALE
Medical Examination Report Dated June 3, 1968
Name of Physician O. Kourang

FEMALE
Medical Examination Report Dated June 3, 1968
Name of Physician O. Kourang

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

MALE APPLICANT

Name Benjamin Joseph Toon
Date of Birth December 25, 1935
Place of Birth (State or foreign country) Johnson Co., Indiana
Residence Address PO Box 109, Martinsville, Morgan, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Truck Driver

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 Harold Edward Toon
Residence of father (if deceased so state) 1436 Hoyt Ave, Indpls, Ind.
Occupation of father Laborer Race of father W.
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Georgia Hoyt Woods
Residence of mother (if deceased so state) _____
Occupation of mother Office Worker (Inv.) Race of mother W.
Birthplace of mother (State or foreign country) Needham, Ind.

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

Signed Benjamin J. Toon

New Address Waverly, Ind.

Subscribed and sworn to before me this 5 day of June, 1968
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 Marilyn Jean Brandenburg
Date of Birth September 3, 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RR1, Box 552A, Plainfield, Hendricks, 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 Unemployed

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

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

7. Full name of father Samuel Oden Brandenburg
Residence of father (if deceased so state) Same
Occupation of father Self Employed Race of father W.
Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Betty Jean Chew
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.

Signed Marilyn Brandenburg

New Address Waverly, Ind.

Subscribed and sworn to before me this 5 day of June, 1968
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 9th day of June, 1968, authorizing the joining together as husband and wife of Benjamin Joseph Toon and Marilyn Jean Brandenburg.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Rev. George Russell hereby certify that on the 9th day of June, one thousand nine hundred and sixty eight at Indianapolis, State of Indiana, Groom Benjamin Joseph Toon of Indianapolis County, State of Indiana and, Bride Marilyn Jean Brandenburg of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 9th day of June, 1968.

Signed Rev. George Russell

Official Designation Minister
15th day of June, 1968

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. 178
File Book 30
5 June 1968
Date of Application

MALE
Medical Examination Report Dated 20 May 1968
Name of Physician Elmer L. Koch MD

FEMALE
Medical Examination Report Dated 20 May 1968
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 First Middle Last
Dennis A Stevenson
Date of Birth Month Day Year
December 22 1949
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
R3, Bx 5 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 Computer Opr. Ind Nat BK

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 Robert Louis Stevenson
Residence of father (if deceased so state) R1 Strleville Ind.
Occupation of father Calc Opr: hmk Belt. Rate of father white
Birthplace of father (State or foreign country) Peru, Ind.
12. Full maiden name of mother Helen Lora Sharp
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother H/W Rate 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 Dennis A Stevenson

New Address R3 Bx 5 Danville, Ind.

Subscribed and sworn to before me this 5th day of June, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 custody of Dennis given to Father in March 1959.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed Robert L. Stevenson Father

Signed Mother

Subscribed and sworn to before me this 5th day of June, 1968
Clerk John Gambrell

FEMALE APPLICANT

Name First Middle Last
Vickie S. Vance
Date of Birth Month Day Year
October 2 1950
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
Cartersburg, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Graduate Senior. Cascade.

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 Leslie Vance
Residence of father (if deceased so state) Deceased
Occupation of father — Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.
- Full maiden name of mother Rosemary Lou Miller
Striebeck
Residence of mother (if deceased so state) Cartersburg, Ind.
Occupation of mother H/W Rate 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 Vickie S. Vance

New Address 5th June 1968

Subscribed and sworn to before me this 5th day of June, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 gives full consent.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed Rosemary Striebeck Father

Signed Mother

Subscribed and sworn to before me this 5th day of June, 1968
Clerk John Gambrell

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of June, 1968, authorizing the joining together as husband and wife

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

I, Ephraim D. Lowe, hereby certify that on the 15th day of June, 1968, at St. Louis, County of Hendricks, State of Indiana, Groom Dennis A. Stevenson, of Hendricks County, State of Indiana, and, Bride Vickie S. Vance, of Hendricks County, State of Indiana, were by me united 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 June, 1968. Signed Ephraim D. Lowe

Official Designation Minister June 1968

Signed John Gambrell Jr Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 1968

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 179
File Book 30
Date of Application 5 June 1968

MALE
Medical Examination Report Dated 5 June 1968
Name of Physician Robert W. Kirtley M.D.

FEMALE
Medical Examination Report Dated 5 June 1968
Name of Physician Robert 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 Glenn Richard Howard
Date of Birth March 6 1947
Place of Birth Indianapolis, Ind.
Residence Address 221 S. Cross 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 Carpenter, Arthur Keworth
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Deed CD 12304790

- Are you now or have you been adjudged, diagnosed or considered 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

- 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 S. Howard
Residence of father (if deceased so state): Grand Ridge, Ill.
Occupation of father: Mechanic Race of father: white
Birthplace of father (State or foreign country): Plainfield, Ind.
12. Full maiden name of mother: Eva Mae Parker
Residence of mother (if deceased so state): 122 Hawthorn St., Dixie, Ind.
Occupation of mother: Home nursing Race of mother: white
Birthplace of mother (State or foreign country): Amo, Ind.

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

Signed: Glenn Richard Howard
New Address: 221 S. Cross St., Danville, Ind.
Subscribed and sworn to before me this 5th day of June, 1968
Clerk: John Gambrell HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of

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

FEMALE APPLICANT
Name Sheila Denise Hann
Date of Birth January 2 1953
Place of Birth Indianapolis, Ind.
Residence Address R1 Grand Ridge, LaSalle, Ill.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed

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

7. Full name of father: Robert Dale Hann
Residence of father (if deceased so state): Montezuma, Ind.
Occupation of father: Laborer, Brick State of father: white
Birthplace of father (State or foreign country): Montezuma, Ind.
8. Full maiden name of mother: Barbara Joanne Smith
Residence of mother (if deceased so state): R1 Grand Ridge, Ill.
Occupation of mother: Housewife Race of mother: white
Birthplace of mother (State or foreign country): Bowling Green, Ky.

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

Signed: Sheila Denise Hann
New Address: 5th Sam.
Subscribed and sworn to before me this 5th day of June, 1968
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.
Parents divorced in Vermillion Co 1959 - Mother given custody and full consent herewith.

State of Indiana, HENDRICKS } ss:
County of

Signed: _____ Father
Signed: Barbara Joanne Smith Mother
Subscribed and sworn to before me this 5th day of June, 1968
Clerk: John Gambrell

COMPLETE IN 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. 5th June 1968

Be It Remembered, there was filed in my office a marriage license issued by the _____ of the _____ Circuit Court of Indiana dated the 5th day of June, 1968, authorizing the joining together as husband and wife of Glenn Richard Howard and Sheila Denise Hann. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank H. Johnson, hereby certify that on the 5th day of June, 1968, at Bellefonte, Indiana, Groom Glenn Richard Howard of Hendricks County, State of Indiana, and Bride Sheila Denise Hann of LaSalle 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 5th day of June, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 20th day of June, 1968.
Signed: Frank H. Johnson
Official Designation: Justice of the Peace Liberty Township
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. 180
File Bp. 30
6 June 1968
Date of Application

MALE
Medical Examination Report Dated May 30, 1968
Name of Physician Richard D. Heimbach

FEMALE
Medical Examination Report Dated June 3, 1968
Name of Physician John P. Calhoun, M.D.

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

MALE APPLICANT

Name Clarence Oliver Wolfe, Jr.
Date of Birth August 29 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address CMR, Box 2485, Hickland H.B. Albuquerque, N.M.
Previous 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
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) I.D. Card

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

Name	Age	Address
Clarence Oliver Wolfe		
Mary Magdelene Blair		

(b) Are you supporting or contributing to their 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 Oliver Wolfe
Residence of father (if deceased so state): R.R. 1, Box 430, Plainfield
Occupation of father: Mechanic Race of father: W.
Birthplace of father (State or foreign country): Indianapolis, Ind.
12. Full maiden name of mother: Mary Magdelene Blair
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Louisville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed: Clarence Oliver Wolfe
New Address: Same
Subscribed and sworn to before me this 6th day of June, 1968
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: Mary M. Wolfe
Signed: John Gambold, Jr.
Subscribed and sworn to before me this 6th day of June, 1968
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name Janice Ann Rosenberger
Date of Birth April 21 1949
Place of Birth (State or foreign country) Bedford, Indiana
Residence Address 939 Highlander Dr., Plainfield, Hendricks, Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Thomas E. Rosenberger
Residence of father (if deceased so state): Same
Occupation of father: Sales Race of father: W.
Birthplace of father (State or foreign country): Bedford, Ind.
8. Full maiden name of mother: Jo Ann Riggs
Residence of mother (if deceased so state): Same
Occupation of mother: Ind. Bell Race of mother: W.
Birthplace of mother (State or foreign country): Bedford, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed: Janice Ann Rosenberger
New Address: Albuquerque, New Mexico
Subscribed and sworn to before me this 6th day of June, 1968
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:
Signed:
Subscribed and sworn to before me this day of

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of June, 1968, authorizing the joining together as husband and wife of Clarence Oliver Wolfe, Jr. and Janice Ann Rosenberger
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 15th day of June, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Clarence Oliver Wolfe, Jr. of Hendricks County, State of Indiana and, Bride Janice Ann Rosenberger of Hendricks County, State of Indiana were by me united 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 June, 1968. Signed: Warren A. Robbins
Official Designation: Christian Minister
17th day of June, 1968. 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. 180
File Bp. 30
Date of Application 6 June 1968

MALE
Medical Examination Report Dated May 30, 1968
Name of Physician Richard D. Heimbach

FEMALE
Medical Examination Report Dated June 3, 1968
Name of Physician John P. Calhoun, M.D.

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

MALE APPLICANT

Name Clarence Oliver Wolfe, Jr.
Date of Birth August 29, 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address CMR, Box 2485, Hickland H.B. Albuquerque, N.M.
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
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) I.D. Card
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

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

(b) Are you supporting or contributing to their 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 Oliver Wolfe
Residence of father (if deceased so state) Rt. 1, Box 30, Plainfield
Occupation of father mechanic Race of father W.
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Mary Magdelene Blair
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Iderville, Ind.

FEMALE APPLICANT

Name Janice Ann Rosenberger
Date of Birth April 21, 1949
Place of Birth (State or foreign country) Bedford, Indiana
Residence Address 939 Highlander Dr. Plainfield, Hendricks, 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 Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Thomas E. Rosenberger
Residence of father (if deceased so state) same Race of father W.
Occupation of father sales Birthplace of father (State or foreign country) Bedford, Ind.
8. Full maiden name of mother Jo Ann Riggs
Residence of mother (if deceased so state) same Race of mother W.
Occupation of mother Ind. Bell Birthplace of mother (State or foreign country) Bedford, Ind.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Janice Ann Rosenberger
New Address Albuquerque, New Mexico
Subscribed and sworn to before me this 9 day of June, 1968
John Gambold Jr. Clerk HENDRICKS Circuit Court

I, Clarence O Wolfe Sr., hereby give my consent for my son Clarence Oliver Wolfe Jr. to marry Janice Ann Rosenberger

Clarence O Wolfe Sr.
Subscribed and sworn to before me this 6th day of June, 1968

Dorothy C. Hamblen
DOROTHY C. HAMBLÉN, Notary Public
My Commission Expires May 13, 1972

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 10th day of June, Clarence Oliver Wolfe, Jr. and Janice Ann Rosenberger

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 15th day of June

I, Warren A. Robbins, hereby certify that on the 15th day of June, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Clarence Oliver Wolfe Jr. of Hendricks County, State of Indiana and, Bride Janice Ann Rosenberger of Hendricks County, State of Indiana were by me united 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 June, 1968. Signed Warren A. Robbins
Official Designation Christian Minister, 1968.
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. 181
File Book K 30
6 June 1968
Date of Application

MALE
Medical Examination Report Dated 7 June 1968
Name of Physician S. L. Traynor M.D. Capt. USAR

FEMALE
Medical Examination Report Dated 7 June 1968
Name of Physician D. B. + Laggar M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 R. Kincaid
Date of Birth August 14, 1946
Place of Birth (State or foreign country) Pontiac, Mich.
Residence Address 919 Lantern Glen Dr., Dayton, Montgomery Co., Ohio
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation U.S.N. Ensign
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 ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor 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 Warren Richard Kincaid
Residence of father (if deceased so state) Same Dayton, Ind.
Occupation of father Col. USAF Race of father white
Birthplace of father (State or foreign country) Akron, Ohio
12. Full maiden name of mother Edith Eleanor Vaught
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Grayville, Ill.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed Thomas R. Kincaid
New Address VAS, Pensacola, Fla.
Subscribed and sworn to before me this 6 day of June, 1968
John Gamble Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 Patricia Ann Nadin
Date of Birth October 6, 1949
Place of Birth (State or foreign country) Paris, Ill.
Residence Address 336 Hammond, Plainfield, Hendricks Co., 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 Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Joseph Hilton
Residence of father (if deceased so state) 336 Hammond, Plainfield, Ind.
Occupation of father Draftsman Penn-Cent. Race of father white
Birthplace of father (State or foreign country) Paris, Ill.
8. Full maiden name of mother Kathleen McNamee
Residence of mother (if deceased so state) Same
Occupation of mother Clerk-Typist A.B. 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 Hendricks
Signed Patricia Ann Nadin
New Address Same
Subscribed and sworn to before me this 10th day of June, 1968
John Gamble Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 10th day of June, 1968, authorizing the joining together as husband and wife of Thomas R. Kincaid and Patricia Ann Nadin.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert F. DeLong, hereby certify that on the 16th day of June, one thousand nine hundred and 68, at Plainfield, County of Hendricks, State of Indiana, Groom Thomas Richard Kincaid of Montgomery County, State of Ohio and, Bride Patricia Ann Nadin of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 16th day of June, 1968.

Signed Robert F. DeLong
Official Designation Minister
19th day of June, 1968
Signed John Gamble 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. 182
File Bk 30
June 6, 1968
Date of Application

MALE
Medical Examination Report Dated 6-6-68
Name of Physician Ronald A. Meyer

FEMALE
Medical Examination Report Dated 5-27-68
Name of Physician F M Cooper

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

MALE APPLICANT

Name First Douglas Middle S Last Kerr
Date of Birth Month November Day 19 Year 1940
Place of Birth (State or foreign country) Washington D.C.
Residence Address Street or R. R. 1802 1/2 N 4th St. City Columbus County Ohio State Ohio
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation College Teacher
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address

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

11. Full name of father Albert Sante Kerr
Residence of father (if deceased so state) 26 Millbrook Rd. New York
Occupation of father Lithuanian Race of father W
Birthplace of father (State or foreign country) Pennsylvania
12. Full maiden name of mother Harriet Allen
Residence of mother (if deceased so state) same as above
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Niagara Falls Canada

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

Signed X Douglas S. Kerr
New Address 1802 1/2 N 4th St. Columbus Ohio
Subscribed and sworn to before me this 6 day of June, 1968
John Gamble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Wannita Middle M Last Peacock
Date of Birth Month November Day 4 Year 1941
Place of Birth (State or foreign country) _____
Residence Address Street or R. R. RR #2 BX 216 Dan. Ind. City Indianapolis County Indiana State Indiana
Maiden Name if Different RR #2 BX 216 Dan. 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 High School Teacher
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you 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 Mary Wetherell Peacock
Residence of father (if deceased so state) RR #2 BX 216 Dan. Ind.
Occupation of father retired Race of father W
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of mother Louis Josephine Hall
Residence of mother (if deceased so state) same as above
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Pittsburgh Pennsylvania

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

Signed X Wannita M. Peacock
New Address same as groom
Subscribed and sworn to before me this 6 day of June, 1968
John Gamble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the _____
of Indiana dated the 10th day of June, 1968 authorizing the joining together as husband and wife
of Douglas S. Kerr and Wannita M. Peacock
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary M. Maxwell hereby certify that on the 15th day of June, 1968
at Sugar Grove _____ County of Hendricks
one thousand nine hundred and 68 _____
State of Indiana, Groom Douglas S. Kerr of Hendricks County, State of Indiana
and, Bride Wannita M. Peacock of Hendricks County, State of Indiana
were by themselves united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 15th day of June, 1968. Signed Mary M. Maxwell, Clerk of
Official Designation Plainfield Monthly Meeting of Friends, 1968
Signed John Gamble Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of June, 1968

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 183
File BK 30
June 7-1968
Date of Application

MALE
Medical Examination Report Dated June 6-1968
Name of Physician William B Kriel M.D.

FEMALE
Medical Examination Report Dated June 6-1968
Name of Physician William B Kriel M.D.

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

MALE APPLICANT

Name First Middle Last
Sherman L Weddle
Date of Birth Month Day Year
Jan 23 1947
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
R2 Box 139 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 Military Service

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

☐ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? 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 Donald James Weddle
Residence of father (if deceased so state) Clayton
Occupation of father Maintenance Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Pauline Marie Gallamore
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 in this application is true and correct.

Signed Sherman L Weddle

New Address

Subscribed and sworn to before me this 7 day of June 1968
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 First Middle Last
May E Bell
Date of Birth Month Day Year
May 24 1950
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
R1 Box 14 Coatesville Ind.
Maiden Name if Different

Previous 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

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

7. Full name of father Thomas Edison Bell
Residence of father (if deceased so state) Coatesville
Occupation of father Electrician Race of father W
Birthplace of father (State or foreign country) unknown
8. Full maiden name of mother Buena Vista Brown
Residence of mother (if deceased so state) Coatesville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Florida

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

Signed May E Bell

New Address

Subscribed and sworn to before me this 7 day of June 1968
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
Hendricks County Superior Court by written order issued 6-7-68 and filed
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3 days waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 7 day of June 1968, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary E. Crawley hereby certify that on the 7th day of June 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Sherman L. Weddle of Hendricks County, State of Indiana and, Bride May E. Bell of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 7th day of June 1968.

Signed Mary E. Crawley

Official Designation Justice of Peace
11th day of June 1968

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. 184
File Bk. 30
Date of Application June 7, 1968

MALE
Medical Examination Report Dated May 20, 1968
Name of Physician Fred P. Warbinton, M.D.

FEMALE
Medical Examination Report Dated May 20, 1968
Name of Physician Fred P. Warbinton

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

MALE APPLICANT

Name David Lee Griffin
Date of Birth December 14, 1938
Place of Birth (State or foreign country) Sesser, Ill.
Residence Address 1331 Lafayette Rd., Indianapolis, Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Sept. 1967 Jackson Co.

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Transport Driver
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
Diana Lee 10 - RR #2, Hanover
Carmel May 6 - Seymour
David Lee, Jr. 3 - Indph, 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: Virgil Lee Griffin
Residence of father (if deceased so state): Benton, Ind. Ill.
Occupation of father: Auto mech. Race of father: W.
Birthplace of father (State or foreign country): Sesser, Ill.
12. Full maiden name of mother: Gladys Helen Loyd
Residence of mother (if deceased so state): 412 W 7th, Seymour
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Sesser, Ill.

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

Signed David Lee Griffin
New Address 1331 Lafayette Rd., Indianapolis, Ind.

Subscribed and sworn to before me this June 7, 1968
John Lambold, Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June 1968, authorizing the joining together as husband and wife
of David Lee Griffin and Donna Jean Bilderback

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary E. Crawley hereby certify that on the 14th day of June
one thousand nine hundred and 68 at Plainfield County of Hendricks
State of Indiana, Groom David Lee Griffin of Marion County, State of Indiana
and, Bride Donna Jean Bilderback of Hendricks County, State of Indiana
were by me united 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 June 1968 Signed Mary E. Crawley
Official Designation Justice of Peace 1968
Signed John Lambold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of June 1968

FEMALE APPLICANT

Name Donna Jean Bilderback
Date of Birth May 22, 1940
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 136 1/2 S. Vine Plainfield, Hendricks, Ind.
Maiden Name if Different Waltman
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Temporary Driving 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: Fred Waltman
Residence of father (if deceased so state): 325 Southmoor, Plainfield
Occupation of father: Retired Race of father: W.
Birthplace of father (State or foreign country): Indph., Ind.
- Full maiden name of mother: Louise Wood
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Indph., Ind.

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

Signed Donna Jean Bilderback
New Address 136 1/2 S. Vine Pld. Ind.

Subscribed and sworn to before me this June 7, 1968
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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 185
File Book 30
2 June 1968
Date of Application

MALE
Medical Examination Report Dated 24 May 1968
Name of Physician F.M. Cooper MD

FEMALE
Medical Examination Report Dated 24 May 1968
Name of Physician F.M. Cooper 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 Terrance Alan Harris
Date of Birth May 11 1946
Place of Birth Ind.
Residence Address R1 Bx 183A, 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 Marketing Asst. Mfg. L.R. Co.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) #3412
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address

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

11. Full name of father Charles Raymond Harris
Residence of father (if deceased so state) R1 Danville, Ind.
Occupation of father Supr. Lumber Belt Race of father white
Birthplace of father (State or foreign country) Danville, Ind.
12. Full maiden name of mother Edna Lucille Buzzell
Residence of mother (if deceased so state) same
Occupation of mother Serg. Lumber Belt Race of mother white
Birthplace of mother (State or foreign country) Huntington, Ind.

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

Signed Terrance Alan Harris
New Address Medanbrook Apt. 126, Ind.

Subscribed and sworn to before me this 7th day of June, 1968
Clerk John Gambold Jr HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Jessica Ann Knight
Date of Birth March 17 1948
Place of Birth Kokomo, Ind.
Residence Address R7 Columbia City, Whitley, Ind.
Maiden Name if Different _____

Previous 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. Summer Purdue

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

☒ Other (Specify) Driver's Lic (Temp) 3948979

- Are you now or have you been adjudged, diagnosed or considered 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 Lee Knight
Residence of father (if deceased so state) R7 Columbia City, Ind.
Occupation of father Pro Analyst G.E. Race of father white
Birthplace of father (State or foreign country) Terre Haute, Ind.
8. Full maiden name of mother Virginia Itasca Goff
Residence of mother (if deceased so state) same
Occupation of mother Serg. Lumber Belt 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.

Signed Jessica Ann Knight
New Address same

Subscribed and sworn to before me this 7th day of June, 1968
Clerk John Gambold Jr HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of June, 1968, authorizing the joining together as husband and wife of Terrance Alan Harris and Jessica Ann Knight.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert H. Mitchell hereby certify that on the fourteenth day of June, one thousand nine hundred and sixty eight at Fort Wayne, County of Allen, State of Indiana, Groom Terrance Alan Harris of Hendricks County, State of Indiana and, Bride Jessica Ann Knight of Whitley County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 14 day of June, 1968.

Signed Robert H. Mitchell

Official Designation Minister
18th day of June, 1968

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. 186
File BK 30
Date of Application June 8 - 1968

MALE
Medical Examination Report Dated 5-31-68
Name of Physician Thomas M Walker M.D.

FEMALE
Medical Examination Report Dated 5-31-68
Name of Physician Thomas M Walker M.D.

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

MALE APPLICANT

Name Stanley K Fowler
Date of Birth July 29 1946
Place of Birth (State or foreign country) Oakland City Ind.
Residence Address 430 Eaderly 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) 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 Donald L Fowler
Residence of father (if deceased so state) Brownsburg
Occupation of father Service Representative Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Virginia Lee Julian
Residence of mother (if deceased so state) Brownsburg
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Stanley K Fowler

New Address _____

Subscribed and sworn to before me this 8 day of June, 1968
John Hambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name Donna Sue Bishop
Date of Birth June 14 1946
Place of Birth (State or foreign country) Covington Kentucky
Residence Address 13 Green acre 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 Registered nurse

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 Roy Bishop

Residence of father (if deceased so state) Deceased

Occupation of father _____ Race of father W

Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Thelma Ogden

Residence of mother (if deceased so state) Brownsburg

Occupation of mother Jr. accountant Race of mother W

Birthplace of mother (State or foreign country) Kentucky

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

Signed Donna Sue Bishop

New Address _____

Subscribed and sworn to before me this 8 day of June, 1968
John Hambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of June, 1968, authorizing the joining together as husband and wife of Stanley K Fowler and Donna Sue Bishop.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler hereby certify that on the 15 Th day of June, 1968, at Brownsburg Ind., County of Hendricks, State of Indiana, one thousand nine hundred and 68 of Hendricks County, State of Indiana, State of Indiana, Groom Stanley K. Fowler of Hendricks County, State of Indiana, and, Bride Donna Sue Bishop of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 15 day of June, 1968.

Signed Rev. Donald Tyler
Official Designation Baptist Minister
19 Th day of June, 1968

Signed John Hambold Jr
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE ✓
HENDRICKS County

No. 187
File Book 30
8 June 1968
Date of Application

MALE
Medical Examination Report Dated 3 June 1968
Name of Physician Lloyd Terry MD

FEMALE
Medical Examination Report Dated 3 June 1968
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 Glyndon Eugene Hitchcock
Date of Birth February 1947
Place of Birth Lebanon, Ind.
Residence Address Rt 3361 Danville, Ind. Hwy.
Previous 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 + Link Belt Drilling
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 Glyndon Richmond Hitchcock
Residence of father (if deceased so state) Rt Danville, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Hendricks Co., Ind.
12. Full maiden name of mother Lois Pearl Pritchett
Residence of mother (if deceased so state) saw
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Hendricks Co., Ind.

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

Signed Glyndon Eugene Hitchcock
New Address Rt 3361 Danville, Ind.

Subscribed and sworn to before me this 8th day of June, 1968
John Gamble Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 Kathy Ann Gossett
Date of Birth February 29 1948
Place of Birth Methodist Hosp. Ind. Ind.
Residence Address 660 Barrett 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 Clark, P.S.C.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) # 2012
- Are you now or have you been adjudged, diagnosed or considered 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 Gossett

Residence of father (if deceased so state) saw
Occupation of father Mgr. Ind. Eng. Dept. Race of father white
Birthplace of father (State or foreign country) Hendricks Co., Ind.
8. Full maiden name of mother Florence Lucille Money
Residence of mother (if deceased so state) saw
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Hendricks Co., Ind.

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

Signed Kathy Ann Gossett

New Address saw

Subscribed and sworn to before me this 8th day of June, 1968
John Gamble Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 June, 1968, authorizing the joining together as husband and wife of Glyndon Eugene Hitchcock and Kathy Ann Gossett.
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 June, one thousand nine hundred and 68 at The Danville Christian Church County of Hendricks, State of Indiana, Groom Glyndon Eugene Hitchcock of Hendricks County, State of Indiana and, Bride Kathy Ann Gossett of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 16th day of June, 1968.

Signed Rev. George A. Harris
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 17th day of June, 1968.
Signed John Gamble Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 188
File BK 30
June 8 - 1968
Date of Application

MALE
Medical Examination Report Dated 6-4-68
Name of Physician James R Cummings MD

FEMALE
Medical Examination Report Dated 6-4-68
Name of Physician James R Cummings MD

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

MALE APPLICANT

Name First Henry Middle D Last Kemp
Date of Birth Month Aug Day 29 Year 1949
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. 39 Butler Dr. City Plainfield County Ind.
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐

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

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

☐ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered 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 Gene Kemp
Residence of father (if deceased so state) Plainfield
Occupation of father Telegraph operator Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Virginia Nadine Kemp
Residence of mother (if deceased so state) Plainfield
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Henry D Kemp
New Address

Subscribed and sworn to before me this 8 day of June, 1968
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 Gene D Kemp Father
Signed Virginia Nadine Kemp Mother

Subscribed and sworn to before me this 8 day of June, 1968
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 Court by written order issued _____ and filed _____ in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of June, 1968, authorizing the joining together as husband and wife of Henry D Kemp and Margaret J Lynch

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert F De Long hereby certify that on the 21st day of June, 1968, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 68 of Hendricks County, State of Indiana, State of Indiana, Groom Henry Dean Kemp of Hendricks County, State of Indiana, and, Bride Margaret Jane Lynch of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 21st day of June, 1968. Signed Robert F De Long
Official Designation Minister, 1968

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of June, 1968. Signed John Hambold Sr Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 189
File BK 30
Date of Application 8 June 1968

MALE
Medical Examination Report Dated 4 June 1968
Name of Physician D. B. Haggard MD

FEMALE
Medical Examination Report Dated 4 June 1968
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 Dexter Lee Bolin Jr.
Date of Birth October 26 1940
Place of Birth (State or foreign country) W. Terre Haute, Ind.
Residence Address RI Bx 228 Clayton, 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) 66 Greene
Usual Occupation Teacher: P.F.H.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) HC 12 8340200
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Dexter Lee Bolin Sr.
Residence of father (if deceased so state) RI W. Terre Haute, Ind.
Occupation of father Dr. A. H. A. H. Race of father White
Birthplace of father (State or foreign country) W. Terre Haute, Ind.
12. Full maiden name of mother Edith Louise Moss
Residence of mother (if deceased so state) same
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) Terre Haute, Ind.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Dexter Lee Bolin Jr.
New Address RI Bx 228 Clayton, Ind.
Subscribed and sworn to before me this 8th day of June, 1968
Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

Name Donna Jo Stone
Date of Birth September 28 1943
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RI Bx 434 P.F.H. 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) 66 Greene
Usual Occupation Teacher: P.F.H.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Dring Lic 3350-4346
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father George E. Stone Sr.
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Allen Co, Ky.
8. Full maiden name of mother Carnella Kessinger
Residence of mother (if deceased so state) Ind. Is, Ind.
Occupation of mother Waitress: Hoke, Ind. Race of mother White
Birthplace of mother (State or foreign country) Irvington, W. Va.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Donna Jo Stone
New Address same
Subscribed and sworn to before me this 8th day of June, 1968
Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the _____ Circuit Court of Indiana dated the 13th day of June, 1968, authorizing the joining together as husband and wife of Dexter Lee Bolin Jr. and Donna Jo Stone.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles E. Miller, hereby certify that on the 15th day of June, 1968, at Mooresville, County of Morgan, State of Indiana, Groom Dexter Lee Bolin Jr. of Hendricks County, State of Indiana, and, Bride Donna Jo Stone of Hendricks County, State of Indiana, were by me united 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 June, 1968.

Signed Charles E. Miller
Official Designation Minister
Signed John Gansveld Jr. Clerk
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 190
File Book 30
10 June 1968
Date of Application

MALE
Medical Examination Report Dated 4 June 1968
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 4 June 1968
Name of Physician Irving Cohen M.D.

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

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 DBX Installer: ILL Bell

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

☐ Other (Specify) 4263 Gokk.

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Nelson Larsen
Residence of father (if deceased so state) 1301 S. Throop, Chicago, Ill.
Occupation of father Retired. Race of father White
Birthplace of father (State or foreign country) Chicago, Ill.
12. Full maiden name of mother Grace Ann Sorensen
Residence of mother (if deceased so state) H/w San
Occupation of mother H/w Race of mother 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.

Signed Harold Nelson Larsen
New Address 5101 W. Sheridan Chicago, Ill.
Subscribed and sworn to before me this 10th day of June, 1968.
Clerk HENDRICKS Circuit Court

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

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 Office Super: AT&T

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

☐ Other (Specify) #2917

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Duane Leo Jennings
Residence of father (if deceased so state) 509 S. East, Plainfield, Ind.
Occupation of father FAA Chief Engineer Race of father White
Birthplace of father (State or foreign country) Austin, Minn.

8. Full maiden name of mother Maxine Lorraine Jensen
Residence of mother (if deceased so state) San
Occupation of mother H/w Race of mother White
Birthplace of mother (State or foreign country) Austin, Minn.

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

Signed Carolyn Marie Jennings
New Address 104 S. Main
Subscribed and sworn to before me this 10th day of June, 1968.
Clerk HENDRICKS Circuit Court

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June 1968, authorizing the joining together as husband and wife of Harold Edward Larsen and Carolyn Marie Jennings. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Rev. Donald Coakley, hereby certify that on the 15th day of June, 1968, at Plainfield, Cook County, State of Indiana, Groom Harold Edward Larsen of Hendricks County, State of Indiana, and, Bride Carolyn Marie Jennings of Hendricks County, State of Indiana, were by me united 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 June, 1968. Signed Rev. Donald Coakley Catholic Priest

Official Designation Catholic Priest, 1968.
Signed John Gammon Sr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of June, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 191
File Book 30
Date of Application June 10 1968

MALE
Medical Examination Report Dated June 7 1968
Name of Physician John Elliott Jr

FEMALE
Medical Examination Report Dated June 7 1968
Name of Physician John Elliott Jr

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

MALE APPLICANT

Name Byron Henry Bartee
Date of Birth February 13 1942
Place of Birth (State or foreign country) Indiana
Residence Address R.R. #1 Coatesville Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Solution Operator - Lilly
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree
☒ Other (Specify) Driver License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Joseph Harris Bartee
Residence of father (if deceased so state) R.R. 1 Coatesville
Occupation of father Farmer - Bus Dr Race of father W
Birthplace of father (State or foreign country) Missouri

12. Full maiden name of mother Bessie Maime Dawson
Residence of mother (if deceased so state) Same
Occupation of mother Dep. Treas Race of mother W
Birthplace of mother (State or foreign country) Mississippi Co. Mo.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Byron Henry Bartee
New Address Box 102 Coatesville

Subscribed and sworn to before me this 10 day of June, 1968.
John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 Connie Jo Jamison
Date of Birth August 7 1946
Place of Birth (State or foreign country) _____
Residence Address R.R. #1 Coatesville 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 School Teacher
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree
☒ Other (Specify) Driver License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Harvey Jamison Jr
Residence of father (if deceased so state) R.R. 1 Coatesville
Occupation of father Farm Supply Dealer Race of father W
Birthplace of father (State or foreign country) Hull Texas
8. Full maiden name of mother Bonnie Jane Biehl
Residence of mother (if deceased so state) Same
Occupation of mother Clerk - hdmr Race of mother W
Birthplace of mother (State or foreign country) Denville Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Connie Jo Jamison
New Address Box 102 Coatesville

Subscribed and sworn to before me this 10 day of June, 1968.
John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 13th day of June, 1968, authorizing the joining together as husband and wife of Byron Henry Bartee and Connie Jo Jamison.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John F. Deal, hereby certify that on the 22nd day of June, one thousand nine hundred and 68, at Coatesville, County of Hendricks, State of Indiana, Groom Byron Henry Bartee and, Bride Connie Jo Jamison of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 22nd day of June, 1968.

Signed John F. Deal
Official Designation United Methodist Minister
Filed and recorded in accordance with the laws of the State of Indiana this 26th day of June, 1968.
Signed John Gauld Jr Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 192
File Book 30
June 10 1968
Date of Application

MALE
Medical Examination Report Dated June 5 1968
Name of Physician Dr. H. Harney Hemelstein

FEMALE
Medical Examination Report Dated
Name of Physician

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

MALE APPLICANT

Name First Middle Last
Joseph Feagans
Date of Birth Month Day Year
October 16 1931
Place of Birth (State or foreign country) Vincennes
Residence Address Street or R. R. City County State
633 Laurende Dr. Plainfield Hend. Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Manager - Clothing Store
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver License

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

Name	Age	Address
Jay George Feagans	11	633 Laurende
Peggy Suzanne	9	"

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

- Full name of father: Walter George Feagans
Residence of father (if deceased so state): State St. Vincennes
Occupation of father: Cleaning Race of father: W
Birthplace of father (State or foreign country): Logansport Ind.
- Full maiden name of mother: Martha Jane Jones
Residence of mother (if deceased so state): Same
Occupation of mother: Clerk Race of mother: W
Birthplace of mother (State or foreign country): Washington Ind.

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

Signed: Joseph Feagans
New Address: 633 Laurende Dr. Plainfield

Subscribed and sworn to before me this 10 day of June 1968.
John Gamble Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968.
Clerk

FEMALE APPLICANT

Name First Middle Last
Georgianna Feagans
Date of Birth Month Day Year
January 28 1931
Place of Birth (State or foreign country) Knox Ind.
Residence Address Street or R. R. City County State
633 Laurende Dr. Plainfield Hend. Ind.
Maiden Name if Different Georgianna Porter
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 Registered Nurse
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: George Dewey
Residence of father (if deceased so state): Vincennes Ind.
Occupation of father: Retired Race of father: W
Birthplace of father (State or foreign country): Shoals Ind.
- Full maiden name of mother: Mabel Ruby Allen
Residence of mother (if deceased so state): Same
Occupation of mother: House wife Race of mother: W
Birthplace of mother (State or foreign country): Vincennes Ind.

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

Signed: Georgianna Feagans
New Address: 633 Laurende Plainfield

Subscribed and sworn to before me this 10 day of June 1968.
John Gamble Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968.
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 June 10 1968 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of June 1968, authorizing the joining together as husband and wife of Joseph Feagans and Georgianna Feagans.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Mary L. Crawley hereby certify that on the 13th day of June 1968, at Plainfield, County of Hendricks, State of Indiana, Groom: Joseph Feagans of Hendricks County, State of Indiana, and, Bride: Georgianna Feagans of Hendricks County, State of Indiana, were by me united 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 June 1968. Signed: Mary L. Crawley

Official Designation: Justice of Peace
17th day of June 1968.

Signed: John Gamble 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. 193
File Bk. 30
10 June, 68
Date of Application

MALE
Medical Examination Report Dated 6/4/68
Name of Physician Hudner Hobbs, M.D.

FEMALE
Medical Examination Report Dated 6/4/68
Name of Physician Hudner Hobbs, M.D.

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

MALE APPLICANT
Name William R. Sims
Date of Birth April 27 1946
Place of Birth Indpls., Ind.
Residence Address 224 Carter, 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) Management trainee
Usual Occupation Management trainee
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 George Wm. Sims
Residence of father (if deceased so state) Same
Occupation of father Service St Mgr. Race of father W.
Birthplace of father (State or foreign country) Worthington, Ind.
12. Full maiden name of mother Melba Gertrude Cooper
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, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed William R. Sims

New Address 3538 Mission Dr. Indpls.

Subscribed and sworn to before me this 10 day of June, 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT
Name Donna R. Hobbs
Date of Birth June 24 1945
Place of Birth Indpls., Ind.
Residence Address 415 S. East, Plainfield, Hendricks, 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) _____
- Are you now or have you been adjudged, diagnosed or considered 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 Morris West
Residence of father (if deceased so state) Same
Occupation of father Nurseman Race of father W.
Birthplace of father (State or foreign country) Indpls., Ind.
8. Full maiden name of mother Jesse Rye Sims
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, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Donna R. Hobbs

New Address 3538 Mission Dr. Indpls.

Subscribed and sworn to before me this 10 day of June, 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Hendricks Circuit Court of Indiana dated the 14th day of June, 1968, authorizing the joining together as husband and wife of William R. Sims and Donna R. Hobbs.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert J. DeLong, hereby certify that on the 15th day of June, one thousand nine hundred and 68, at Plainfield, County of Hendricks, State of Indiana, Groom William Robert Sims of Hendricks County, State of Indiana and, Bride Donna Rae Hobbs of Hendricks County, State of Indiana were by me united 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 June, 1968.

Signed Robert J. DeLong

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 19th day of June, 1968.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 194
File Bk. 30
Date of Application June 11, 1968

MALE
Medical Examination Report Dated 6-10-68
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated 6-10-68
Name of Physician Carl L. Heinlein, M.D.

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

MALE APPLICANT

Name Lyndell R. Taylor
Date of Birth March 6, 1947
Place of Birth (State or foreign country) Pearl, Illinois
Residence Address Rt. #1, Pittsboro, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) None
Usual Occupation Ext. (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 ☒

11. Full name of father John Henry Taylor
Residence of father (if deceased so state) Pittsboro, Ill.
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Carter City, Ky.
12. Full maiden name of mother Lena Louise Foster
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Pittsboro, Ind.

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

Signed Lyndell R. Taylor

New Address Evansville, Ind.

Subscribed and sworn to before me this 11 day of June, 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Joni Lin Shumate
Date of Birth March 28, 1950
Place of Birth (State or foreign country) Japan
Residence Address Rt. #1, Pittsboro, Hendricks, 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) None
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) I.D. Card (Dependent father in Service)

- Are you now or have you been adjudged, diagnosed or considered 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 Strother Shumate, Jr.
Residence of father (if deceased so state) Thailand
Occupation of father Service Race of father W.
Birthplace of father (State or foreign country) Romney, Ind.

8. Full maiden name of mother Helen Irene Ross
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother Sec. Race of mother W.
Birthplace of mother (State or foreign country) Pittsboro, Ind.

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

Signed Joni Lin Shumate

New Address Evansville, Ind.

Subscribed and sworn to before me this 11 day of June, 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued Judge Pro Tempore and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 day waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 11 day of June, 1968, authorizing the joining together as husband and wife of Lyndell R. Taylor and Joni Lin Shumate

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

I, James D. Shockley hereby certify that on the 11 day of June, 1968, at Danville, County of Hendricks, State of Indiana, Groom Lyndell R. Taylor of Hendricks County, State of Indiana, and, Bride Joni Lin Shumate of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of June, 1968. Signed James D. Shockley
Official Designation Minister, 1968

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of June, 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. 195
File Bk. 30
11 June, 1968
Date of Application

MALE

Medical Examination Report Dated June 10, 1968

Name of Physician Howard W. Beaver, M.D.

FEMALE

Medical Examination Report Dated June 10, 1968

Name of Physician Howard W. Beaver, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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
Harold Eugene Scaritt
Date of Birth Month Day Year
Jan. 17 1945
Place of Birth (State or foreign country)
Connersville, Ind.
Residence Address Street or R. R. City County State
237 N. Gleeshing 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 Asst. Office Mgr.

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 Walter Edward Scaritt
Residence of father (if deceased so state) Same
Occupation of father Lapidary Race of father W.
Birthplace of father (State or foreign country) Rhea Co., Tenn.
12. Full maiden name of mother Lorine Bruck
Residence of mother (if deceased so state) Same
Occupation of mother Postal Employee Race of mother W.
Birthplace of mother (State or foreign country) Sparta, Tenn.

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

Signed Harold Eugene Scaritt

New Address 1 Crestview Dr. Greenwood, Ind.

Subscribed and sworn to before me this June 11, 1968
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 First Middle Last
Regina Carolyn Moore
Date of Birth Month Day Year
March 16 1948
Place of Birth (State or foreign country)
Wabash, Ind.
Residence Address Street or R. R. City County State
9709 Ramona Dr. Indpls., Hendricks, 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 Tracer - Trucking Co.

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

☒ Other (Specify) Drivers License

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

7. Full name of father John Seston Moore
Residence of father (if deceased so state) Same
Occupation of father Maintenance Worker Race of father W.
Birthplace of father (State or foreign country) Marion Co., Ind.
8. Full maiden name of mother Viola Ruth Brinson
Residence of mother (if deceased so state) Same
Occupation of mother Worked same type Mag. Race of mother W.
Birthplace of mother (State or foreign country) Lyons, Ind.

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

Signed Regina Carolyn Moore

New Address 1 Crestview Dr. Greenwood, Ind.

Subscribed and sworn to before me this June 11, 1968

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 15 day of June, 1968, authorizing the joining together as husband and wife of Harold Eugene Scaritt and Regina Carolyn Moore. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clayton Fields, hereby certify that on the 22 day of June, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Harold Eugene Scaritt of Marion County, State of Indiana, and, Bride Regina Carolyn Moore of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 22 day of June, 1968.

Signed Clayton Fields

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 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. 196
File Book 30
12 June 1968
Date of Application

MALE
Medical Examination Report Dated 31 May 1968
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 31 May 1968
Name of Physician Irving Cohen M.D.

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

MALE APPLICANT

Name First Middle Last
Donald R. Abplanalp
Date of Birth Month Day Year
March 8 1947
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street R. R. City County State
R2 Bx 244 Indpls. Harb. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Mgt. Tng. Penny's
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) D.R. 12 30 47 93

- Are you now or have you been adjudged, diagnosed or considered 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 Elmer George Abplanalp
Residence of father (if deceased so state) R2 Indpls, Ind.
Occupation of father Drug Prac. Eli Lilly, Ind.
Birthplace of father (State or foreign country) Ripley Co. Ind.
12. Full maiden name of mother Dorothy Marie Kohlberg
Residence of mother (if deceased so state) same
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Napoleon, Ind.

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

Signed Donald R. Abplanalp
New Address 5620 W. 38th Indpls, Ind.
Subscribed and sworn to before me this 12th day of June, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 17th day of June, 1968, authorizing the joining together as husband and wife
of Donald R. Abplanalp and Anita Jean Castetter
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norval E. Welch hereby certify that on the 23rd day of June, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Donald R. Abplanalp of Hendricks County, State of Indiana, and, Bride Anita Jean Castetter of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 23rd day of June, 1968. Signed Norval E. Welch
Official Designation Minister
25th day of June, 1968. Signed John Gamble, Jr. Clerk
HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name First Middle Last
Anita Jean Castetter
Date of Birth Month Day Year
May 15 1947
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street R. R. City County State
312 Raines, R.R. 1, Ind. Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: Ball State

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

☐ Other (Specify) 4775

- Are you now or have you been adjudged, diagnosed or considered 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 Stuart Castetter
Residence of father (if deceased so state) 312 Raines, R.R. 1, Ind.
Occupation of father Mgr. Marsh. Race of father white
Birthplace of father (State or foreign country) Plainfield, Ind.
8. Full maiden name of mother Mary Elvora Hopkins
Residence of mother (if deceased so state) same
Occupation of mother Ssgt. I.B.S. Race of mother white
Birthplace of mother (State or foreign country) Siburg, Ind.

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

Signed Anita Jean Castetter
New Address same
Subscribed and sworn to before me this 12th day of June, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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. 197
File Book 30
12 June 1968
Date of Application

MALE
Medical Examination Report Dated 12 June 1968
Name of Physician J. B. Kay MD

FEMALE
Medical Examination Report Dated 12 June 1968
Name of Physician J. B. Kay 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 Steven Swain Matthews
Date of Birth August 23, 1946
Place of Birth Indianapolis, Ind.
Residence Address 19 W. Vermont St., Bibury, 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 Teller: Bibury State BK.

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

☐ Other (Specify) # 6517

- Are you now or have you been adjudged, diagnosed or considered 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: Keith Winston Matthews
Residence of father (if deceased so state): 28 Green Hill Dr., Bibury, Ind.
Occupation of father: Funeral Dir. Race of father: white
Birthplace of father (State or foreign country): Lafayette, Ind.
12. Full maiden name of mother: Phyllis Inez Watson
Residence of mother (if deceased so state): H/w Sam
Occupation of mother: H/w Race of mother: white
Birthplace of mother (State or foreign country): Plainfield, Ind.

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

Signed: Steven Swain Matthews

New Address: 19 W. Vermont St., Bibury, Ind.

Subscribed and sworn to before me this 12th day of June, 1968
John J. Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of: Hendricks

Signed: _____ Father

Signed: _____ Mother

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

Clerk

FEMALE APPLICANT

Name Karen Lee Herring
Date of Birth April 25, 1948
Place of Birth Indianapolis, Ind.
Residence Address 217 N. Green St., Bibury, Hendricks, Ind.
Maiden Name if Different

Previous Marital Status: Never Married Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secy: 1st BK & Trust.

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

☐ Other (Specify) # 3853

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

7. Full name of father: Harold Wayne Herring
Residence of father (if deceased so state): 217 N. Green St., Bibury, Ind.
Occupation of father: Tech: Van Air Race of father: white
Birthplace of father (State or foreign country): Brown Twp. Hendricks, Ind.
8. Full maiden name of mother: Virginia May Brown
Residence of mother (if deceased so state): H/w Sam
Occupation of mother: H/w Race of mother: white
Birthplace of mother (State or foreign country): Reed House, Ill.

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

Signed: Karen Lee Herring

New Address: 15 W. 5th Ave

Subscribed and sworn to before me this 15th day of June, 1968
John J. Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of: Hendricks

Signed: _____ Father

Signed: _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19th day of June, 1968, authorizing the joining together as husband and wife of Steven Swain Matthews and Karen Lee Herring. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick hereby certify that on the twenty-second day of June, one thousand nine hundred and sixty-eight, at Brownsburg, County of Hendricks, State of Indiana, Groom Steven S. Matthews of Hendricks County, State of Indiana and, Bride Karen Lee Herring of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 22nd day of June, 1968.

Signed: Lester B. Yearick

Official Designation: Minister
27th day of June, 1968

Signed: John Gambrell Jr Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 198
File Book 30
15 June 1968
Date of Application

MALE
Medical Examination Report Dated 10 June 1968
Name of Physician Lloyd J. Terry M.D.

FEMALE
Medical Examination Report Dated 10 June 1968
Name of Physician Lloyd J. Terry, M.D.

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

MALE APPLICANT

Name Michael Wright Gilbreath
Date of Birth May 11 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 530 E. Broadway, 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 Inspector: Allison DMF
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 6416-46211

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Baliff Gilbreath
Residence of father (if deceased so state): 530 E. Broadway, Danville, Ind.
Occupation of father: Qual. Cont. Allison DMF
Birthplace of father (State or foreign country): Knightstown, Ind.
12. Full maiden name of mother: Alice Eileen Wright
Residence of mother (if deceased so state): same
Occupation of mother: H/W
Birthplace of mother (State or foreign country): Sheridan, Ind.

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

Signed: Michael Wright Gilbreath
New Address: 115 W. Terry, Danville, Ind.
Subscribed and sworn to before me this 15th day of June, 1968
Clerk: HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Bethany Sue Furry
Date of Birth July 6 1946
Place of Birth (State or foreign country) Terre Haute, Ind.
Residence Address 612 W. Clinton, Danville, Hendricks, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages

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

Usual Occupation Secy. Ab. & Title Guar. Inc.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) F 600-46286

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

7. Full name of father: Gary Harlan Furry
Residence of father (if deceased so state): 612 W. Clinton, Danville, Ind.
Occupation of father: Super. NYC
Birthplace of father (State or foreign country): Loxa, Ill.
8. Full maiden name of mother: Mary Christine Brinkerhoff
Residence of mother (if deceased so state): same
Occupation of mother: Elem. Sch. Teach. Clayton, Ind.
Birthplace of mother (State or foreign country): Redman, Ill.

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

Signed: Bethany Sue Furry
New Address: 15th June 68
Subscribed and sworn to before me this 15th day of June, 1968
Clerk: HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 19th day of June, 1968, authorizing the joining together as husband and wife of Michael Wright Gilbreath and Bethany Sue Furry.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George A. Harris, hereby certify that on the 22nd day of June, 1968, at _____ Church, _____ County, State of Indiana, one thousand nine hundred and 68, of _____ County, State of Indiana, Groom: Michael Wright Gilbreath, and, Bride: Bethany Sue Furry, 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 22nd day of June, 1968.
Signed: Rev. George A. Harris
Official Designation: Minister, 1968.
26th day of June, 1968.
Signed: John Gambold Sr.
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 199
File Bk 30
Date of Application June 15, 1968

MALE
Medical Examination Report Dated June 13, 1968
Name of Physician Richard E. Kremp, M.D.

FEMALE
Medical Examination Report Dated June 15, 1968
Name of Physician Richard E. Kremp, M.D.

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

MALE APPLICANT

Name 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 Draftsman
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 Robert Edward Sigmund
Residence of father (if deceased so state) Same
Occupation of father Carpenter Race of father W.
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Frances Louise Castridge
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.

Signed Ronald E. Sigmund
New Address 106 N. Green St. Brownsburg

Subscribed and sworn to before me this 15 day of June, 1968.
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.

Fathers notarized consent form attached

State of Indiana, HENDRICKS } ss:

Signed Frances L. Sigmund Father
Signed Frances L. Sigmund Mother

Subscribed and sworn to before me this 15 day of June, 1968.
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different Same
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Copy
- Are you now or have you been adjudged, diagnosed or considered 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 Wm. Frederick Bayles
Residence of father (if deceased so state) Deceased
Occupation of father Teacher Race of father W.
Birthplace of father (State or foreign country) Steyer Ill.
8. Full maiden name of mother Betty Jean Luther
Residence of mother (if deceased so state) Same
Occupation of mother Sec. Race of mother W.
Birthplace of mother (State or foreign country) Charleston, Ill.

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

Signed Pamela Kay Bayles
New Address Same

Subscribed and sworn to before me this 15 day of June, 1968.
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Father deceased

State of Indiana, HENDRICKS } ss:

Signed Betty Jean Powell Father
Signed Betty Jean Powell Mother

Subscribed and sworn to before me this 15 day of June, 1968.
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 June, 1968, authorizing the joining together as husband and wife of Ronald Edward Sigmund and Pamela Kay Bayles.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler, hereby certify that on the 21st day of June, 1968, at Brownsburg, Indiana, County of Hendricks, State of Indiana, Groom Ronald Edward Sigmund and, Bride Pamela Kay Bayles of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21st day of June, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of June, 1968.

Signed Rev. Donald Tyler
Official Designation Baptist Minister
Signed John Gambold, Jr. Clerk
HENDRICKS Circuit Court

I Robert E. Sigmund the father of Ronald E. Sigmund - born 8-5-48 - do hereby give my consent for my son to marry Pamela Kay Boyles.

Robert E. Sigmund

State of Indiana
County of Hendricks

Subscribed and sworn to before me this 14th day of June, 1968.

Rita Ayers
Rita Ayers, Notary Public

Comm. expires: 10-6-70

Subscribed and sworn to before me this 14 day of June, 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

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

Father's notarized consent form attached

State of Indiana, }
County of HENDRICKS }

Signed Ronald E. Sigmund Father
Signed Pamela Kay Boyles Mother
Subscribed and sworn to before me this 15 day of June, 1968
John Gambold, Jr. Clerk

signs, state facts which render the consent of the other parent unnecessary.

Father deceased

State of Indiana, }
County of HENDRICKS }

Signed Betty Jean Powell Father
Signed Pamela Kay Boyles Mother
Subscribed and sworn to before me this 15 day of June, 1968
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 14 day of June, 1968, authorizing the joining together as husband and wife of Ronald Edward Sigmund and Pamela Kay Boyles.

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

I, Rev. Donald Tyler hereby certify that on the 21st day of June, 1968, at Bethesda Baptist Church in Brownsburg Indiana, County of Hendricks, State of Indiana, Groom Ronald Edward Sigmund of Hendricks County, State of Indiana and, Bride Pamela Kay Boyles of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of June, 1968.

Signed Rev. Donald Tyler
Official Designation Baptist Minister
Filed and recorded in accordance with the laws of the State of Indiana this 26th day of June, 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. 200
File Book 30
Date of Application 15 June 1968

MALE
Medical Examination Report Dated 10 June 1968
Name of Physician John Elliott Sr. M.D.

FEMALE
Medical Examination Report Dated 10 June 1968
Name of Physician John Elliott Sr. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Edison Bell Sr.
Date of Birth March 6, 1949
Place of Birth Indianapolis, Ind.
Residence Address 213 Clayton, 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 Mechanic: Phillips Motor Shop
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county 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: Thomas Edison Bell Sr.
Residence of father (if deceased so state): 213 Clayton, Ind.
Occupation of father: Diesel/Elect. Penna. Race of father: white
Birthplace of father (State or foreign country): E. St. Louis, Ill.
12. Full maiden name of mother: Buena Vista Brown
Residence of mother (if deceased so state): Marion, 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 Thomas Edison Bell Sr.
New Address: 213 Clayton, Ind.
Subscribed and sworn to before me this 15th day of June, 1968
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Father, notarized consent dated 15 June 1968 attached.

State of Indiana, HENDRICKS } ss:

Signed Buena V. Bell Mother
Subscribed and sworn to before me this 15th day of June, 1968
John Gambrell Clerk

FEMALE APPLICANT

Name Betty Jean Fisher
Date of Birth June 22, 1950
Place of Birth Shelbyville, Ind.
Residence Address 213 Clayton, 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 General 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: Donald Maurice Fisher
Residence of father (if deceased so state): 213 Clayton, Ind.
Occupation of father: Tool & Die Maker: Plast. Etc. Race of father: white
Birthplace of father (State or foreign country): Indianapolis, Ind.

8. Full maiden name of mother: Martha Jane Wolfe
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 Betty Jean Fisher
New Address: same
Subscribed and sworn to before me this 15th day of June, 1968
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Father, notarized consent dated 17 July 1968 attached.

State of Indiana, HENDRICKS } ss:

Signed Martha J. Fisher Mother
Subscribed and sworn to before me this 15th day of June, 1968
John Gambrell Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County, Indiana, dated the 21st day of June, 1968, authorizing the joining together as husband and wife of Thomas Edison Bell Sr. and Betty Jean Fisher.

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

I, Charles A. Carpenter, hereby certify that on the 21st day of June, 1968, at the home of the bride's parents, County of Hendricks, State of Indiana, Groom Thomas Edison Bell Sr. and, Bride Betty Jean Fisher of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 21st day of June, 1968. Signed Charles A. Carpenter

Official Designation Minister June 22nd day of June, 1968. Clerk John Gambrell Sr. HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 200
File Book 30
Date of Application 15 June 1968

MALE
Medical Examination Report Dated 10 June 1968
Name of Physician John E. Ellett Sr. M.D.

FEMALE
Medical Examination Report Dated 10 June 1968
Name of Physician John E. Ellett Sr. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Edison Bell Sr.
Date of Birth March 6, 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Br 213 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 Mechanic: Phillips Motor Shop
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 2235

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

Name Age Address

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

11. Full name of father: Thomas Edison Bell Sr.
Residence of father (if deceased so state): B. 1 Coopersville, Ind.
Occupation of father: Diesel Elect. Pennant
Race of father: White
Birthplace of father (State or foreign country): E. H. Land, Ill.
12. Full maiden name of mother: Buena Vista Brown
Residence of mother (if deceased so state): Marion, Ind.
Occupation of mother: H/W
Race of mother: White
Birthplace of mother (State or foreign country): _____

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

Signed Thomas Edison Bell Sr.
New Address Br 213 Clayton, Ind.
Subscribed and sworn to before me this 15th day of June, 1968
Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Father, notarized consent dated 15 June 1968 attached.
State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed Buena V. Bell Mother
Subscribed and sworn to before me this 15th day of June, 1968
Clerk John Gamble

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license issued by the _____ Court by written order in _____ County _____ authorizes and directs the issuance of a marriage license.

RETURN OF MARRIAGE LICENSE AND MARRIAGE

Be It Remembered, there was filed in my office a marriage license issued by the _____ of Indiana dated the 21st day of June, 1968.

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

I, Charles A. Carpenter, hereby certify that on the 21st day of June, 1968, at the home of the bride's parents, County of Hendricks, State of Indiana, one thousand nine hundred and sixty eight of Hendricks County, State of Indiana, Groom Thomas Edison Bell Sr. and, Bride Betty Jean Fisher of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of June, 1968. Signed Charles A. Carpenter
Official Designation Minister
22nd day of June, 1968.
Signed John Gamble Sr. HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968.

FEMALE APPLICANT

Name Betty Jean Fisher
Date of Birth June 22, 1950
Place of Birth (State or foreign country) Shelbyville, Ind.
Residence Address Br 228-7 Clayton, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation General Clerk: 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 _____ No ☒ Yes ☐
4. Are you related to the _____ No ☒ Yes ☐
5. Are you now under _____ No ☒ Yes ☐
6. Are you now under _____ No ☒ Yes ☐
7. Full name of father: _____

Residence of father _____

Occupation of father _____

Birthplace of father _____

8. Full maiden name of _____

Residence of mother _____

Occupation of mother _____

Birthplace of mother _____

State of Indiana, _____

County of _____

New _____

Subscribed and sworn _____

CONSENT OF PARENTS

We, the parents, of this _____

signs, state facts which _____

State of Indiana, _____

County of _____

Signed _____

Signed _____

Subscribed and sworn _____

I, Donald M. Fisher, hereby give my consent for

my daughter, Betty Jean Fisher, to

marry Thomas Edison Bell Sr.

Subscribed and sworn to before me this 17th day of June, 1968

Donald M. Fisher

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. 200
File Book 30
Date of Application 15 June 1968

MALE
Medical Examination Report Dated 10 June 1968
Name of Physician John E. Ellett Sr. M.D.

FEMALE
Medical Examination Report Dated 10 June 1968
Name of Physician John E. Ellett Sr. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Edison Bell Sr.
Date of Birth March 6, 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Box 213 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 Mechanic: Phillips Motor Shop
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 2235

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

Name	Age	Address
Thomas Edison Bell Sr.	19	Box 213 Clayton, Ind.

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

11. Full name of father: Thomas Edison Bell Sr.
Residence of father (if deceased so state): B-1 Coatesville, Ind.
Occupation of father: Diesel Elect. Pennant
Race of father: white
Birthplace of father (State or foreign country): E. St. Louis, Ill.
12. Full maiden name of mother: Buena Vista Brown
Residence of mother (if deceased so state): Marion, Ind.
Occupation of mother: H/W
Race of mother: white
Birthplace of mother (State or foreign country): _____

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

Signed Thomas Edison Bell Sr.

New Address Box 213 Clayton, Ind.

Subscribed and sworn to before me this 15th day of June, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 15 June 1968 attached.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed Buena V. Bell Mother

Subscribed and sworn to before me this 15th day of June, 1968
Clerk John Gamble

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license issued by the _____ Court by written order in _____ authorizes and directs the issuance of a marriage license.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the _____ of Indiana dated the 21st day of June, 1968.

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

I, Charles A. Carpenter, hereby certify that on June 22nd at the home of the bride's parents, County of Hendricks, State of Indiana, Groom Thomas Edison Bell Sr. of Hendricks County, State of Indiana, and, Bride Betty Jean Fisher of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of June, 1968.

Signed Charles A. Carpenter
Official Designation Minister
22nd day of June, 1968

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

Signed John Gamble Sr.
HENDRICKS Circuit Court

I, Thomas E. Bell Sr., hereby give my consent for my son Thomas E. Bell Jr. to marry Betty Jean Fisher.

Thomas E. Bell Sr.
Wallace W. All
Notary Public

Subscribed and sworn to before me this 15th day of June, 1968

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 201
File BK 30
Date of Application 15 June 1968

MALE
Medical Examination Report Dated 6-8-68
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 6-8-68
Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name Harry Mitchell Osman
Date of Birth December 12 1947
Place of Birth (State or foreign country) Louisville Kentucky
Residence Address RR #8 BX 241E Snppls.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Steel Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered 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 Mitchell J. Osman
Residence of father (if deceased so state) unknown
Occupation of father chemist engineer Race of father W
Birthplace of father (State or foreign country) West Virginia
12. Full maiden name of mother Loretta Taylor
Residence of mother (if deceased so state) RR #8 BX 241E Snppls.
Occupation of mother Septon Quilt Maker Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Harry Mitchell Osman
New Address unknown

Subscribed and sworn to before me this 15 day of June, 19 68
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 full custody of son

State of Indiana, } ss:
County of HENDRICKS

Signed Loretta Osman Father
Signed Harry Mitchell Osman Mother

Subscribed and sworn to before me this 15 day of June, 19 68
John Gambrell Jr. Clerk

FEMALE APPLICANT

Name Daisy Charlene Timmons
Date of Birth Sept. 7 1950
Place of Birth (State or foreign country) Edgelye Lyon Ky.
Residence Address 2910 S Fleming Snppls.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Burgess Chef
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

7. Full name of father James Coleman Timmons
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Johannie Ella Osmon
Residence of mother (if deceased so state) 3118 Quaker St. Snppls
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

Signed Daisy Charlene Timmons
New Address unknown

Subscribed and sworn to before me this 15 day of June, 19 68
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 is deceased
mother has custody

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed Johannie Timmons Mother

Subscribed and sworn to before me this 15 day of June, 19 68
John Gambrell 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 June, 19 68 authorizing the joining together as husband and wife of Harry Mitchell Osman and Daisy Charlene Timmons.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William Bohannon hereby certify that on the 19th day of June, one thousand nine hundred and 68 at Indianapolis, County of Marion, State of Indiana, Groom Harry Mitchell Osman of Hendricks County, State of Indiana, and, Bride Daisy Charlene Timmons of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 19th day of June, 19 68.

Signed William M. Bohannon

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of June, 19 68.

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. 202
File Book 30
Date of Application 18 June 1968

MALE
Medical Examination Report Dated 17 June 1968
Name of Physician Chas. E. Skidmore MD

FEMALE
Medical Examination Report Dated 17 June 1968
Name of Physician Chas. E. Skidmore 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 Lee Smitha
Date of Birth June 6, 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 317 Odell St., Biburg, 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: I.V. Sch. Dent.

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

☐ Other (Specify) _____

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

Name Age Address

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

11. Full name of father Homer Gilbert Smitha
Residence of father (if deceased so state) 317 Odell, Biburg, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Dorothy Mae Patterson
Residence of mother (if deceased so state) same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Springfield, Ohio.

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

Signed Donald Lee Smitha
New Address 570 Winona, Indpls.

Subscribed and sworn to before me this 18th day of June, 1968
Clerk John Gaudel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Marilyn Sue Lamar
Date of Birth February 19, 1947
Place of Birth (State or foreign country) Lebanon, Ind. (withgm)
Residence Address R2 Bx 99 Biburg, 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 Student: I.V. Nursing

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

☐ Other (Specify) 113-49-038086

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Edwin Lamar
Residence of father (if deceased so state) R2 Biburg, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Hendricks Co, Ind.
8. Full maiden name of mother Willie Maxine Smith
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.

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

Signed Marilyn Sue Lamar

New Address same

Subscribed and sworn to before me this 18th day of June, 1968
Clerk John Gaudel HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 22 day of June and Marilyn Sue Lamar

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 22nd day of June, 1968, at Salem Methodist Church, County of Boone, State of Indiana

1. Rev. Willard R. Fair of Hendricks County, State of Indiana

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

State of Indiana, Groom Donald Lee Smitha and, Bride Marilyn Sue Lamar of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____, 1968.

Dated this 22nd day of June, 1968. Signed Rev. Willard R. Fair
Official Designation Methodist Clergyman, 1968.
Signed John Gaudel HENDRICKS Clerk
Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 203
File Book 30
Date of Application 19 June 1968

MALE

Medical Examination Report Dated 7 June 1968

Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 7 June 1968

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 Terry S. Bruning
Date of Birth July 23, 1948
Place of Birth Indianapolis, Ind.
Residence Address Art 6 507 Enderly Ave, Ellettsburg, 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 Brickman, Penn Cent.

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

☐ Other (Specify) 6541

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

Name	Age	Address

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

Full name of father Gilbert Henry Bruning
Residence of father (if deceased so state) 3678 Penger Rd, Indpls.
Occupation of father Plumber, Indpls Sch. Dist.
Place of father (State or foreign country) Ireland, Ind.
Maiden name of mother Charlotte Marie Adams
Residence of mother (if deceased so state) Same
Occupation of mother H/W
Place of mother (State or foreign country) Indpls, Ind.

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

Signed Terry S. Bruning
New Address Art 6 507 Enderly Ave, Ellettsburg, Ind.

Subscribed and sworn to before me this 19th day of June, 1968

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

Mathews, notarized consent dated 18th June 1968 attached

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

Signed Mrs. G. Z. Bruning Father

Signed John Gambold Jr Clerk

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 19th day of June, 1968

John Gambold Jr Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Cheryl C. Terry
Date of Birth September 28, 1948
Place of Birth Indianapolis, Ind.
Residence Address 8417 Hilltop Dr, Indpls, Marion, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation File clerk, Delux ck. Print.

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

☐ Other (Specify) 11060

- Are you now or have you been adjudged, diagnosed or considered 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 Orville Terry
Residence of father (if deceased so state) 8417 Hilltop Dr, Indpls.
Occupation of father Tr. Dr. Rodger Carter
Birthplace of father (State or foreign country) Dawville, Ill.
8. Full maiden name of mother Sarah Kathleen Singer
Residence of mother (if deceased so state) Same
Occupation of mother clerk, Lake Cent.
Birthplace of mother (State or foreign country) Crawfordsville, Ind.

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

County of HENDRICKS

Signed Cheryl C. Terry

New Address Same

Subscribed and sworn to before me this 19th day of June, 1968

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

Mathews, notarized consent dated 18th June 1968 attached

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

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 23rd day of June, 1968, 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. B. Davies hereby certify that on the 24 day of June,

one thousand nine hundred and 68 at Indianapolis, County of Marion,

State of Indiana, Groom Terry S. Bruning of Marion County, State of Indiana

and, Bride Cheryl C. Terry 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 _____

Dated this 23 day of June, 1968.

Signed J. B. Davies

Official Designation Minister

29th day of June, 1968.

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. 203
File Book 30
Date of Application 19 June 1968

MALE

Medical Examination Report Dated 7 June 1968

Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 7 June 1968

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 Terry J. Burning
Date of Birth July 23 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 507 Enderly Ave., Ellettsburg, 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) Dark
Usual Occupation Brake Maker

FEMALE APPLICANT

Name Cheryl C. Terry
Date of Birth November 28 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 8417 Hilltop Dr., Indianapolis, Ind.
Maiden Name if Different Tr. Dr. Rodgers
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Dark
Usual Occupation File Clerk

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

☐ Other (Specify) 11060

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

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

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

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of narcotic drug? No ☒ Yes ☐

7. Full name of father Orville

Residence of father (if deceased so state) 8417 Hilltop Dr., Ind.

Occupation of father Tr. Dr. Rodgers

Birthplace of father (State or foreign country) Dawville, Ill.

8. Full maiden name of mother Sarah Kathleen Singer

Residence of mother (if deceased so state) Same

Occupation of mother clerk

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

State of Indiana, HENDRICKS

County of HENDRICKS

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

Signed Cheryl C. Terry

New Address Same

Subscribed and sworn to before me this 19 day of June, 1968

Clerk HENDRICKS

Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give 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

ss:

Signed _____

Father

Signed _____

Mother

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

Clerk

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 HENDRICKS Circuit Court

of Indiana dated the 23rd day of June, 1968, 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. B. Davies, hereby certify that on the 24 day of June,

one thousand nine hundred and 68 at Indianapolis, County of Marion,

State of Indiana, Groom Terry J. Burning of Marion County, State of Indiana

and, Bride Cheryl C. Terry 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 June, 1968.

Signed J. B. Davies

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of June, 1968.

Signed John Gamble Jr.

Clerk HENDRICKS

Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 204
File Bk 30
Date of Application 19 June, 1968

HENDRICKS County

MALE
Medical Examination Report Dated June 19, 1968
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated June 19, 1968
Name of Physician Elmer L. Koch, M.D.

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

MALE APPLICANT

Name Ray Alan Dugan
Date of Birth Oct. 16 1947
Place of Birth (State or foreign country) Huntingburg, Ind.
Residence Address 595 W. Main St., Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Dugan Chevrolet
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?
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 Warren Earl Dugan
Residence of father (if deceased so state) Same
Occupation of father Dugan Chevrolet Race of father W.
Birthplace of father (State or foreign country) Kyana, Ind.
12. Full maiden name of mother Bernice Esther Hagoner
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Cusco, Ind.

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

Subscribed and sworn to before me this 19 day of June, 1968
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.
Fathers Notarized Consent Form Attached

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed Bernice Esther Dugan Mother
Subscribed and sworn to before me this 19 day of June, 1968
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 _____ Court by written order issued 6-19-68 and filed 3 day Waiver
in Hendricks County Superior Court by written order issued 3 day Waiver
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 19 day of June, 1968, authorizing the joining together as husband and wife of Ray Alan Dugan and Sharon Marie Gellman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George A. Harris hereby certify that on the 22nd day of June, 1968, at The Danville Christian Church, County of Hendricks, State of Indiana, Groom Ray Alan Dugan of Hendricks County, State of Indiana, and, Bride Sharon Marie Gellman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 22nd day of June, 1968.

Signed Rev. George A. Harris
Official Designation Minister, 1968.
Signed John Hambold 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. 204
File Bb 30
Date of Application 19 June 1968

FEMALE
Medical Examination Report Dated June 19, 1968
Name of Physician Elmer S. Koch, M.D.

describes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents (\$500.00)".

FEMALE APPLICANT

Name Sharon Marie Hillman
Date of Birth Feb 21 1949
Place of Birth (State or foreign country) Long Beach, Calif.
Residence Address 1301 S.W. 60th Miami Dade Florida
Maiden Name if Different Same
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

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

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Sharon Marie Hillman
New Address 595 W. Main Street Danville
Subscribed and sworn to before me this 19 day of June, 1968
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

I, Walter E. Dugan, hereby give my consent for
my son Rex Allen Dugan
to marry Sharon Marie Hillman.

Subscribed and sworn to before me this 19 day of June, 1968
John Sambold, Jr. Notary Public

Residence of father (if deceased so state) to same
Occupation of father Dugan Chevrolet Race of father W
Birthplace of father (State or foreign country) Kyana, Ind.
12. Full maiden name of mother: Bernice Esther Wagoner
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Cusco, Ind.
State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Rex Allen Dugan
New Address _____

Subscribed and sworn to before me this 19 day of June, 1968
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.

Fathers Notarized Consent Form Attached

State of Indiana, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed Bernice Esther Dugan Mother
Subscribed and sworn to before me this 19 day of June, 1968
John Sambold, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Superior Court by written order issued 6-19-68 and filed
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 19 day of June, 1968, authorizing the joining together as husband and wife of Rex Allen Dugan and Sharon Marie Hillman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George A. Harris, hereby certify that on the 22nd day of June,
one thousand nine hundred and 68, at The Danville Christian Church, County of Hendricks,
State of Indiana, Groom Rex Allen Dugan of Hendricks County, State of Indiana,
and, Bride Sharon Marie Hillman of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 22nd day of June, 1968.
Signed Rev. George A. Harris
Official Designation Minister, 1968.
Signed John Sambold, Jr. Clerk **HENDRICKS** Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26th day of June, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 205
File BK 30
June 19-1968
Date of Application

MALE

Medical Examination Report Dated 6-19-68
Name of Physician Eli A Coats

FEMALE

Medical Examination Report Dated June 19-1968
Name of Physician Eli A Coats

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

MALE APPLICANT

Name First Gary Middle L Last Stutz
Date of Birth Month Jan Day 30 Year 1943
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. 460 N Goodlet City Indianapolis County 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 Electrician apprentice

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 Charles Stutz
Residence of father (if deceased so state) Cumberland Ind.
Occupation of father Operating Eng. Race of father W
Birthplace of father (State or foreign country) unknown
12. Full maiden name of mother Dorothy E. Baker
Residence of mother (if deceased so state) Indianapolis
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) unknown

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

Signed Gary Stutz

New Address _____

Subscribed and sworn to before me this 19 day of June, 1968
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 First Rebecca Middle Ann Last Riddle
Date of Birth Month Dec Day 11 Year 1944
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. 1409 E Main St City Plainfield County Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation school teacher

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

☐ Other (Specify) _____

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

7. Full name of father Charles Okley Riddle
Residence of father (if deceased so state) Plainfield
Occupation of father accountant Race of father W
Birthplace of father (State or foreign country) Iowa
8. Full maiden name of mother Martha Jean Bly
Residence of mother (if deceased so state) Plainfield
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Rebecca Ann Riddle

New Address _____

Subscribed and sworn to before me this 19 day of June, 1968
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 _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of June, 1968, authorizing the joining together as husband and wife of Gary L Stutz and Rebecca Ann Riddle.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert F. DeLong hereby certify that on the 29th day of June, one thousand nine hundred and 68, at Plainfield, County of Hendricks, State of Indiana, Groom Gary Lynn Stutz of Madison County, State of Indiana and, Bride Rebecca Ann Riddle of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 29th day of June, 1968.

Signed Robert F. DeLong

Official Designation Clergyman

Signed John Gambold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of July, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 206
File June 22 1968
30
Date of Application

MALE
Medical Examination Report Dated June 19 1968
Name of Physician Robert W. Kirtley

FEMALE
Medical Examination Report Dated June 19 1968
Name of Physician Robert W. Kirtley

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

MALE APPLICANT

Name First Middle Last
Ronald Edward Jensen
Date of Birth Month Day Year
September 1 1948
Place of Birth (State or foreign country)
Indianapolis Marion Ind.
Residence Address Street or R. R. City County State
448 N. Tennessee 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 Packing Oper. Eli Lilly
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father Robert George Jensen
Residence of father (if deceased so state) 448 N. Tenn Danville
Occupation of father Ins. Agent Race of father W
Birthplace of father (State or foreign country) South Dakota
12. Full maiden name of mother Laura Jane Sheets
Residence of mother (if deceased so state) same
Occupation of mother Public Service Race of mother W
Birthplace of mother (State or foreign country) Frankfurt Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Ronald Edward Jensen
New Address 122 E. Stanton Danville
Subscribed and sworn to before me this 22 day of June, 1968.
John Gamble Sr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of
Signed Robert George Jensen Father
Signed Laura Jane Jensen Mother
Subscribed and sworn to before me this 22 day of June, 1968.
John Gamble Sr. Clerk

FEMALE APPLICANT

Name First Middle Last
Barbara Elaine Ritchey
Date of Birth Month Day Year
November 6 1950
Place of Birth (State or foreign country)
Pasadena Texas
Residence Address Street or R. R. City County State
423 N. Washington 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 Bookkeeper Sam Bureau
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 C. Hawthorth Legal Gen.
Residence of father (if deceased so state) 603 S. East St Plainfield
Occupation of father Race of father
Birthplace of father (State or foreign country) Judges Ind.
8. Full maiden name of mother Mary Elaine Hawthorth
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
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 Barbara Elaine Ritchey
New Address 122 E. Stanton Danville
Subscribed and sworn to before me this 22 day of June, 1968.
John Gamble Sr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Charles C. Hawthorth Legal Guardian
Signed Mary Elaine Ritchey Mother
Subscribed and sworn to before me this 22 day of June, 1968.
John Gamble Sr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968., authorizing the joining together as husband and wife of Indiana dated the 26 day of June and Barbara Elaine Ritchey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Herbert D. Pettengill, Jr. hereby certify, that on the 29th day of June, 1968, at Danville, County of Hendricks, State of Indiana, Groom Ronald Edward Jensen of Hendricks County, State of Indiana, and, Bride Barbara Elaine Ritchey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 29th day of June, 1968.
Signed Herbert D. Pettengill, Jr.
Official Designation Minister
1st day of July, 1968.
Signed John Gamble Sr. 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. 207
File CR 30
Date of Application 6-22-68

MALE
Medical Examination Report Dated June 19, 1968
Name of Physician Robert W. Kwoley MD

FEMALE
Medical Examination Report Dated _____
Name of Physician _____

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

MALE APPLICANT

Name Michael Carlton Warnock
Date of Birth January 12 1945
Place of Birth (State or foreign country) Pittsburg
Residence Address 356 S. Washington 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 Public Service Employee
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 Merwin Carlton Warnock
Residence of father (if deceased so state) 356 S. Wash. Danville
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Pittsburg Hendricks Ind.
12. Full maiden name of mother Ada Maxine Small
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Superior Marion Ind.

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

Signed Michael Carlton Warnock

New Address 648 Spruce St Plainfield

Subscribed and sworn to before me this 22 day of June, 1968

John Gaudelot Sr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Sharyn Ann Kaestner
Date of Birth July 28 1946
Place of Birth (State or foreign country) Bloomington
Residence Address 725 Sharon Ct. Plainfield Hendricks Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Teacher
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 Walter Otto Kaestner
Residence of father (if deceased so state) 725 Sharon Ct Plainfield
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Bloomington Ill.

8. Full maiden name of mother Ann Eve Tierber
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Bloomington Ill.

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

Signed Sharyn Ann Kaestner

New Address 648 Spruce St Plainfield

Subscribed and sworn to before me this 22 day of June, 1968

John Gaudelot Sr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 26th day of June, 1968, authorizing the joining together as husband and wife of Michael Carlton Warnock and Sharyn Ann Kaestner

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

I, Rev. Donald Wackley, hereby certify that on the 28th day of June, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Michael Carlton Warnock of Hendricks County, State of Indiana and, Bride Sharyn Ann Kaestner of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of June, 1968

Signed Rev. Donald Wackley

Official Designation Catholic Priest

Signed John Gaudelot Sr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 1968

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS

No. 208
File Bk 30
Date of Application June 22, 1968

MALE
Medical Examination Report Dated June 15, 1968
Name of Physician James Black

FEMALE
Medical Examination Report Dated June 15, 1968
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 Gregory Lee McCowan
Date of Birth August 22, 1947
Place of Birth (State or foreign country) Cornington, Ind.
Residence Address 9028 W. Washington, 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 Bridgeport Brass
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 Adrian Paul McCowan
Residence of father (if deceased so state) 443 Box 609 B, Brownsburg, Ind.
Occupation of father Dept. Knowledge Race of father W.
Birthplace of father (State or foreign country) Brownsville, Va.
12. Full maiden name of mother Mary Jane White
Residence of mother (if deceased so state) 1053 S. Hamilton St., Indpls.
Occupation of mother Sen. Supr. Bureau Motor Veh. St. Indpls. Ind. Race of mother W.
Birthplace of mother (State or foreign country) Chicago, Ill.

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

Signed Gregory L. McCowan

New Address _____

Subscribed and sworn to before me this 22 day of HENDRICKS, 1968
John Gambold, Jr. Clerk _____ Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Custody through divorce

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed Mary Jane McCowan Porter Mother

Subscribed and sworn to before me this 22 day of June, 1968
John Gambold, Jr. Clerk _____ Circuit Court

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

in _____ County _____ Court by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 27 day of June, 1968, authorizing the joining together as husband and wife of Gregory Lee McCowan and Pamela Marie Harris

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

I, Lester B. Yearick hereby certify that on the twenty-seventh day of June, 1968, at Brownsburg, County of Hendricks, State of Indiana, Groom Gregory L. McCowan of Marion County, State of Indiana, and, Bride Pamela M. Harris of Hendricks County, State of Indiana

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

Dated this 29th day of June, 1968. Signed Lester B. Yearick

Official Designation Minister, 1968
9th day of July

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. 209
File Bk 30
Date of Application June 22, 1968

MALE
Medical Examination Report Dated June 19, 1968
Name of Physician Joseph O. Flora, M.D.

FEMALE
Medical Examination Report Dated June 19, 1968
Name of Physician Joseph O. Flora, M.D.

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

MALE APPLICANT

Name Cecil Lee Wright
Date of Birth Nov 15 1941
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 5226 W. Ke Grand St., Indpls., Marion, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages Oct 3, 1964
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Ind. Co.

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

Usual Occupation Personel - Bridgeport Brass

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

☒ Other (Specify) I.D. Card - Armed Forces

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

(a) List their full names, ages and addresses
Name Dana Ann Age 6 Address RR3 Box 159 Brownsburg, Ind.

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

11. Full name of father Cecil Marion Wright

Residence of father (if deceased so state) deceased

Occupation of father _____ Race of father W

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

12. Full maiden name of mother Emma Margaret Bayer

Residence of mother (if deceased so state) same

Occupation of mother Housewife Race of mother W

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

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

Signed Cecil Lee Wright

New Address RR 220 W 107th Hendricks Ind

Subscribed and sworn to before me this 22 day of June, 1968

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 Phyllis Ann Wright
Date of Birth Sept. 30 1942
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 4443 Box 159 Brownsburg, Hendricks, Ind.
Maiden Name if Different Keller
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 Insp. at Delux Typewriter Co.

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

☐ Other (Specify) _____

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

Residence of father (if deceased so state) same

Occupation of father Shipping Station Race of father W

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

8. Full maiden name of mother Anna Lee Maris

Residence of mother (if deceased so state) 1101 S. Alicia Ave. Englewood, Calif.

Occupation of mother Factory Worker Race of mother W

Birthplace of mother (State or foreign country) Springfield, Missouri

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

County of _____

Signed Phyllis Ann Wright

New Address _____

Subscribed and sworn to before me this 22 day of June, 1968

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 28 day of June, 1968, authorizing the joining together as husband and wife of Cecil Lee Wright and Phyllis Ann Wright.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Harry Mosier, hereby certify that on the 30 day of June, 1968, at Indianapolis, County of Marion, State of Indiana, Groom Cecil Lee Wright of Marion County, State of Indiana and, Bride Phyllis Ann Wright of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 30 day of June, 1968.

Signed Rev. Harry Mosier
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 5th day of July, 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. 210

File BKR 30

June 22-1968
Date of Application

MALE

Medical Examination Report Dated June 18-1968

Name of Physician John Ellett Jr

FEMALE

Medical Examination Report Dated June 18-1968

Name of Physician John Ellett Jr

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

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

MALE APPLICANT

Name First Donald Middle Rex Last James
Date of Birth Month Sept Day 30 Year 1943
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. Box 173 City Ellettsville County Del State Ind.
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

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

Name	Age	Address

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

11. Full name of father Murrell L James
Residence of father (if deceased so state) Ellettsville
Occupation of father Self Employed Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Eleanor Gayle Boyd
Residence of mother (if deceased so state) Ellettsville
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 Donald R James

New Address _____

Subscribed and sworn to before me this 22 day of June, 1968
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 First Rebecca Middle Anne Last Schaefer
Date of Birth Month 8 Day 24 Year 1946
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 3705 Slickridge Lane City Indpls County Ind State Ind
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk Typist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 E Schaefer
Residence of father (if deceased so state) Indianapolis
Occupation of father Research Eng. Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Frances L Hite-Jones
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 Rebecca A. Schaefer

New Address _____

Subscribed and sworn to before me this 22 day of June, 1968
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 1st day of July, 1968, authorizing the joining together as husband and wife
of Donald Rex James and Rebecca Anne Schaefer

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

I, Rev. David Ray Cartwright hereby certify that on the 6th day of July
at Church, Indianapolis, County of Marion
one thousand nine hundred and 68 of Hendricks County, State of Indiana

State of Indiana, Groom Donald Rex James of Marion County, State of Indiana
and, Bride Rebecca Ann Schaefer 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 6th day of July, 1968
Signed David Ray Cartwright
Official Designation Pastor, Arlington Heights Christian Church, Indianapolis

Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 211
File June 24, 1968
Date of Application

MALE
Medical Examination Report Dated 6-20-68
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 6-20-68
Name of Physician L. H. Ellis

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

MALE APPLICANT

Name First Randy Middle Jr Last Colglazier
Date of Birth Month April Day 28 Year 1947
Place of Birth (State or foreign country) New Albany, Indiana
Residence Address Street or R. R. 610 W Main St. City Danville County Hendricks State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Service Air Force
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Crimo Linc

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Jack Edward Colglazier
Residence of father (if deceased so state) 16 W Main Dan.
Occupation of father Director Veterans Affairs State Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Marilyn H. Brown Bowen
Residence of mother (if deceased so state) 16 W Main Dan.
Occupation of mother Telluride, Colorado Race of mother W
Birthplace of mother (State or foreign country) Arkansas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed x Randy J. Colglazier
New Address 54. Cambridge
Subscribed and sworn to before me this 24 day of June, 1968
John Dambold Jr Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

Name First Sharon Middle L Last Ginn
Date of Birth Month June Day 4 Year 1947
Place of Birth (State or foreign country) Lebanon, Boone, Indiana
Residence Address Street or R. R. BX 115 City Linton County Boone State Indiana
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student Ball State
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Marion Cecil Ginn
Residence of father (if deceased so state) BX 115 Linton Ind.
Occupation of father Banker Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Alice Jane Hughes
Residence of mother (if deceased so state) BX 115 Linton Ind.
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 x Sharon L. Ginn
New Address same as groom
Subscribed and sworn to before me this 24 day of June, 1968
John Dambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, 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 28 day of June, 1968, authorizing the joining together as husband and wife Randy J. Colglazier and Sharon L. Ginn
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Sherrill J. Fritts hereby certify that on the 28th day of June, one thousand nine hundred and Sixty eight at Linton, County of Hendricks, State of Indiana, Groom Randy J. Colglazier of Hendricks County, State of Indiana and, Bride Sharon L. Ginn of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 28th day of June, 1968.
Signed Sherrill J. Fritts
Official Designation Christian Minister
Filed and recorded in accordance with the laws of the State of Indiana this 1st day of July, 1968.
Signed John Dambold Jr Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 212
File Bk 30
Date of Application June 24, 1968

MALE
Medical Examination Report Dated June 19, 1968
Name of Physician Dr. John Kay

FEMALE
Medical Examination Report Dated June 19, 1968
Name of Physician Dr. John Kay

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

MALE APPLICANT

Name Rayburn Land
Date of Birth December 3 1946
Place of Birth (State or foreign country) Liberty, Ky.
Residence Address Box 284 Pittsboro, 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 Millions

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: Wm. H. Land

Residence of father (if deceased so state) Same

Occupation of father Bremen Electrical Co. Race of father W.

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

12. Full maiden name of mother: Lela Mae Murphy

Residence of mother (if deceased so state) Same

Occupation of mother Western Co. Race of mother W.

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

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

County of _____

Signed Rayburn C. Land

New Address RR #1 Linton, Indiana

Subscribed and sworn to before me this 24 day of June, 1968

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 _____, 1968

_____ Clerk

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

County _____ Court by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 28 day of June, 1968, authorizing the joining together as husband and wife

of Rayburn C. Land and Debra J. Ward

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

I, David A. Harker, hereby certify that on the 6th day of July, 1968, at Pittsboro, County of Hendricks,

one thousand nine hundred and Sixty-eight of Hendricks County, State of Indiana

State of Indiana, Groom Rayburn C. Land of Hendricks County, State of Indiana

and, Bride Debra J. Ward of Hendricks County, State of Indiana

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

County.

Dated this 6th day of July, 1968

Signed David A. Harker

Official Designation Minister, Pittsboro Christian Church

9th day of July, 1968

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. 213
File Book 30
24 June 1968
Date of Application

MALE

Medical Examination Report Dated 24 June 1968
Name of Physician D. B. Haggard M.D.

FEMALE

Medical Examination Report Dated 24 June 1968
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 Morris J. Gilbert
Date of Birth September 28, 1923
Place of Birth Indianapolis, Ind.
Residence Address 3360 67th Rd. 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 Farmer & Service Van Mch. S

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Ind Dr. G 416-23388

- Are you now or have you been adjudged, diagnosed or considered 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 Ralph Mathen Gilbert
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Hendricks Co., Ind.
12. Full maiden name of mother Mary Emily Crisler
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Bronson, Kan.

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

Signed Morris J. Gilbert
New Address 3360 67th Rd., Indpls, Ind.

Subscribed and sworn to before me this 24th day of June, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Barbara R. Wilcox
Date of Birth June 5, 1927
Place of Birth Savannah, Ga.
Residence Address 2302 Parker St. Bridgeport, Ind.
Maiden Name if Different Barbara Altman
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, Sax, Fla.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Fla Dr. G 354201

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

8. Full maiden name of mother Ellen Irene Milhous
Residence of mother (if deceased so state) Jacksonville, Fla.
Occupation of mother Retired teacher 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 R. Wilcox

New Address _____

Subscribed and sworn to before me this 24th day of June, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 28 day of June, 1968, 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. Steven Burris hereby certify that on the 28th day of June, one thousand nine hundred and sixty eight at Bridgeport, County of Marion, State of Indiana, Groom Morris J. Gilbert of Hendricks County, State of Indiana and, Bride Barbara R. Wilcox of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of June, 1968.

Signed J. Steven Burris
Official Designation Elder
Signed John Gamble Jr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of July, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 214
File Book 30
24 June 1968
Date of Application

MALE
Medical Examination Report Dated 24 June 1968
Name of Physician Dr. B. Haggard M.D.

FEMALE
Medical Examination Report Dated 24 June 1968
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 Timothy E. Bayles
Date of Birth March 11 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 329 N. Mill St., P.O. Box 7116, 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 SP/4 U.S. Army

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

☐ Other (Specify) US Army ID. R 17 169 47668

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Horace Eugene Bayles
Residence of father (if deceased so state) 329 N. Mill St., P.O. Box 7116, New, Ind.
Occupation of father Car Truck Driver
Birthplace of father (State or foreign country) Schuylers, Pa.
12. Full maiden name of mother Grace Marie Tomlinson
Residence of mother (if deceased so state) same
Occupation of mother Truck Driver
Birthplace of mother (State or foreign country) Schuylers, Pa.

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

Signed Timothy E. Bayles
New Address 1409 Denver Dr., P.O. Box 7116, New, Ind.
Subscribed and sworn to before me this 24th day of June, 1968
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.

Notarized consent letter 22 June 1968 attached.

State of Indiana, HENDRICKS } ss:

Signed Grace M. Bayles Father
Signed John Gambrell Mother
Subscribed and sworn to before me this 24th day of June, 1968
Clerk John Gambrell

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties in Hendricks County Circuit Court by written order issued June 24 1968 and in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of June, 1968, authorizing the joining together as husband and wife of Timothy E. Bayles and Deborah K. Wright.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert F. De Long hereby certify that on the 26th day of June, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Timothy Eugene Bayles of Hendricks County, State of Indiana, and, Bride Deborah Kay Wright of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 26th day of June, 1968.

Signed Robert F. De Long
Official Designation Minister
27th day of June, 1968
Signed John Gambrell Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of June, 1968.

FEMALE APPLICANT
Name Deborah K. Wright
Date of Birth June 6 1949
Place of Birth (State or foreign country) Mattoon, Ill.
Residence Address 1409 Denver Dr., P.O. Box 7116, 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 Dental Asst. Dr. Turner
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Ind. Driver W 623-99246
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐- 2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- 3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
- 4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
- 5. Are you now under the 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 Walter Wright
Residence of father (if deceased so state) 1409 Denver Dr., P.O. Box 7116, Ind.
Occupation of father Dispatcher Penn Cent.
Birthplace of father (State or foreign country) Detroit, Mich.
8. Full maiden name of mother Berly Jane Shadwick
Residence of mother (if deceased so state) same
Occupation of mother Secy. Hanna Char.
Birthplace of mother (State or foreign country) Mattoon, Ill.

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

Signed Deborah K. Wright
New Address 1409 Denver Dr., P.O. Box 7116, Ind.
Subscribed and sworn to before me this 24th day of June, 1968
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.

Dr. APO. San Francisco 96345

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. 217
File Book 30
24 June 1968
Date of Application

MALE
Medical Examination Report Dated 24 June 1968
Name of Physician Sid B. Haggard MD.

FEMALE
 Medical Examination Report Dated 24 June 1968
 Name of Physician Dr. B. Haggard
 Whoever prescribes the

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1995 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

MALE APPLICANT

Name ^{First} Timothy ^{Middle} E. ^{Last} Bayles
Date of Birth ^{Month} March ^{Day} 11 ^{Year} 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address ^{Street or R. R.} 329 W. Mill St. ^{City} Ft. Wad. ^{County} ^{State} Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages: _____

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

[illegible]

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

11. Full name of father.....Horace Eugene Banks
Residence of father (if deceased so, state).....329 W. Mill, P.O. Box 1, Ind.
Occupation of father.....(Capt. Teacher, Ringier, Ind.) Race of father.....white
Birthplace of father (State or foreign country).....Schuyler Co., Ill.
12. Full maiden name of mother.....Grace Marie Tomlinson
Residence of mother (if deceased so, state).....P.O. Box 1, Ind.
Occupation of mother.....(Mrs. Teacher, Ind.) Race of mother.....white
Birthplace of mother (State or foreign country).....Schuyler Co., Ill.

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

FEMALE APPLICANT

FEMALE APPLICANT

Name ^{First} Deborah ^{Middle} K. ^{Last} Wright

Date of Birth ^{Month} June ^{Day} 6 ^{Year} 1949

Place of Birth (State or foreign country) ^{State} Missouri

Residence Address ^{Street or R. R.} 1409 Denver Dr. ^{City} Field ^{County} New ^{State} Ind.

Maiden Name if Different

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

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

County of _____
 Signed _____
 New Address _____
 Subscribed and sworn to before me this _____ day of _____, 19____
 _____ Clerk _____ Circuit Court

State of Indiana
County of Hendricks
I, Horace E. Bayles, hereby give my consent for
my son, Timothy E. Bayles to
marry Debra K. Wright.
State of Indiana

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

RETURN OF MARRIAGE LICENSE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19.68., authorizing the joining together as husband and wife of Indiana dated the 24th day of June, 1968, and Deborah K. Wright Timothy E. Bayles and Deborah K. Wright Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Robert F. De Long hereby certify that on the 26th day of June one thousand nine hundred and 68 at Plainfield County of Hendricks State of Indiana, Groom Timothy Eugene Bayles of Hendricks County, State of Indiana and, Bride Deborah Kay Wright of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 26th day of June, 19.68. Signed Robert F. De Long

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of June 1917
Signed John G. Hendricks Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 215
File June 25 1968
Book 30
Date of Application

MALE
Medical Examination Report Dated 6-19-68
Name of Physician Robert W. Kirtley M.D.

FEMALE
Medical Examination Report Dated 6-24-68
Name of Physician Robert 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
Louis D. Edmondson
Date of Birth Month Day Year
February 1 1944
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
R R 1 Box 334 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) Chauffeur's License

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

Name Age Address

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

11. Full name of father Richard Martin Edmondson
Residence of father (if deceased so state) R R 1 Danville
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Clayton Ind.
12. Full maiden name of mother Charlotte Ruth Havens
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Akron Colorado

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

Signed x Louis D. Edmondson

New Address Avondale Apts Danville

Subscribed and sworn to before me this 25 day of June, 1968

John Gamble Sr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Middle Last
Glanda Jane Gregory
Date of Birth Month Day Year
April 1 1947
Place of Birth (State or foreign country)
Middleboro
Residence Address Street or R. R. City County State
375 E. Mill St. 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 Beauty Operator

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 Alonzo Gregory
Residence of father (if deceased so state) 375 E. Mill Danville
Occupation of father Carpenter Race of father W
Birthplace of father (State or foreign country) Hubbard Springs Va.
8. Full maiden name of mother Georgia Morelock
Residence of mother (if deceased so state) Same
Occupation of mother Nurse's Aid Race of mother W
Birthplace of mother (State or foreign country) Jamesville Va.

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

Signed x Glanda Jane Gregory

New Address Avondale Apts Danville

Subscribed and sworn to before me this 25 day of June, 1968

John Gamble Sr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 29 day of June, 1968, authorizing the joining together as husband and wife Louis D. Edmondson and Glanda Jane Gregory
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Herbert D. Pittengill, Jr hereby certify that on the 30th day of June, one thousand nine hundred and sixty-eight at Danville, County of Hendricks, State of Indiana, Groom Louis Duane Edmondson of Hendricks County, State of Indiana and, Bride Glanda Jane Gregory of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 30th day of June, 1968

Signed Herbert D. Pittengill Jr

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this day of June, 1968

Signed John Gamble Sr Clerk

Hendricks Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 216

File June 24, 1968

Date of Application

MALE
Medical Examination Report Dated 6-4-68
Name of Physician O. W. H. Aetner

FEMALE
Medical Examination Report Dated 6-18-68
Name of Physician Howard W. Beamer

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Bowman
Date of Birth Month Day Year
July 10 1947
Place of Birth (State or foreign country) Greencastle Putnam Ind.
Residence Address Street or R. R. City County State
R. R. #1 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 Auctioneering
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Carroll Bowman
Residence of father (if deceased so state) R.R. #1 Clayton Ind.
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Oklahoma
12. Full maiden name of mother Wanda Otta Williams
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother W
Birthplace of mother (State or foreign country) Virginia

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

Signed X Carroll Bowman

New Address 336 N Salisbury Lafayette Ind.

Subscribed and sworn to before me this 20 day of June, 1968.
John L. Auldred Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 X Carroll Bowman Father

Signed Mother

Subscribed and sworn to before me this 20 day of June, 1968.
John L. Auldred Jr Clerk Hendricks Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 29 day of June and Janet M. Terrell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul Taylor, hereby certify that on the 30th day of June, 1968, at Clayton, Hendricks County, State of Indiana, one thousand nine hundred and 68, of Hendricks County, State of Indiana, Groom Michael D. Bowman of Tippecanoe County, State of Indiana, and, Bride Janet M. Terrell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 30th day of June, 1968.

Signed Paul Taylor
Official Designation Minister Methodist Church

2nd day of July, 1968.
Signed John L. Auldred 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. 217
File BR 50
June 29-1968
Date of Application

MALE

Medical Examination Report Dated June 27-1968
Name of Physician Frank W. Jinsley M.D.

FEMALE

Medical Examination Report Dated June 27-1968
Name of Physician Frank W. Jinsley M.D.

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

MALE APPLICANT

Name First Jack Middle C. Last Bullerdick
Date of Birth Aug 14 1931
Place of Birth (State or foreign country) Manhattan Putnam Ind.
Residence Address 1501 Jefferson Blvd Michawaka Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages: one
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Terminal Mgr. Schwerman

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
Melvin Keith	17	Michawaka
Marcia Ray	16	Greencastle

- 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: Cecil L. Bullerdick
Residence of father (if deceased so state): Lake Placid Florida
Occupation of father: Retired Race of father: W
Birthplace of father (State or foreign country): Indiana

12. Full maiden name of mother: Irene May Berdorff
Residence of mother (if deceased so state): Lake Placid Florida
Occupation of mother: none Race of mother: W
Birthplace of mother (State or foreign country): Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed: Jack C. Bullerdick
New Address: _____

Subscribed and sworn to before me this 29 day of June, 1968
John Gambold, Jr. Clerk Hendricks Circuit Court

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Consent of Parents, Parent or Guardian
We, the parents, of this applicant hereby give consent for this 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 Phyllis Middle A. Last Willis
Date of Birth May 9 1932
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R 8 Box 372 Indpls. Hend. Ind.
Maiden Name if Different Phyllis Leonard
Previous Marital Status: Never Married ☐ Number of Previous Marriages: two
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Proof Operator Peoples BK.

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

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Jesse E. Leonard
Residence of father (if deceased so state): Plainfield
Occupation of father: Insurance Race of father: W
Birthplace of father (State or foreign country): Kentucky
- Full maiden name of mother: Eleanor L. Heidebreich
Residence of mother (if deceased so state): Plainfield
Occupation of mother: Bookkeeper Peoples BK. 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: Phyllis Ann Willis
New Address: _____

Subscribed and sworn to before me this 29 day of June, 1968
John Gambold, Jr. Clerk Hendricks Circuit Court

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of July, 1968

Signed: Claude T. Steiner
Official Designation: Minister, Bainbridge Christian Church
Signed: John Gambold, 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 Hendricks Circuit Court of Indiana dated the 3 day of July, 1968, authorizing the joining together as husband and wife of Jack C. Bullerdick and Phyllis A. Willis.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Claude T. Steiner, hereby certify that on the 4th day of July, 1968, at Bainbridge Christian Church, County of Putnam, State of Indiana, Groom Jack C. Bullerdick of St. Joseph, County, State of Indiana, and, Bride Phyllis A. Willis of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 4th day of July, 1968.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 218

File BK 30

Date of Application July 2-1968

MALE
Medical Examination Report Dated June 21-1968
Name of Physician Joseph O. Flora M.D.

FEMALE
Medical Examination Report Dated June 21-1968
Name of Physician Joseph O. Flora M.D.

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

MALE APPLICANT

Name Daniel Webster Macy
Date of Birth Sept 14 1910
Place of Birth (State or foreign country) Stillsville Ind.
Residence Address 1210 S Norfolk St. Indianapolis 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 Construction

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
Howard Macy		

- 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 Macy
Residence of father (if deceased so state) Deceased
Occupation of father — Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Grace May Arnold
Residence of mother (if deceased so state) Indianapolis
Occupation of mother none Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Daniel Webster Macy
New Address —

Subscribed and sworn to before me this 2 day of July, 1968
John Sambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed — Father
Signed — Mother

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

FEMALE APPLICANT

Name Dorothy Marie Arnold
Date of Birth Oct 19 1917
Place of Birth (State or foreign country) Putnam Ind.
Residence Address 81 Stillsville Ind.
Maiden Name if Different Dorothy Marie Watters
Previous Marital Status: Never Married ☐ Number of Previous Marriages Once
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation Housewife

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

☐ Other (Specify) 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 Carl Madison Watters
Residence of father (if deceased so state) Deceased
Occupation of father — Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Pearl Elvance Mitchell
Residence of mother (if deceased so state) Stillsville
Occupation of mother none Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Dorothy Marie Arnold
New Address —

Subscribed and sworn to before me this 2 day of July, 1968
John Sambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed — Father
Signed — Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the County of HENDRICKS, Indiana, dated the 6 day of July, 1968, authorizing the joining together as husband and wife of Daniel Webster Macy and Dorothy Marie Arnold.

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

1. Ephraim D. Lowe hereby certify that on the 20th day of July, 1968, at Marion, County of Indiana, one thousand nine hundred and sixty-eight, of (Indianapolis) County, State of Indiana, State of Indiana, Groom Daniel W. Macy and, Bride Dorothy Marie 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 20th day of July, 1968. Signed Ephraim D. Lowe
Official Designation Minister August 1968

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of August 1968. Signed John Sambold, Jr. HENDRICKS Circuit Court

July 2, 1968

For
Ind
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tion

Name

Date

Place

Resid

Previ

Last

Color

Usual

Date

I, Lester J. Redford, hereby give my consent to the
Marriage of my son, John Richard Redford, to Nancy
Carol Harris.

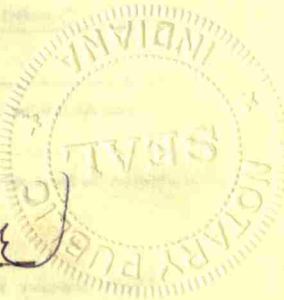
Lester J. Redford
Lester J. Redford

Subscribed and sworn to before me, a Notary Public,
this 2nd day of July, 1968.

James D. Fowler
Notary Public

My Commission expires:

9-14-68



1. Ar

2. Ar

3. Ar

4. Ar

5. Ar

6. Ar

7. Ar

8. Ar

9. Ar

10. Do

(If

(a)

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

(c) Are you complying with any court order or decree issued by the court?

11. Full name of father: *Lester James Redford*Residence of father (if deceased so state): *1927 Brownsville*Occupation of father: *Some Laughing*Birth date of father (State or foreign country): *Indiana*12. Full name of mother: *Alice*Residence of mother (if deceased so state): *Indiana*Occupation of mother: *Housewife*Birth date of mother (State or foreign country): *Indiana*

State of Indiana,

County of

HENDRICKS

Subscribed

John

Clerk

HENDRICKS

Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,

County of

HENDRICKS

} ss:

Signed

Father

Signed

Alice Redford

Mother

Subscribed and sworn to before me this *2* day of *July*, 19*68*.*John Gamble Jr*

Clerk

signs, state facts which render the consent of the other parent unnecessary.

State of Indiana,

County of

HENDRICKS

} ss:

Signed

Father

Signed

Mother

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County *Circuit* Court by written order issued *July 2* 19*68* and filed
in *Clerk's Office* authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the *HENDRICKS* Circuit Court
of Indiana dated the *2nd* day of *July*, 19*68*, 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. Willard R. Fair* hereby certify that on the *3rd* day of *July*,
one thousand nine hundred and *sixty-eight* at *Brownsville*, County of *Hendricks*,
State of Indiana, Groom *John Richard Redford* of *Hendricks* County, State of *Indiana*
and, Bride *Nancy Carol Harris* of *Hendricks* County, State of *Indiana*
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of *HENDRICKS*
County.

Dated this *2nd* day of *July*, 19*68*.Signed *Rev. Willard R. Fair*Official Designation *Methodist Clergyman*Signed *John Gamble Jr*

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this *10th* day of *July*, 19*68*.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 220
File BK 30
Date of Application July 5 1968

MALE
Medical Examination Report Dated 6-14-68
Name of Physician Frank W Fortune

FEMALE
Medical Examination Report Dated 6-14-68
Name of Physician Frank W Fortune

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 O Woods
Date of Birth December 18 1948
Place of Birth (State or foreign country) Indpls Marion Ind.
Residence Address 2878 Medallion Ct. Indpls.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Steel Cutter
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 John William Woods
Residence of father (if deceased so state) 2610 Rosewood Ave. Indpls
Occupation of father Welder Race of father W
Birthplace of father (State or foreign country) Indpls. Indiana
12. Full maiden name of mother Shirley Dolores Lewis
Residence of mother (if deceased so state) 2878 Medallion Ct. Indpls.
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 David O Woods
New Address Indpls
Subscribed and sworn to before me this 5 day of July, 1968
John S. Gauld Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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 full custody of son
Parents are divorced

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed Shirley Dolores Lewis Mother
Subscribed and sworn to before me this 5 day of July, 1968
John S. Gauld Jr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of July, 1968, authorizing the joining together as husband and wife of David O Woods and Jeannine Carol Oliver.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. James N. Girard hereby certify that on the 13th day of July, 1968, at Baptist Church, County of Marion, State of Indiana, Groom David O. Woods of Hendricks County, State of Indiana, and, Bride Jeannine Oliver 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 13th day of July, 1968. Signed Rev. James N. Girard
Official Designation Minister
17th day of July, 1968. Signed John S. Gauld 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. 221
File July 5, 1968
8/30
Date of Application

MALE
Medical Examination Report Dated 7-5-68
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-5-68
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 First Edward Middle S Last Stanton
Date of Birth Month October Day 20 Year 1949
Place of Birth (State or foreign country) Lebanon Boone Ind.
Residence Address Street or R. R. 317 N Jefferson City Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Carnival worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Registration Certificate

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

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Arnold Eugene Stanton
Residence of father (if deceased so state) Indiana
Occupation of father: unknown Race of father: W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother: Mary Elizabeth Owens
Residence of mother (if deceased so state) 317 N Jefferson Bldg
Occupation of mother: aircraft electrician 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: x Edward S. Stanton
New Address: unknown
Subscribed and sworn to before me this 2 day of July, 1968
John D. Auldred Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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 full custody of son
Parents are divorced
State of Indiana, HENDRICKS } ss:
County of
Signed: Mrs. Mary E. Stanton Father
Signed: Mr. Eugene Stanton Mother
Subscribed and sworn to before me this 5 day of July, 1968
John D. Auldred Jr. Clerk

FEMALE APPLICANT

Name First Judy Middle Ann Last Lackey
Date of Birth Month September Day 26 Year 1949
Place of Birth (State or foreign country) Montgomery Fayette West Virginia
Residence Address Street or R. R. RR#3 Nobleville Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Carnival worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: William Howard Lackey
Residence of father (if deceased so state) Rockville Youth Camp
Occupation of father: Correction Officer Race of father: W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother: Ruth Katherine Kelly
Residence of mother (if deceased so state) RR#3 Nobleville Ind.
Occupation of mother: Unemployed Race of mother: W
Birthplace of mother (State or foreign country) West Virginia
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed: x Judy Ann Lackey
New Address: unknown
Subscribed and sworn to before me this 5 day of July, 1968
John D. Auldred Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 1968
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 July, 1968, authorizing the joining together as husband and wife Edward S. Stanton and Judy Ann Lackey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, hereby certify that on the day of at County of State of Indiana, Groom of County, State of and, Bride of County, State of were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this day of 1968

Signed
Official Designation
Signed day of 1968
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. 222
File July 6, 1968
BK 30
Date of Application

MALE
Medical Examination Report Dated 7-3-68
Name of Physician Donald D. Cheesman

FEMALE
Medical Examination Report Dated 7-3-68
Name of Physician Donald D. Cheesman

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

MALE APPLICANT

Name First James Middle William Last Decker
Date of Birth Month May Day 30 Year 1944
Place of Birth (State or foreign country) Crawfordville, Montgomery Ind.
Residence Address Street or R. R. 200 N High St. Dan. 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 RCA
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Elmer Decker Sr.
Residence of father (if deceased so state) 200 N High Dan.
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Elsie Louise Ellington
Residence of mother (if deceased so state) 200 N High Dan.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Crawfordville Ind.

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

Signed James W. Decker

New Address RR 3 BX 20 Danville

Subscribed and sworn to before me this 6 day of July, 1968.
John G. Gamble Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968.
Clerk

FEMALE APPLICANT

Name First Mary Middle Jane Last Williams
Date of Birth Month July Day 22 Year 1949
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. RR 3 BX 336 Dan. 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 State Board of Health
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Louis Williams
Residence of father (if deceased so state) RR 3 BX 336 Dan.
Occupation of father Engineer on RR Race of father W
Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Annabelle Faison
Residence of mother (if deceased so state) RR 3 BX 336 Dan.
Occupation of mother Farm Bureau 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 Mary Jane Williams

New Address same

Subscribed and sworn to before me this 6 day of July, 1968.
John G. Gamble Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968.
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of July, 1968, authorizing the joining together as husband and wife of James William Decker and Mary Jane Williams
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George A. Harris, hereby certify that on the 14th day of July, 1968, at the Danville Christian Church, County of Hendricks, State of Indiana, Groom James William Decker of Hendricks County, State of Indiana, and, Bride Mary Jane 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 14th day of July, 1968.

Signed Rev. George A. Harris
Official Designation Minister
15th day of July, 1968.
Signed John G. Gamble 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. 223

File Book 30

July 6 1968
Date of Application

MALE

Medical Examination Report Dated July 5 1968

Name of Physician M. O. Scamahorn M.D.

FEMALE

Medical Examination Report Dated July 5 1968

Name of Physician M. O. Scamahorn M.D.

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

MALE APPLICANT

Name First Middle Last
Gregory Lee Chastain
Date of Birth Month Day Year
Indianapolis Indiana
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
North Salem Hendricks Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Laborer Tech.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

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

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

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

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

11. Full name of father Harvey Cecil Chastain
Residence of father (if deceased so state) North Salem Ind.
Occupation of father Factory Worker Race of father W
Birthplace of father (State or foreign country) Juds Ind.

12. Full maiden name of mother Dorothy Jay Huffman
Residence of mother (if deceased so state) North Salem
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kalamazoo Mich.

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

County of Signed X Gregory Lee Chastain
New Address 3805 Bender Draft Ind.

Subscribed and sworn to before me this 6 day of July, 1968
John Gaulbold Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 X Harvey Cecil Chastain Father
Signed X Dorothy Jay Huffman Mother

Subscribed and sworn to before me this day of 1968
Clerk

FEMALE APPLICANT

Name First Middle Last
Cheryl Ann Ballard
Date of Birth Month Day Year
December 19 1947
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
North Salem Hendricks Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Receptionist

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 Melvin Chester Ballard
Residence of father (if deceased so state) North Salem R.R.
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Juds Ind.

8. Full maiden name of mother Violet Mae Long
Residence of mother (if deceased so state) Same
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 X Cheryl Ann Ballard
New Address Same

Subscribed and sworn to before me this 6 day of July, 1968
John Gaulbold Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1968, authorizing the joining together as husband and wife

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

I, Talmage Haggard hereby certify that on the 13th day of July, 1968, at Danville Church of The Naz, County of Hendricks, State of Indiana, Groom Gregory Lee Chastain of Hendricks County, State of Indiana and, Bride Cheryl Ann Ballard of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 10th day of July, 1968.

Signed Talmage Haggard
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of July, 1968.

Signed John Gaulbold Jr Clerk
Hendricks Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 224
File Book 30
Date of Application July 6-1968

MALE
Medical Examination Report Dated July 5-1968
Name of Physician A N Scudder M.D.

FEMALE
Medical Examination Report Dated July 5-1968
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 Dan E. Emmis
Date of Birth Nov 15 1937
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 5348 Para Ct. Smith Indpls Mar. 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 Mgr. Groceries Furniture Dept.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☒ 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 Dana J. Age 4 Address Indpls

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

11. Full name of father Robert W. Emmis
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary S. Wright
Residence of mother (if deceased so state) Indianapolis
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

New Address _____
Subscribed and sworn to before me this 6 day of July, 1968.
John Gambold, Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of July, 1968, authorizing the joining together as husband and wife of Dan E. Emmis and Shirley M. Sellars.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Glenn Clark, hereby certify that on the 12th day of July,
one thousand nine hundred and 68, at Brownburg, County of Hendricks,
State of Indiana, Groom Dan E. Emmis of Hendricks County, State of Indiana,
and, Bride Shirley M. Sellars of Hendricks County, State of Indiana,
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 13th day of July, 1968.
Signed Rev. Glenn Clark
Official Designation Methodist Minister, 1968.
Signed John Gambold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of July, 1968.

FEMALE APPLICANT
Name Shirley M Sellars
Date of Birth 7 7 1942
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R3 Brownburg Acad. Ind.
Maiden Name if Different Shirley Duman
Previous Marital Status: Never Married ☐ Number of Previous Marriages once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver's 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 Wayne Duman
Residence of father (if deceased so state) Indpls.
Occupation of father Welder Race of father W
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Virginia May Dunn
Residence of mother (if deceased so state) Indpls
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 Shirley M. Sellars
New Address _____
Subscribed and sworn to before me this 6 day of July, 1968.
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. 225
File July 6, 1968
BA 30
Date of Application

MALE

Medical Examination Report Dated 7-2-68
Name of Physician Thomas M. Walker

FEMALE

Medical Examination Report Dated 7-2-68
Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name Gregory Way
Date of Birth January 10 1947
Place of Birth (State or foreign country) Chicago Ill.
Residence Address RR #2 BX84A Bldg. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Salesman Driver

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

☒ Other (Specify) Driver License

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

Name Age Address

- 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 Mary Lavin Way
Residence of father (if deceased so state) RR #2 BX84A Bldg
Occupation of father Bill Telephone Race of father W
Birthplace of father (State or foreign country) Chicago Ill.
12. Full maiden name of mother Mary Jean Harold
Residence of mother (if deceased so state) RR #2 BX84A Bldg
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Chicago Ill.

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

Signed Gregory R. Way
New Address 2627 North St. Chicago

Subscribed and sworn to before me this 6 day of July, 1968
John J. Gaudin Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Marcia Willis
Date of Birth June 12 1950
Place of Birth (State or foreign country) Oakland City Ind.
Residence Address 521 Sunnybrook Dr. Bldg. Ind.
Maiden Name if Different.....

Previous 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 ☐

7. Full name of father Joseph Junior Willis
Residence of father (if deceased so state) 521 Sunnybrook Dr. Bldg
Occupation of father Driver Salesman Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Shirley Eloise Olds
Residence of mother (if deceased so state) 521 Sunnybrook Dr. Bldg
Occupation of mother Eli Bldg 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 Marcia J. Willis
New Address same

Subscribed and sworn to before me this 6 day of July, 1968
John J. Gaudin Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of July, 1968, 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 thirteenth day of July,
one thousand nine hundred and sixty-eight at Brownburg, County of Hendricks,
State of Indiana, Groom Gregory R. Way of Hendricks County, State of Indiana
and, Bride Marcia J. Willis of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 13th day of July, 1968.

Signed Lester B. Yearick
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 20th day of July, 1968.
Signed John J. Gaudin Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 226

File BK 30

Date of Application July 8-1968

Medical Examination Report Dated July 6-1968

Physician Lloyd Perry M.D.

FEMALE

Medical Examination Report Dated July 6-68

Name of Physician Lloyd Perry M.D.

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

MALE APPLICANT

Name First Arthur E Middle Wiggam Jr. Last
Date of Birth July 10 1947
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 128 Blake St 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

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: Arthur Eugene Wiggam
Residence of father (if deceased so state) Danville
Occupation of father: Carpenter Race of father: W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother: Elvies Dean Elliot
Residence of mother (if deceased so state) Danville
Occupation of mother: housewife Race of mother: W
Birthplace of mother (State or foreign country) Indiana

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

Signed: Arthur E. Wiggam Jr.

New Address:

Subscribed and sworn to before me this 8 day of July, 1968
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.

Parents Notarized consent form attached

State of Indiana, HENDRICKS } ss:

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 1968
Clerk

FEMALE APPLICANT

Name First Linda Louise Middle Rutledge Last
Date of Birth May 24 1947
Place of Birth (State or foreign country) Indpls Ind.
Residence Address 902 W Main 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 Nothing

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

☐ Other (Specify)

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

8. Full maiden name of mother: Leta Stanley
Residence of mother (if deceased so state) Danville
Occupation of mother: housewife Race of mother: W
Birthplace of mother (State or foreign country) Indiana

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

Signed: Linda Louise Rutledge

New Address:

Subscribed and sworn to before me this 8 day of July, 1968
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 1968
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the County of Indiana dated the 12 day of July, 1968, authorizing the joining together as husband and wife of Arthur E. Wiggam Jr. and Linda Louise Rutledge

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Herbert D. Pettengill, Jr., hereby certify that on the 13th day of July, 1968, at Danville, County of Hendricks, State of Indiana, Groom Arthur Eugene Wiggam Jr. and Bride Linda Louise Rutledge of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 13th day of July, 1968. Signed: Herbert D. Pettengill Jr.
Official Designation: Minister, 19th day of July, 1968.
Signed: John Gambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of July, 1968.

Arthur E. Wiggam, Jr.
hereby give my consent for
Linda L. Rutledge to

Subscribed and sworn to before me this 11 day of July 1968
M. D. Harney
Notary Public

Date of Birth July
Place of Birth (State or foreign country) Indpls
Residence Address 128 Blake St Street or R. R. Danville City Ind. County Ind. State
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Arthur Eugene Wiggam		

(b) Are you supporting or contributing to their 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 Eugene Wiggam
Residence of father (if deceased so state): Danville
Occupation of father: Carpenter Race of father: W
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Ernest Dean Elliot
Residence of mother (if deceased so state): Danville
Occupation of mother: housewife Race of mother: W
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed: Arthur E. Wiggam Jr.
New Address: _____

Subscribed and sworn to before me this 8 day of July, 1968
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.
Parents Notarized consent form attached

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 12 day of July, 1968, authorizing the joining together as husband and wife of Arthur E. Wiggam Jr. and Linda Louise Rutledge.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Herbert D. Pettengill, Sr. hereby certify that on the 13th day of July, 1968, at Danville, County of Hendricks, State of Indiana, Groom: Arthur Eugene Wiggam Jr. of Hendricks County, State of Indiana, and, Bride: Linda Louise Rutledge of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 13th day of July, 1968.

Signed: Herbert D. Pettengill Sr.
Official Designation: Minister
19th day of July, 1968
Signed: John Gambold Sr. Clerk
HENDRICKS Circuit Court

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

No. 226
File BR 30
Date of Application July 8-1968

Report Dated July 6-68
Lloyd Perry MD
Issuance of a license to marry by any false statement, representation.

FEMALE APPLICANT
a Louise Rutledge
Month May Day 24 Year 1947
Residence Address 902 W Main Street or R. R. Danville City Indpls County Ind. State
Maiden Name if Different Danville

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 Nothing
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

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

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

Subscribed and sworn to before me this 8 day of July, 1968
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. 227
File BK 30
Date of Application July 8, 1968

MALE
Medical Examination Report Dated 7-8-68
Name of Physician Elmer L Koch

FEMALE
Medical Examination Report Dated 7-8-68
Name of Physician Elmer L Koch

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

MALE APPLICANT

Name Steven A Morphy
Date of Birth June 16 1947
Place of Birth (State or foreign country) Indpls. Marion Ind.
Residence Address apt 2 150 N Center Pkld. Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Machinist

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

☒ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
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 Leonard Austin Morphy
Residence of father (if deceased so state) RR 2 BX 160 Pkld Ind
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Judith Ann Richardson
Residence of mother (if deceased so state) RR 2 BX 160 Pkld Ind
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed X Steven A. Morphy

New Address 150 N Center apt 2 Pkld Ind

Subscribed and sworn to before me this 8 day of July, 1968.
John D. Gansfield Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Peggy Sue Muston
Date of Birth February 10 1948
Place of Birth (State or foreign country) Indpls. Marion Ind.
Residence Address RR 2 BX 160 Pkld. 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 Beautician

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 Orvin Richard Muston Sr.
Residence of father (if deceased so state) RR 2 BX 160 Pkld Ind
Occupation of father Diamond Chain Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Bella Bell Barker
Residence of mother (if deceased so state) RR 2 BX 160 Pkld
Occupation of mother Registered Nurse Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed X Peggy Sue Muston

New Address same

Subscribed and sworn to before me this 8 day of July, 1968.
John D. Gansfield Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 12th day of July, 1968, authorizing the joining together as husband and wife Steven A. Morphy and Peggy Sue Muston.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, E. W. Andrews hereby certify that on the 14th day of July, one thousand nine hundred and sixty-eight at Ellettsville, County of Hendricks, State of Indiana, Groom Steven Austin Morphy of Hendricks County, State of Indiana, and, Bride Peggy Sue Muston of Hendricks County, State of Indiana, were by me united 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 July, 1968.

Signed E. W. Andrews

Official Designation Rector, St. Mark's Church

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of July, 1968.

Signed John Gansfield Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 228
File Book 30
Date of Application July 8 1968

MALE
Medical Examination Report Dated July 6 1968
Name of Physician Glenn James Black

FEMALE
Medical Examination Report Dated July 3 1968
Name of Physician Glenn Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Richard Purcell
Date of Birth November 5 1941
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address 307 W. Morris Judges 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 Switchman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
- Full name of father George Leroy Purcell
Residence of father (if deceased so state) Deceased
Occupation of father Race of father W
Birthplace of father (State or foreign country) Indiana
 - Full maiden name of mother Anna Elma Stewart
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother W
Birthplace of mother (State or foreign country) Madison Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed William Richard Purcell
New Address 122 Williams Dr Apt D
Subscribed and sworn to before me this 8 day of July, 1968
John Gaudet Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name Sherry Dixon
Date of Birth August 17 1947
Place of Birth (State or foreign country) Blackey Ky.
Residence Address RR 18 Box 155H Judges 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 Factory Worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
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 Elmer Dixon Jr
Residence of father (if deceased so state) RR 18 Box 155H Judges
Occupation of father Factory Worker Race of father W
Birthplace of father (State or foreign country) Blackey Ky

- Full maiden name of mother Louise Mitchell
Residence of mother (if deceased so state) Same
Occupation of mother Factory Worker Race of mother W
Birthplace of mother (State or foreign country) Blackey Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Sherry Dixon
New Address 122 Williams Dr Apt D
Subscribed and sworn to before me this 8 day of July, 1968
John Gaudet Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of July, 1968, authorizing the joining together as husband and wife of William Richard Purcell and Sherry Dixon.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence J. Brooks hereby certify that on the 13th day of July,
one thousand nine hundred and 68 at Clemmont County of Marion
State of Indiana, Groom William Richard Purcell of Hendricks County, State of Indiana
and, Bride Sherry Dixon of Hendricks County, State of Indiana
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 13th day of July, 1968. Signed Clarence J. Brooks
Official Designation Minister
Signed John Gaudet Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of July, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 229
File July 9, 1968
BK 30
Date of Application

MALE
Medical Examination Report Dated 7-8-68
Name of Physician Eli A. Coats

FEMALE
Medical Examination Report Dated 7-8-68
Name of Physician Eli A. Coats

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

MALE APPLICANT

Name First Middle Last
Roscoe Conklin Stout
Date of Birth Month Day Year
January 7 1909
Place of Birth (State or foreign country) Bridgeport, Maine, Ind.
Residence Address Street or R. R. City County State
1019 S. Larchdale Bridgeport 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 Service Station Operator

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

☒ Other (Specify) Driver License

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

Name	Age	Address
Edgar Lee Stout		

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

11. Full name of father Edgar Lee Stout
Residence of father (if deceased so state) deceased
Occupation of father Race of father W
Birthplace of father (State or foreign country) Bridgeport Ind.
12. Full maiden name of mother Ethel May Faldy
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother W
Birthplace of mother (State or foreign country) Bridgeport Ind.

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

Signed x Roscoe Stout

New Address 418 S. Vine Bridgeport Ind.

Subscribed and sworn to before me this 9 day of July, 1968.
John H. Gaudet Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Mary C Wilson
Date of Birth Month Day Year
January 23 1910
Place of Birth (State or foreign country) Bridgeport, Maine, Ind.
Residence Address Street or R. R. City County State
418 S. Vine Bridgeport Ind.
Maiden Name if Different Mary C. Williams
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 Unemployed

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

☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Lee Henry Williams
Residence of father (if deceased so state) deceased
Occupation of father Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Catherine Riden
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother W
Birthplace of mother (State or foreign country) Illinois

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

Signed x Mary C. Wilson

New Address same

Subscribed and sworn to before me this 9 day of July, 1968.
John H. Gaudet Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 July, 1968, authorizing the joining together as husband and wife

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

I, C. Raymond Earle hereby certify that on the 14th day of July, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Roscoe Conklin Stout of Marion County, State of Indiana and, Bride Mary C. Wilson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of July, 1968.

Signed C. Raymond Earle

Official Designation Minister

16th day of July, 1968.

Signed John Gaudet 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. 230
File July 10, 1968
Date of Application
230

MALE
Medical Examination Report Dated 7-3-68
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 7-3-68
Name of Physician L. H. Ellis

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

MALE APPLICANT

Name Elmer H. Eggers Jr.
Date of Birth October 24 1938
Place of Birth (State or foreign country) Madley, Hendricks, Indiana
Residence Address North Salem, Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Steel
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives License

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

(a) List their full names, ages and addresses

Name	Age	Address
William H. Hadd	10	Greenwood St.
Michael Todd	9	"
Gary E. Eggers	2	"

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

11. Full name of father Elmer H. Eggers Sr.
Residence of father (if deceased so state) North Salem Ind
Occupation of father Maintenance Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Bell Hebbethorn
Residence of mother (if deceased so state) North Salem Ind
Occupation of mother Maintenance 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 Elmer H. Eggers Jr.
New Address Linton, Indiana
Subscribed and sworn to before me this 10 day of July, 1968
John Gamble, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 E. Robinson
Date of Birth November 7 1937
Place of Birth (State or foreign country) North Salem, Indiana
Residence Address North Salem, Indiana
Maiden Name if Different Margaret E. Eggers
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 Beautician School
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drives License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Vernie Bernes Eggers
Residence of father (if deceased so state) Linton, Indiana
Occupation of father Retired School Teacher Race of father W
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Ogella Alice Thompson
Residence of mother (if deceased so state) Linton Ind
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Margaret E. Robinson
New Address same

Subscribed and sworn to before me this 10 day of July, 1968
John Gamble, Jr. Clerk HENDRICKS Circuit Court

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Superior Court by written order issued 7-10-68 and filed
in Clerks authorizes and directs the issuance of a marriage license to the above named parties. 3 day waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 10 day of July, 1968, authorizing the joining together as husband and wife
of Elmer H. Eggers Jr. and Margaret E. Robinson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lawrence G. Whitacre hereby certify that on the 13th day of July,
one thousand nine hundred and sixty-eight at Montclair County of Hendricks,
State of Indiana, Groom Elmer H. Eggers Jr. of Hendricks County, State of Indiana
and, Bride Margaret 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 13th day of July, 1968.

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

Signed Rev. Lawrence G. Whitacre
Official Designation Minister - Montclair Christian Church
18th day of July, 1968
Signed John Gamble Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 231
File Bb30
Date of Application July 10, 1968

MALE
Medical Examination Report Dated July 8, 1968
Name of Physician J. O. Conklin, M.D.

FEMALE
Medical Examination Report Dated July 8, 1968
Name of Physician J. O. Conklin, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 H. Munn
Date of Birth July 28, 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RR#8, Box 426, 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 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? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

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

11. Full name of father Conrad Robert Munn
Residence of father (if deceased so state) same
Occupation of father Truck Driver Race of father W.
Birthplace of father (State or foreign country) Conrad, Ind.
12. Full maiden name of mother Edna Ann De Ger
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Stewartsville, Ind.

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

New Address.....
Subscribed and sworn to before me this 10th day of July, 1968.
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 Conrad R. Munn Father
Signed Edna F. Munn Mother
Subscribed and sworn to before me this 10th day of July, 1968.
John Lambold, Jr. Clerk

FEMALE APPLICANT

Name Kathleen A. Fagan
Date of Birth December 19, 1946
Place of Birth (State or foreign country) Winamac, Indiana
Residence Address 930 South 4th, 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 Ray Tech.
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 Thomas Andrew Fagan
Residence of father (if deceased so state) RR#2, Star City, Ind.
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Illinois (Bloomington)
8. Full maiden name of mother Mary Catherine Silsinger
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Chicago, Ill.

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

Signed Kathleen Ann Fagan
New Address 930 S. 4th St. Terre Haute
Subscribed and sworn to before me this 10th day of July, 1968.
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 July, 1968, authorizing the joining together as husband and wife of Richard H. Munn and Kathleen A. Fagan.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, (Rev.) A. A. McLaughlin hereby certify that on the 20th day of July, 1968, at Terre Haute, County of Vigo, State of Indiana, Groom Richard Harold Munn of Hendricks County, State of Indiana and, Bride Kathleen Ann Fagan of Vigo County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 16th day of July, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of July, 1968.
Signed A. A. McLaughlin Official Designation Catholic Priest
Signed John Lambold, Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 232
File Book 30
July 11 1968
Date of Application

MALE

Medical Examination Report Dated July 8 1968
Name of Physician Thomas M. Walker MD

FEMALE

Medical Examination Report Dated July 8 1968
Name of Physician Thomas M. Walker MD

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

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or 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 Heavy Equipment Operator

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 Paul Strange
Residence of father (if deceased so state) 1015 Logan, B'burg
Occupation of father master mechanic Race of father W
Birthplace of father (State or foreign country) Wash Co, Indiana
12. Full maiden name of mother Delmont Nadine Batteroff
Residence of mother (if deceased so state) same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Wash Co Ind

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

Signed x Allan R. Strange

New Address 122 William Dr Apt C B'burg

Subscribed and sworn to before me this 11 day of July, 1968
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.

Parents Fathers Consent form attached

State of Indiana, HENDRICKS ss:

Signed Delmont Strange Father
Signed John Gambold Jr Mother

Subscribed and sworn to before me this 11 day of July, 1968
John Gambold Jr Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. # 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

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

☒ Other (Specify) 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 James Oscar Weddle
Residence of father (if deceased so state) 550 Alpha, B'burg
Occupation of father mechanic Race of father W
Birthplace of father (State or foreign country) Judges Ind

8. Full maiden name of mother Ruby Edna Beecham
Residence of mother (if deceased so state) same
Occupation of mother Acctg. Dept. Race of mother W
Birthplace of mother (State or foreign country) Wisconsin

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

Signed x Jarvis Weddle

New Address same

Subscribed and sworn to before me this 11 day of July, 1968
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.

Parents Notarized Consent Attached

State of Indiana, HENDRICKS ss:

Signed Father
Signed Mother

Subscribed and sworn to before me this 15 day of July, 1968
John Gambold Jr Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 15 day of July, 1968, authorizing the joining together as husband and wife

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

1. Rev. Raymond L. Rader hereby certify that on the 20th day of July

one thousand nine hundred and sixty eight at 3:00 pm in Union Ind., County of Hendricks

State of Indiana, Groom Allan R. Strange of Hendricks County, State of Indiana

and, Bride Jarvis K. Weddle of Hendricks County, State of Indiana

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

Dated this 15th day of July, 1968. Signed Rev. Raymond L. Rader

Official Designation Pastor 1st Baptist Church Union Ind.

Signed John Gambold Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 31st day of July, 1968

For
Ind
Her
Ch

JULY 11, 1968

I, RUBY WEDDLE, HEREBY CONSENT TO THE MARRIAGE OF
MY DAUGHTER, JANIS KAY WEDDLE, TO ALLAN R. STRANGE.

Ruby Weddle
MOTHER'S SIGNATURE

Doris A. Benner
NOTARY PUBLIC - Doris A. Benner

Commission Expires: 5/10/72

7. Are you now supporting a family? Yes ☒ No ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. 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 Paul Strange
Residence of father (if deceased so state) 1015 Logan, B'burg
Occupation of father Master Mechanic Race of father W
Birthplace of father (State or foreign country) Wash. D.C. Ind.
12. Full maiden name of mother Delmont Madeline Batorff
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Wash. D.C. Ind.

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

Signed Allan R. Strange
New Address 122 William Dr Apt C B'burg
Subscribed and sworn to before me this 11 day of July, 1968
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.
Parents Father's Consent form attached

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed Delmont Strange Father
Signed John Gambold Jr Mother
Subscribed and sworn to before me this 11 day of July, 1968
John Gambold Jr Clerk

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Oscar Weddle
Residence of father (if deceased so state) 550 Alpha, B'burg
Occupation of father Mechanic Race of father W
Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Ruby Edna Beacham
Residence of mother (if deceased so state) Same
Occupation of mother Acctg. Dept. Race of mother W
Birthplace of mother (State or foreign country) Wisconsin

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

Signed Janis Weddle
New Address Same
Subscribed and sworn to before me this 11 day of July, 1968
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.
Parents Notarized Consent Attached

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed John Gambold Jr Father
Signed John Gambold Jr Mother
Subscribed and sworn to before me this 15 day of July, 1968
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
We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of July, 1968, authorizing the joining together as husband and wife of Allan R. Strange and Janis Weddle.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Raymond L. Rader, hereby certify that on the 20th day of July, 1968, at 3:00 pm in Logan Ind., County of Hendricks, one thousand nine hundred and sixty eight, Allan R. Strange of Hendricks County, State of Indiana, and, Bride Janis K. Weddle of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 15th day of July, 1968. Signed Rev. Raymond L. Rader
Official Designation Pastor 1st Baptist Church
Logan Ind., 1968.
Filed and recorded in accordance with the laws of the State of Indiana this 31st day of July, 1968.
Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

July 10, 1968

I, Paul Strange, hereby consent to the
marriage of my son, Allen R. Strange, to Janis
Kay Weddle.

Paul Strange
Father's Signature

State of Indiana
County of Hamilton

Esther Hill
Notary Public

My Commission Expires Aug 14, 1969



Commission Expires: 5/10/72

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Name

Date of

Place of

Residence

Previous

Last Mar

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Date of bir

Other

1. Are you

2. Are you

3. Are you

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6. Are you

7. Are you

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)

(a) List their full names, ages and addresses

Name

Age

Address

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

(c) Are you complying with any court order or orders issued for their support?

11. Full name of father

Residence of father (if deceased so state)

Occupation of father

Birthplace of father (State or foreign country)

12. Full maiden name of mother

Residence of mother (if deceased so state)

Occupation of mother

Birthplace of mother (State or foreign country)

State of Indiana,

County of

Signed

New Address

Subscribed and sworn to before me this

day of

1968

Clerk

Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary.

State of Indiana,

County of

Signed

Signed

Subscribed and sworn to before me this

day of

1968

Clerk

Circuit Court

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

County

Court by written order issued

and filed

in

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the

day of

1968, authorizing the joining together as husband and wife

of

and

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

I, Rev. Raymond L. Rader, hereby certify that on the

day of

1968, at

County of

State of

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

Dated this

day of

1968.

Signed

Official Designation

Signed

Clerk

Circuit Court

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

day of

1968.

Signed

Clerk

Circuit Court

No ☐ Yes ☐

No ☐ Yes ☐

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No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

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No ☐ Yes ☐

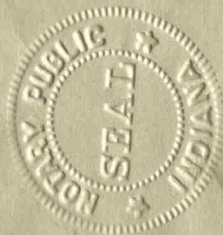
No ☐ Yes ☐

July 9, 1968

I, James O. Weddle, hereby consent to the
marriage of my daughter, Janis Kay Weddle, to
Allen R. Strange.

James O. Weddle
Father's Signature

Barbara Lynn Muir
Comm. Expires 8-14-70



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9. Are you likely t

10. Do you have min

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

(a) List their full names, ages and addresses

Name

Age

Address

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

(c) Are you complying with any court order or orders issued for their support?

11. Full name of father

Residence of father (if deceased so state)

Occupation of father

Birthplace of father (State or foreign country)

12. Full maiden name of mother

Residence of mother (if deceased so state)

Occupation of mother

Birthplace of mother (State or foreign country)

State of Indiana,

County of

Signed

New Address

Subscribed and sworn to before me this

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

Parents Father's Consent form

attached

State of Indiana,

County of

Signed

Delmont Strange

Father

Signed

John Gambold Jr

Mother

Subscribed and sworn to before me this

John Gambold 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

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

of Indiana dated the

15 day of

July

1968, authorizing the joining together as husband and wife

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

1. Rev. Raymond L. Rader

hereby certify that on the

20th day of

July

at 3:00 p.m. in

Clinton Ind., County of

Hendricks

one thousand nine hundred and sixty eight

State of Indiana, Groom

Allen R. Strange

of

Hendricks

County, State of

Indiana

and, Bride

Janis K. Weddle

of

Hendricks

County, State of

Indiana

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

County.

Dated this

15th day of

July

1968.

Signed

Rev. Raymond L. Rader

Official Designation

Pastor 1st Baptist Church

Clinton Ind., 1968

31st day of

July

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. 233
File July 11, 1968
BK 30
Date of Application

MALE
Medical Examination Report Dated 7-10-68
Name of Physician Carl J. Weirlein

FEMALE
Medical Examination Report Dated 7-10-68
Name of Physician Carl J. Weirlein

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

MALE APPLICANT

Name First Richard Middle Frederic Last Ryan
Date of Birth Month December Day 7 Year 1946
Place of Birth (State or foreign country) Logansport, Ind.
Residence Address Street or R. R. East Bluff North Carolina
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 Postmaster

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

☐ Other (Specify) I.D. Card (Service)

- Are you now or have you been adjudged, diagnosed or considered 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
Jon Alan Ryan 9 ds. 212 W. Church
Thomson Ind.

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

11. Full name of father: Asa Frederick Ryan
Residence of father (if deceased so state): 801 Bates St. Logansport
Occupation of father: Railroad Race of father: W. Me.
Birthplace of father (State or foreign country): Logansport Ind.
12. Full maiden name of mother: Edna May Stanger
Residence of mother (if deceased so state): 801 Bates St. Logansport
Occupation of mother: Housewife Race of mother: W. Me.
Birthplace of mother (State or foreign country): Pennsylvania

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

Signed: x [Signature] New Address: East Bluff North Carolina

Subscribed and sworn to before me this 11 day of July, 1968.
John G. Campbell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed: _____ Father
Signed: _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Virginia Middle Ruth Last Ryan
Date of Birth Month March Day 24 Year 1949
Place of Birth (State or foreign country) Glasgow, Barren Kentucky
Residence Address Street or R. R. Mount Vernon Kentucky
Maiden Name if Different Virginia R. Rich
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 Unemployed

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

☐ Other (Specify) I.D. Card (Service)

- Are you now or have you been adjudged, diagnosed or considered 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 Edward Rich

Residence of father (if deceased so state): unknown
Occupation of father: unknown Race of father: W.
Birthplace of father (State or foreign country): unknown

8. Full maiden name of mother: Velma Imogene Capas
Residence of mother (if deceased so state): 212 W. Church Thomson Ind.

Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Kentucky

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

Signed: x Virginia Ryan New Address: same

Subscribed and sworn to before me this 11 day of July, 1968.
John G. Campbell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed: _____ Father
Signed: _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Superior Court by written order issued July 11-68 and filed in Clerk
authorizes and directs the issuance of a marriage license to the above named parties. 3 days waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11 day of July, 1968, 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. George A. Harris hereby certify that on the 11th day of July, 1968,
one thousand nine hundred and 68, at The Danville Christian Church, County of Hendricks,
State of Indiana, Groom: Richard Frederic Ryan of Holca County, State of North Carolina
and, Bride: Virginia Ruth Ryan of _____ County, State of Kentucky
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 11th day of July, 1968.

Signed: Rev. George A. Harris
Official Designation: Minister
11th day of July, 1968.
Signed: John G. Campbell 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. 234

File Book 30

July 11 1968
Date of Application

MALE

Medical Examination Report Dated July 5 1968

Name of Physician C. Elaine Lane M.D.

FEMALE

Medical Examination Report Dated July 5 1968

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, representa-

MALE APPLICANT

Name First Ronald Middle L. Last Swift
Date of Birth Month July Day 17 Year 1942
Place of Birth (State or foreign country) Indiana
Residence Address RR 3 Box 4 Brownsburg Ind. Ind. Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Retail Man.

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

☒ Other (Specify) Dwains License

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

Name	Age	Address

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

11. Full name of father Clayton Minor Swift
Residence of father (if deceased so state) RR 3 Brownsburg
Occupation of father Bull Collector Race of father W
Birthplace of father (State or foreign country) Marion Co Ind.
12. Full maiden name of mother Ida Mae Bradshaw
Residence of mother (if deceased so state) same
Occupation of mother mag. Race of mother W
Birthplace of mother (State or foreign country) Morgan town W. Va.

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

Signed Ronald L. Swift
New Address _____

Subscribed and sworn to before me this 11 day of July, 1968
John Gaulbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Donna Middle M. Last England
Date of Birth Month July Day 5 Year 1949
Place of Birth (State or foreign country) Indiana
Residence Address 6821 Daisy Lane Indianapolis Ind. Street or R. R. City County State
Maiden Name if Different Ludpe 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 Sales Clerk - Penney's

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

☐ Other (Specify) _____

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

7. Full name of father Alfred O. England
Residence of father (if deceased so state) same
Occupation of father Gen. Sol Setter Race of father W
Birthplace of father (State or foreign country) Egan Tenn.
8. Full maiden name of mother Reba Jones
Residence of mother (if deceased so state) same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Deer Lodge Tenn.

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

Signed Donna Marie England

New Address _____

Subscribed and sworn to before me this 11 day of July, 1968
John Gaulbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 16 day of July and Donna M. England

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Thomas E. Berry hereby certify that on the 21st day of July

at Marion County of Hendricks
one thousand nine hundred and 68 of Indiana County, State of Indiana
State of Indiana, Groom Ronald L. Swift of Marion County, State of Indiana
and, Bride Donna Marie England 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 21st day of July, 1968. Signed Rev Thomas E. Berry
Official Designation Minister

Signed John Gaulbold 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. 235
File Bk. 30
Date of Application 13 July, 1968

MALE
Medical Examination Report Dated July 8, 1968
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated July 8, 1968
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 William Thomas H. Ayers
Date of Birth Oct. 28 1894
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. City County State
Clermont, Hendricks, 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 - Trailer Pk. Mgr.

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 Warren F. Ayers
Residence of father (if deceased so state) Deceased
Occupation of father Race of father W.
Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Ella Mae Boone
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother W.
Birthplace of mother (State or foreign country) Missouri

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

Signed [Signature] New Address [Address]

Subscribed and sworn to before me this 13 day of July, 1968
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 Thelma E. Clay
Date of Birth Nov. 28 1906
Place of Birth (State or foreign country) Muncie, Indiana
Residence Address Street or R. R. City County State
4925 Coburn Rd., Indpls, Marion Co, Ind.
Maiden Name if Different Loretta

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 Payroll Clerk

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 David Monroe Loretta
Residence of father (if deceased so state) Deceased
Occupation of father Race of father W.
Birthplace of father (State or foreign country) Muncie, Ind.
8. Full maiden name of mother Florence Gley
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 in this application is true and correct.

Signed Thelma E. Clay
New Address 4925 Coburn Rd.

Subscribed and sworn to before me this 13 day of July, 1968
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 17 day of July, 1968, authorizing the joining together as husband and wife of William Thomas H. Ayers and Thelma E. Clay. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ralph W. Graham hereby certify that on the 18 day of July, 1968, at Indianapolis, County of Marion, State of Indiana, Groom Wm Thomas H. Ayers of Hendricks County, State of Indiana and, Bride Thelma E. Clay 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 19 day of July, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 1968.

Signed Ralph W. Graham
Official Designation Minister North United Methodist Church
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. 236

File Book 30

July 13 1968
Date of Application

MALE

Medical Examination Report Dated July 1968

Name of Physician Lloyd Terry MD

FEMALE

Medical Examination Report Dated July 1 1968

Name of Physician Lloyd Terry MD

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

MALE APPLICANT

Name First Robert Middle Terry Last Martin
Date of Birth Month August Day 18 Year 1945
Place of Birth (State or foreign country) Indpls.
Residence Address R R 3 Street or R. R. City 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 Teacher
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 R. Martin
Residence of father (if deceased so state) R H Greenwood Box 287
Occupation of father Paymaster - State Race of father W
Birthplace of father (State or foreign country) Putnam Co. Ind.
12. Full maiden name of mother Vera Gray
Residence of mother (if deceased so state) Same
Occupation of mother Teacher - Bank Race of mother W
Birthplace of mother (State or foreign country) Danville Ill.

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

Signed R. Terry Martin
New Address R R 3 Greencastle

Subscribed and sworn to before me this 13 day of July, 1968.
John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Doris Middle Kaye Last Smith
Date of Birth Month Sept. Day 9 Year 1945
Place of Birth (State or foreign country) Greencastle
Residence Address 3 Northview Dr Danville Ind
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Teacher

- 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 Herman August Smith
Residence of father (if deceased so state) Same
Occupation of father Foreman - REMC Race of father W
Birthplace of father (State or foreign country) Huntington Ind.
8. Full maiden name of mother Marie Dorine Welles
Residence of mother (if deceased so state) Same
Occupation of mother Sales clerk Race of mother 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.

Signed Doris Kaye Smith

New Address R R 3 Greencastle

Subscribed and sworn to before me this 13 day of July, 1968.
John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 19 day of July, 1968, and _____

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

I, _____ hereby certify that on the 27th day of July, 1968, at the Danville Christian Church County of _____

one thousand nine hundred and 68 _____ County, State of _____

State of Indiana, Groom Robert Terry Martin _____ County, State of _____

and, Bride Doris Kaye Smith _____ County, State of _____

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

Dated this 27th day of July, 1968. Signed _____
Official Designation _____
29th day of July, 1968. Signed _____
Clerk

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 237

File Book 30

July 13 1968
Date of Application

MALE
Medical Examination Report Dated July 8 1968
Name of Physician Rene Martin Jacobs MD

FEMALE
Medical Examination Report Dated 7-8-68
Name of Physician Rene Martin Jacobs 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 Allen Langdon
Date of Birth June 23 1947
Place of Birth (State or foreign country) Methodist Hospital, Dubbs, Marion Ind.
Residence Address Cartersburg, 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 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 now or have you been within five (5) years an inmate of a county 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 ☐
- Full name of father Cecil James Langdon
Residence of father (if deceased so state) Cartersburg
Occupation of father machinist Race of father W
Birthplace of father (State or foreign country) Green Co. Ind.
 - Full maiden name of mother Georgia Allen Dunely
Residence of mother (if deceased so state) same
Occupation of mother sewer checker Race of mother W
Birthplace of mother (State or foreign country) Jayette Tennessee

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

Signed James Allen Langdon
New Address RR1 Shoreline Apts Plainfield
Subscribed and sworn to before me this 13 day of July, 1968
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 Penelope Sue Wingler
Date of Birth May 30 1947
Place of Birth (State or foreign country) Greencastle Putnam Ind.
Residence Address Box 123 Coatesville Hend. Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk - Typist
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 Maurice Edwin Wingler
Residence of father (if deceased so state) Coatesville Ind.
Occupation of father Std. Oil Agent Race of father W
Birthplace of father (State or foreign country) Hendricks Co Ind.
 - Full maiden name of mother Margorie Evelyn Morgan
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
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 Penelope Sue Wingler
New Address RR1 Shoreline Apts Plainfield
Subscribed and sworn to before me this 13 day of July, 1968
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 20th day of July, 1968, authorizing the joining together as husband and wife James Allen Langdon and Penelope Sue Wingler.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clyde H. Lininger, hereby certify that on the third day of August one thousand nine hundred and sixty eight at Coatesville, County of Hendricks, State of Indiana, Groom James Allen Langdon of Hendricks County, State of Indiana and, Bride Penelope Sue Wingler of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3 day of August, 1968.

Signed Clyde H. Lininger
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 6 day of August, 1968.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 238
File Book 30
Date of Application July 13, 1968

MALE
Medical Examination Report Dated 7-13-68
Name of Physician Fred A. Washinton

FEMALE
Medical Examination Report Dated 7-13-68
Name of Physician Fred A. Washinton

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

MALE APPLICANT

Name First Jimmy Middle Ray Last Parsley
Date of Birth February 10 1945
Place of Birth (State or foreign country) Terre Haute Indiana
Residence Address Street or R. R. RR 2 BX 377 City Pelee State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Time Keeper Pen Central Bank
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
Jamie Michelle 4 Beech Grove

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

11. Full name of father Cyril S Parsley
Residence of father (if deceased so state) RR 2 BX 377 Pelee Ind.
Occupation of father Liquor Store Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Opal M Winter
Residence of mother (if deceased so state) RR 2 BX 377 Pelee Ind.
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.
County of

Signed x Jimmy Ray Parsley
New Address unknown
Subscribed and sworn to before me this 13 day of July, 1968
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:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Arlene Middle M Last Cohee
Date of Birth May 22 1949
Place of Birth (State or foreign country) Lebanon Boone Indiana
Residence Address Street or R. R. 120 E Main City Pelee State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Waitress

- Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 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 Murray Andrew Cohee
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Dorothy McTelland
Residence of mother (if deceased so state) _____ Race of mother W
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Utah

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

Signed x Arlene M. Cohee
New Address unknown
Subscribed and sworn to before me this 13 day of July, 1968
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:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 20 day of July, 1968, 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:
1. _____ hereby certify that on the 21st day of July
at _____ County of _____
one thousand nine hundred and 68 _____ County, State of _____
State of Indiana, Groom Jimmy Ray Parsley
and, Bride Arlene M. Cohee _____ 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 21st day of July, 1968. Signed _____
Official Designation _____
Signed _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968.
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. 239
File Book 30
Date of Application July 16-1968

MALE
Medical Examination Report Dated 7-15-68
Name of Physician Robert W Ogle M.D.

FEMALE
Medical Examination Report Dated 7-15-68
Name of Physician Robert W Ogle M.D.

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

MALE APPLICANT

Name Chester David Neeley
Date of Birth 9 25 1949
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address 296 N. Mill Plainfield 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 American Finance

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 ☐
- 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 ☐
- Do you support a family? Yes ☒ No ☐
- Do you so continue? Yes ☒ No ☐
- Do you have children from one or more former marriages? No ☐ Yes ☐

Names, ages and addresses

Age Address

Supporting or contributing to their support? Yes ☐ No ☐

Complying with any court order or orders issued for Yes ☐ No ☐

Father Charles Chester Neeley

Father (if deceased so state) R1 Mooresville

Occupation of father Truck Driver Race of father W

Birthplace of father (State or foreign country) Indiana

Full maiden name of mother Sally Marie Johnston

Residence of mother (if deceased so state) R1 Mooresville

Occupation of mother Bus Driver in School 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 Chester David Neeley

New Address _____

Subscribed and sworn to before me this 16 day of July, 1968

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.

Written consent of both
Parents attached

State of Indiana, HENDRICKS ss:

County of _____ Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 16 day of July, 1968

John Gambold, Jr. Clerk

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

Hendricks County Circuit Court by written order issued July 16-1968 and filed in Clerks office

authorizes and directs the issuance of a marriage license to the above named parties. 3 day Waived

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 16 day of July, 1968, authorizing the joining together as husband and wife

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

1, David J. Lawson hereby certify that on the 20 day of July, 1968

one thousand nine hundred and 68 at United Methodist Church County of Marion

State of Indiana, Groom Chester David Neeley of Hendricks County, State of Indiana

and, Bride Kathleen Louise Moran of Marion County, State of Indiana

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

Dated this 20 day of July, 1968.

Signed David J. Lawson

Official Designation United Methodist Minister

22 day of July, 1968

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. 239
File Book 30
Date of Application July 16-1968

MALE
Medical Examination Report Dated 7-15-68
Name of Physician Robert W Ogle M.D.

FEMALE
Medical Examination Report Dated 7-15-68
Name of Physician Robert W Ogle M.D.

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

MALE APPLICANT

Name Neeley
Date of Birth 1949
Place of Birth Marion Ind.
Residence Address 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

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

☐ Other (Specify)

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

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

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

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father

Residence of father (if deceased so state)

Occupation of father

Birthplace of father (State or foreign country)

8. Full maiden name of mother

Residence of mother (if deceased so state)

Occupation of mother

Birthplace of mother (State or foreign country)

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

Signed Kathleen L. Moran

New Address

Subscribed and sworn to before me this 16 day of July, 1968

John G. Sanborn, Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Kathleen L. Moran

Date of Birth 1948

Place of Birth (State or foreign country) Noblesville Hamilton Ind.

Residence Address 325 Teddy Lane Apt D42 Indianapolis Marion Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Indian Finance Corp.

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

☐ Other (Specify) Drivers License

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

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

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

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father William Thomas Moran

Residence of father (if deceased so state) 730 Millian Dr. Bush Grove Ind.

Occupation of father Self Employed Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Arla Mae Bommer

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 in this application is true and correct.

Signed Kathleen L. Moran

New Address

Subscribed and sworn to before me this 16 day of July, 1968

John G. Sanborn, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 16 day of July, 1968

John G. Sanborn, 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

Hendricks County Circuit Court by written order issued July 16-1968 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 day Waived

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 16 day of July, 1968, authorizing the joining together as husband and wife

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

I, David J. Lawson hereby certify that on the 20th day of July, 1968, at United Methodist Church, County of Marion, State of Indiana, Groom Chester David Neeley of Hendricks County, State of Indiana, and, Bride Kathleen Louise Moran 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 20th day of July, 1968.

Signed David J. Lawson

Official Designation United Methodist Minister

Signed John G. Sanborn, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of July, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 240

File BK 30

July 16-1968
Date of Application

MALE

Medical Examination Report Dated July 11-1968

Name of Physician Fred N Daugherty M.D.

FEMALE

Medical Examination Report Dated July 11-1968

Name of Physician Fred N Daugherty M.D.

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

MALE APPLICANT

Name First Jesse Middle J Last Williamson
Date of Birth Month Nov Day 23 Year 1906
Place of Birth (State or foreign country) Cloverdale Ind.
Residence Address Street or R. R. R1 Jamestown City Ind. County Ind. 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 Laborer

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

☐ Other (Specify) Drivers License

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

(a) List their full names, ages and addresses

Name	Age	Address
<u>Mary</u>	<u>13</u>	<u>Fullerton Calif.</u>
<u>Deborah</u>	<u>11</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 Jim Williamson
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lucetta Fay Asher
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 in this application is true and correct.
County of _____

Signed Jesse J. Williamson

New Address _____

Subscribed and sworn to before me this 16 day of July, 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 20 day of July, 1968, authorizing the joining together as husband and wife
of Jesse J. Williamson and Laura Hancock
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Richard Boroff hereby certify that on the 21st day of July,
at Shore Haute County of Vigo
one thousand nine hundred and 68 at Hendrix County, State of Indiana
State of Indiana, Groom Jesse Williamson of Montgomery County, State of Indiana
and, Bride Laura Hancock 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 21 day of July, 1968. Signed Richard Boroff
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 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. 241
File July 17, 1968
Date of Application

MALE
Medical Examination Report Dated 6-26-68
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 6-26-68
Name of Physician David B. Haggard

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

MALE APPLICANT

Name First Thomas Middle A. Last Fisher
Date of Birth Month October Day 13 Year 1942
Place of Birth (State or foreign country) Indpls. Marion Ind.
Residence Address Street or R. R. 5139 Pinehart St. City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Buyer Manufacturing
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Carl Monroe Fisher
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Kathleen Meeks
Residence of mother (if deceased so state) 504 Woodluff Place
Occupation of mother unemployed 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 Thomas A. Fisher
New Address unknown
Subscribed and sworn to before me this 17 day of July, 1968.
John D. Gault Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent 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 Rebecca Middle A. Last Cook
Date of Birth Month July Day 3 Year 1949
Place of Birth (State or foreign country) Indpls. Marion Ind.
Residence Address Street or R. R. R 1 Box 102 City Pell County Ind. State Ind.
Maiden Name if Different Rebecca Messler
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 Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Harvey Phillips Messler
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Pell Indiana
8. Full maiden name of mother Grace Davis
Residence of mother (if deceased so state) R 1 Box 102 Pell Ind.
Occupation of mother Bookkeeper Race of mother W
Birthplace of mother (State or foreign country) Portage Indiana

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

Signed Rebecca A. Cook
New Address unknown
Subscribed and sworn to before me this 17 day of July, 1968.
John D. Gault Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent 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 22 day of July, 1968, authorizing the joining together as husband and wife Thomas A. Fisher and Rebecca A. Cook.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Charles F. Harad hereby certify that on the 2nd day of August, one thousand nine hundred and 68 at Mooreville, County of Marion, State of Indiana, Groom Thomas A. Fisher of Marion County, State of Indiana and, Bride Rebecca A. Cook of Hendricks County, State of Indiana were by me united 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 August, 1968.

Signed Charles F. Harad
Official Designation Justice of the Peace
Filed and recorded in accordance with the laws of the State of Indiana this 5th day of August, 1968.
Signed John D. Gault Jr. Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 242
File Book 30
July 18 1968
Date of Application

MALE
Medical Examination Report Dated 7-12-68
Name of Physician Fred P. Warlinton M.D.

FEMALE
Medical Examination Report Dated 7-12-68
Name of Physician Fred P. Warlinton

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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
David O'Dell Carlisle
Date of Birth Month Day Year
09 05 1944
Place of Birth (State or foreign country)
Logan County Ky.
Residence Address Street or R. R. City County State
RR 2 Box 356 Canby 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 Prod. - Factory
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father Robert O'Dell Carlisle
Residence of father (if deceased so state) RR 2 Canby
Occupation of father Pump Assembler Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Mary Eulene Head
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Russellville Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed x David O'Dell Carlisle
New Address Bridgeport, Ind.

Subscribed and sworn to before me this 18 day of July, 1968.
John Garbold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name First Middle Last
Pauletta Maybin
Date of Birth Month Day Year
May 21 1948
Place of Birth (State or foreign country)
Plainfield
Residence Address Street or R. R. City County State
317 N. East St. Plainfield Hendricks Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Tel. Operator
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 George W. Maybin
Residence of father (if deceased so state) 317 N. East Plainfield
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Lincoln Co Ky
8. Full maiden name of mother Rena Lillian Barnett
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Rockcastle Ky

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

Signed x Pauletta Maybin
New Address Bridgeport Ind.
Subscribed and sworn to before me this 18 day of July, 1968.
John Garbold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of July, 1968, authorizing the joining together as husband and wife of David O'Dell Carlisle and Pauletta Maybin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Billy Garbold, hereby certify that on the 26th day of July, 1968, at North Madison Baptist Church, County of Morgan, State of Indiana, Groom David O'Dell Carlisle of Hendricks County, State of Indiana, and, Bride Pauletta Maybin were by me united 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 July, 1968.

Signed Billy Garbold
Official Designation Minister
29 day of July, 1968
Signed John Garbold Sr 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. 243
File July 18, 1968
Date of Application

MALE

Medical Examination Report Dated 7-18-68

Name of Physician John Calhoun

FEMALE

Medical Examination Report Dated 7-18-68

Name of Physician John 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 First Middle Last
Donald A. Dick
Date of Birth Month Day Year
June 4 1933
Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address Street or R. R. City County State
5555 E 2nd Indpls.

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 Inspector Alcoholic

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
David A. Dick	18	5555 E 2nd Indpls.
Michael A. Dick	10	"

- 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 Raymond Howard Dick
Residence of father (if deceased so state) Vincennes Indiana
Occupation of father Pea Farm Race of father W
Birthplace of father (State or foreign country) Freeport Maine

12. Full maiden name of mother Clara Louise Saldain
Residence of mother (if deceased so state) 1852 2nd Ave Indpls.
Occupation of mother meat packer Race of mother W
Birthplace of mother (State or foreign country) Bicknell Indiana

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

Signed [Signature] New Address 5555 E 2nd Indpls.

Subscribed and sworn to before me this 18 day of July, 1968.
John H. Haddock Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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____.

FEMALE APPLICANT

Name First Middle Last
Sarallen Dick
Date of Birth Month Day Year
January 29 1934
Place of Birth (State or foreign country) Indpls. Marion Ind.

Residence Address Street or R. R. City County State
Rt 3 Box 94 Danville Ind.

Maiden Name if Different Sarallen Baker

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 Registered Nurse

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 Russell Richard Baker
Residence of father (if deceased so state) Rt 3 Box 94 Danville
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) New Ross Indiana

8. Full maiden name of mother Catherine Lois Shaffin
Residence of mother (if deceased so state) Rt 3 Box 94 Danville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Ladoga Ind.

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

Signed [Signature] New Address same

Subscribed and sworn to before me this 18 day of July, 1968.
John H. Haddock Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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____.

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

RETURN 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 18 day of July, 1968, authorizing the joining together as husband and wife

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

I, Raymond T. Bosler hereby certify that on the 28th day of July, 1968, at Indianapolis, County of Marion, State of Indiana, Groom Donald A. Dick and, Bride Sarallen Dick of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of July, 1968.

Signed R. T. Bosler

Official Designation Pastor St. Thomas Church

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 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. 244
File July 19, 1968
Date of Application

MALE
Medical Examination Report Dated 7-19-68
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 7-19-68
Name of Physician Thomas Walker

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

MALE APPLICANT

Name First Robert Middle Last Sowers
Date of Birth Month December Day 20 Year 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. 5365 W. 26th St. City Indianapolis State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Dental Mutual Ins. Company
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Robert LeRoy Sowers		5365 W. 26th St. Indianapolis, Indiana

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

11. Full name of father Robert LeRoy Sowers
Residence of father (if deceased so state) 5365 W. 26th St. Indianapolis, Indiana
Occupation of father Dental Technician Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Betty Marie Woodson
Residence of mother (if deceased so state) same as above
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Robert J. Sowers
New Address 201 W. Main Pittsboro, N.C.
Subscribed and sworn to before me this 19 day of July, 1968.
John Gambrell Jr. Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

Name First Carrie Middle Last Berkhart
Date of Birth Month April Day 30 Year 1945
Place of Birth (State or foreign country) Tipton, Indiana
Residence Address Street or R. R. 201 W. Main Pittsboro, N.C. City Pittsboro State North Carolina
Maiden Name if Different Carrie Berkhart
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 Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Russell Henry Berkhart
Residence of father (if deceased so state) 201 W. Main Pittsboro, N.C.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Lorene Jessie Staley
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Illinois

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

Signed Connie L. Berkhart
New Address same
Subscribed and sworn to before me this 19 day of July, 1968.
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued July 19, 1968 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 da. waiver

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 19 day of July, 1968, authorizing the joining together as husband and wife of Robert J. Sowers and Carrie L. Berkhart.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. Powell Mead hereby certify that on the 20th day of July, 1968, at Indianapolis, Indiana, County of Marion, State of Indiana, Groom Robert J. Sowers of Hendricks County, State of Indiana, and, Bride Connie L. Berkhart of Hendricks County, State of Indiana, were by me united 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 July, 1968.
Signed R. Powell Mead
Official Designation Christian Minister, 1968.
Signed John Gambrell Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of July, 1968.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 124, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 245
File Bk 30
Date of Application July 19, 1968

MALE

Medical Examination Report Dated July 15, 1968
Name of Physician Iring Cohen

FEMALE

Medical Examination Report Dated July 19, 1968
Name of Physician L. Griffin

ALL QUESTIONS MUST BE ANSWERED. Chapter 124, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

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

MALE APPLICANT

Name Donald Steven Euler
Date of Birth October 8, 1945
Place of Birth Franklin, Mich.
Residence Address 414 Harley, 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, Dallas H.D.S.

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

☒ Other (Specify) Texas Drivers License

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

Name _____ Age _____ Address _____

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

11. Full name of father Marvin Herman Euler

Residence of father (if deceased so state) Same

Occupation of father Elc Eng. Race of father W.

Birthplace of father (State or foreign country) Meriden, Wts.

12. Full maiden name of mother Marie Elsie Cornwall

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother W.

Birthplace of mother (State or foreign country) Franklin, Mich.

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

County of _____

Signed D. Steven Euler

New Address 3909 Swiss, Dallas, Tex.

Subscribed and sworn to before me this 19 day of July, 1968

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 31st day of July, 1968, 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 John A. Sprinkle hereby certify that on the 27th day of August

one thousand nine hundred and sixty eight at Newburgh, County of Warrick

State of Indiana, Groom Donald Steven Euler of Hendricks County, State of Indiana

and, Bride Mary Jane Willson of Warrick County, State of Indiana

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

County.

Dated this 17th day of August, 1968

Signed Rev. John A. Sprinkle

Official Designation Pastor, Lake Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of August, 1968 at Fall, Texas

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. 246

File Book 30

July 20 1968
Date of Application

MALE
Medical Examination Report Dated June 22 1968
Name of Physician C. H. Ellis

FEMALE
Medical Examination Report Dated 6-22-68
Name of Physician C. 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 First Kenneth Middle G. Last Edick
Date of Birth Month August Day 2 Year 1916
Place of Birth (State or foreign country) Tairfield
Residence Address 184 N. Washington Danville City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Printing Press man

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
<u>Duane Edick</u>	<u>16</u>	<u>299 Cook Ave</u>
<u>Glenda Edick</u>	<u>17</u>	<u>Danville</u>

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

11. Full name of father: George Leroy Edick
Residence of father (if deceased so state) Danville Ind.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Lilly Wisconsin
12. Full maiden name of mother: Mabel Gertrude Kutz
Residence of mother (if deceased so state) deceased
Occupation of mother — Race of mother W
Birthplace of mother (State or foreign country) Hendricks Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Kenneth G. Edick
New Address 420 Lincoln St Danville

Subscribed and sworn to before me this 20 day of July, 1968.
John Gaudelot Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Roxie Middle Selch Last Selch
Date of Birth Month Mar Day 7 Year 1920
Place of Birth (State or foreign country) —
Residence Address 420 Lincoln Danville City Danville County Hendricks State Ind.
Maiden Name if Different Roxie Hicks
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 Tool operator RCA
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License

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

8. Full maiden name of mother: Rosa L. Wethington
Residence of mother (if deceased so state) 110 N. Jeff Danville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) —

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

Signed Roxie Selch
New Address 420 Lincoln St. Danville

Subscribed and sworn to before me this 20 day of July, 1968.
John Gaudelot Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of July, 1968, authorizing the joining together as husband and wife of Kenneth G. Edick and Roxie Selch

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James O. Darnall hereby certify that on the 26th day of July, 1968, at Lebanon, County of Boone, one thousand nine hundred and 68 of Boone County, State of Indiana, Groom Kenneth G. Edick of Hendricks County, State of Indiana, and, Bride Roxie Selch of Hendricks County, State of Indiana.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 26th day of July, 1968.

Signed James O. Darnall
Official Designation Justice Peace - Carter Twp Boone Co Indiana
day of July, 1968.
Signed John Gaudelot Sr 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. 247
File Book 30
Date of Application July 20 1968

MALE
Medical Examination Report Dated July 12 1968
Name of Physician M. O. Scamahorn M.D.

FEMALE
Medical Examination Report Dated July 12 1968
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 Francis M. Shearer
Date of Birth June 14 1915
Place of Birth (State or foreign country) Indiana
Residence Address 8 S. Green St Brownburg Hendricks Ind
Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐ Number of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Parts & Service Representative

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

☒ Other (Specify) Driver's License

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

Name	Age	Address
<u>Francis Shearer</u>	<u>12</u>	<u>unknown</u>
<u>William Shearer</u>	<u>9</u>	
<u>William Shearer</u>	<u>7</u>	

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

11. Full name of father William Albert Shearer
Residence of father (if deceased so state) Lafayette Ind.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Andrey Marshall
Residence of mother (if deceased so state) Deceased
Occupation of mother - Race of mother W
Birthplace of mother (State or foreign country) Cranford N.J.

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

Signed Francis M. Shearer
New Address 541 Alpha, Brownburg

Subscribed and sworn to before me this 20 day of July, 1968.
John Gaulsfield Sr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Margaret F. Randall
Date of Birth June 9 1921
Place of Birth (State or foreign country) Indiana
Residence Address 41 Alpha Brownburg Hendricks Ind.
Maiden Name if Different Margaret Chapman

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Traffic Assign Clerk

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

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Leroy Chapman
Residence of father (if deceased so state) Deceased
Occupation of father - Race of father W
Birthplace of father (State or foreign country) Howard Co Ind.
- Full maiden name of mother Mattie Bunnell
Residence of mother (if deceased so state) Indiana
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Mooreville Ind.

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

Signed Margaret F. Randall
New Address 541 Alpha Brownburg

Subscribed and sworn to before me this 20 day of July, 1968.
John Gaulsfield Sr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of July, 1968, authorizing the joining together as husband and wife of Francis M. Shearer and Margaret F. Randall

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

I, The Rev. Keith L. Kinney hereby certify that on the 3d day of August, one thousand nine hundred and 68 at Brownburg, County of Hendricks, State of Indiana, Groom Francis M. Shearer of Hendricks County, State of Indiana, and, Bride Margaret F. Randall of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3d day of August, 1968.

Signed Keith L. Kinney
Official Designation Pastor, Messiah Lutheran Church
10th day of October, 1968.

Signed John Gaulsfield Sr. 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. 248
File Bank 30
Date of Application July 20 1968

MALE
Medical Examination Report Dated July 17 1968
Name of Physician Donald D. Cheesman MD

FEMALE
Medical Examination Report Dated July 17 1968
Name of Physician Donald D. Cheesman MD

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

MALE APPLICANT

Name Dennis Lee Trusty
Date of Birth August 26 1947
Place of Birth (State or foreign country) Indianapolis
Residence Address 5229 W. Regent City Indianapolis County Marion 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 Construction Worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (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 ☐
- Full name of father Dellbert Leon Trusty
Residence of father (if deceased so state) 5229 W. Regent City Indianapolis County Marion State Ind.
Occupation of father Const. Worker Race of father W
Birthplace of father (State or foreign country) Marion Co Ind.
 - Full maiden name of mother Rose Mary Howard
Residence of mother (if deceased so state) Same
Occupation of mother Ins. Clerk Race of mother W
Birthplace of mother (State or foreign country) Marion Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed x Dennis Lee Trusty
New Address _____

Subscribed and sworn to before me this 20 day of July, 1968.
John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Tara Lee Fralcy
Date of Birth May 23 1949
Place of Birth (State or foreign country) Indianapolis
Residence Address 20 Glenda Dr City Marion County Ind.
Maiden Name if different 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 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 Arthur Lee Fralcy
Residence of father (if deceased so state) 20 Glenda Dr Plainfield
Occupation of father Upholsterer Race of father W
Birthplace of father (State or foreign country) Tells Church Va.

- Full maiden name of mother Helen Irene Mary Terry
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Marion Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed x Tara Lee Fralcy
New Address _____

Subscribed and sworn to before me this 20 day of July, 1968.
John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 23 day of July, 1968, authorizing the joining together as husband and wife of Dennis Lee Trusty and Tara Lee Fralcy.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Elvin Bryant hereby certify that on the 23 day of July, 1968, at Plainfield, County of Hendricks, one thousand nine hundred and 68 of Marion County, State of Indiana and, Bride Tara Lee Fralcy of Hendricks County, State of Indiana were by me united 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 July, 1968. Signed Rev. Elvin Bryant
Official Designation Minister, 1968.
Signed John Gauld Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of July, 1968.
Signed John Gauld Jr Clerk HENDRICKS Circuit Court

STATE OF INDIANA)
(SS
COUNTY OF MARION)

A F F I D A V I T

Delbert ^L Trusty and Rosemary Trusty, being first duly sworn upon their oaths, depose and say:

They are the parents of DENNIS LEE TRUSTY, who was born on August 26, 1947, and that he is now 20 years of age, and a member of the United States Armed Forces.

It is the desire of said Dennis Lee Trusty to be married to Tara Lee Fraley and by this document we do give our consent to said marriage.

Further affiants say not.

Delbert Trusty
Rosemary Trusty

Subscribed and sworn to before me, the undersigned, a Notary Public in and for said county and state, on this the 19th day of July, 1968.

Juanita C. Howard
(Juanita C. Howard) NOTARY PUBLIC

MY COMMISSION EXPIRES:

January 2, 1972

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 23 day of July, 1968, authorizing the joining together as husband and wife of Dennis Lee Trusty and Tara Lee Fraley.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Elvin Bryant hereby certify that on the 23 day of July, one thousand nine hundred and 68 at Plainfield County of Hendricks, State of Indiana, Groom Dennis Lee Trusty of Marion County, State of Indiana and, Bride Tara Lee Fraley of Hendricks County, State of Indiana were by me united 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 July, 1968.

Signed Rev. Elvin Bryant
Official Designation Minister, 1968
Signed John G. Caldwell Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of July, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 249

File Book 30
July 20-1968
Date of Application

MALE
Medical Examination Report Dated 7-16-68
Name of Physician A. H. Baadj M.D.

FEMALE
Medical Examination Report Dated 7-16-68
Name of Physician A. H. Baadj M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Couch Jr.
Date of Birth Month Day Year
April 30 1949
Place of Birth (State or foreign country) Bowlingtown Ky
Residence Address Street or R. R. City County State
629 Arbor Indpls main Bnd.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Laborer

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

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☒ 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

- 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 Wiley Couch
Residence of father (if deceased so state) Indianapolis
Occupation of father Butcher Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Dorahustide Burger
Residence of mother (if deceased so state) unknown
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.

Signed Wiley Couch Jr.

New Address

Subscribed and sworn to before me this 20 day of July, 1968
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.

Parents Divorced
Father has custody

State of Indiana, HENDRICKS ss:

Signed Wiley Couch Father
Signed Mother

Subscribed and sworn to before me this 20 day of July, 1968
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name First Middle Last
Judy Acton
Date of Birth Month Day Year
June 18 1950
Place of Birth (State or foreign country) Ben Davis Ind.
Residence Address Street or R. R. City County State
R-2 Box 453 Danville Ind. Ind.
Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation none

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

☐ Other (Specify).....

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

7. Full name of father Barkley Acton
Residence of father (if deceased so state) Danville
Occupation of father Laborer Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Mary Long
Residence of mother (if deceased so state) Danville
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

Signed Judy Acton

New Address

Subscribed and sworn to before me this 20 day of July, 1968
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 1968
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of July, 1968, authorizing the joining together as husband and wife

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

I, Billy Garland hereby certify that on the 27th day of July, 1968, at Bridgeport Central Baptist Church, County of Marion, State of Indiana, Groom Wiley Couch Jr. and Bride Judy Acton of Hendricks County, State of Indiana, were by me united 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 July, 1968.

Signed Billy Garland

Official Designation Minister

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

No. 250
File Bk 30
Date of Application July 20, 1968

HENDRICKS County

MALE
Medical Examination Report Dated July 15, 1968
Name of Physician Carl L. Kleinlein, M.D.

FEMALE
Medical Examination Report Dated July 15, 1968
Name of Physician Carl L. Kleinlein, M.D.

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

MALE APPLICANT

Name Paul Hoffman
Date of Birth April 14 1948
Place of Birth (State or foreign country) Warren, Ohio
Residence Address R.R. 1, Seneca, 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 Law Enforcement Officer (Muncie Co)
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <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>Edgar Gerald Hoffman</u>		
Residence of father (if deceased so state) <u>Same</u>		
Occupation of father <u>Supt.</u>	Race of father <u>W.</u>	
Birthplace of father (State or foreign country) <u>Mahoning Co, Youngstown, Ohio</u>		
12. Full maiden name of mother <u>Gertrude Davis</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>Alma, Mich.</u>		

State of Indiana, HENDRICKS } ss: I depose and state the information given is true and correct.
County of _____
Signed Paul Hoffman
New Address 418 E. 17th Blm, Ind.
Subscribed and sworn to before me this 20 day of July, 1968.
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 Linda Davis
Date of Birth Dec. 13 1947
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address RR #4, Box #13, Greenwood, Johnson, 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 Blue Cross - Blue Shield
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 Melvin Theodore Davis
Residence of father (if deceased so state) Same
Occupation of father Ind. St. Highway

Race of father W.
Birthplace of father (State or foreign country) Cadotte, Ind.
8. Full maiden name of mother Lucille Camp
Residence of mother (if deceased so state) Same
Occupation of mother Housewife
Race of mother W.
Birthplace of mother (State or foreign country) Lebanon, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given is true and correct.
County of _____
Signed Linda Davis
New Address 411 E. 17th apt 11 Bloomington, Ind.
Subscribed and sworn to before me this 20 day of July, 1968.
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 _____
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
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 25 day of July, 1968, authorizing the joining together as husband and wife
of Paul Hoffman and Linda Davis
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank B. Christ hereby certify that on the 27th day of July
at Indianapolis County of Marion
one thousand nine hundred and 68 of Hendricks County, State of Indiana
State of Indiana, Groom Paul Hoffman of Johnson County, State of Indiana
and, Bride Linda Davis
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 27th day of July, 1968.
Signed Frank B. Christ
Official Designation Minister
Subscribed and sworn to before me this 31 day of July, 1968.
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

No. 250
File U3630
Date of Application July 20, 1968

HENDRICKS County

MALE
Medical Examination Report Dated July 15, 1968
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated July 15, 1968
Name of Physician Carl L. Heinlein, M.D.

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

MALE APPLICANT

Name Paul Hoffman
Date of Birth April 14 1948
Place of Birth (State or foreign country) Warren, Ohio
Residence Address R.R. 1, Denville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Law Enforcement Officer (Muncie Co)
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

Name Age Address

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

11. Full name of father Edgar Gerald Hoffman
Residence of father (if deceased so state) Same
Occupation of father Supt. Race of father W.
Birthplace of father (State or foreign country) Mahoney Co, Youngstown, Ohio
12. Full maiden name of mother Gertrude Davis
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Alma, Mich.

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

Signed Paul Hoffman
New Address 418 E. 17th Blvd. Ind.

Subscribed and sworn to before me this

FEMALE APPLICANT

Name Linda Davis
Date of Birth Dec. 13 1947
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address RR #4, Box 113, Greenwood, Johnson, 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 Blue Cross - Blue Shield
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 Melvin Theodore Davis
Residence of father (if deceased so state) Same
Occupation of father Ind. St. Highway Race of father W.
Birthplace of father (State or foreign country) Cuddepos, Ind.
8. Full maiden name of mother Lucille Camp
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Lebanon, Ind.

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

Signed Linda Davis
New Address 411 E. 17th apt 11 Bloomington Ind.

Subscribed and sworn to before me this 20 day of July 1968
John Gamble, Jr. Clerk HENDRICKS Circuit Court

I, Edgar J Hoffman, hereby give my consent for
my son, Edgar Paul Hoffman to
marry Linda Jo Davis.
Edgar J Hoffman
Subscribed and sworn to before me this 20 day of July 1968
John Gamble, Jr. Notary Public

of Indiana a Paul Hoffman day of July 1968, 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 R. Christ hereby certify that on the 27th day of July
one thousand nine hundred and 68 at Indianapolis, County of Marion
State of Indiana, Groom Paul Hoffman of Hendricks County, State of Indiana
and, Bride Linda Davis of Johnson County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 27th day of July, 1968. Signed Frank R. Christ
Official Designation Minister day of July, 1968.
Signed John Gamble, Jr. HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 250

File Bk 30

Date of Application July 20, 1968

HENDRICKS County

MALE
Medical Examination Report Dated July 15, 1968
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated July 15, 1968
Name of Physician Carl L. Heinlein, M.D.

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

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

MALE APPLICANT

Name Paul Hoffman
Date of Birth April 14 1948
Place of Birth (State or foreign country) Warren, Ohio
Residence Address R.R. 1, 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 Law Enforcement Officer (Muncie Co)

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

☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? (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 Edgar Gerald Hoffman
Residence of father (if deceased so state) Same
Occupation of father Supt. Race of father W.
Birthplace of father (State or foreign country) Mahoning Co, Youngstown Ohio
12. Full maiden name of mother Geraldine Davis
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Alma, Mich.

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

FEMALE APPLICANT

Name Linda Davis
Date of Birth Dec. 13 1947
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address RR #4, Box #13, Greenwood, Johnson, 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 Blue Cross - Blue Shield

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 Melvin Theodore Davis
Residence of father (if deceased so state) Same
Occupation of father Ind. St. Highway Race of father W.
Birthplace of father (State or foreign country) Madison, Ind.
8. Full maiden name of mother Lucille Camp
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Rebanon, Ind.

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

Signed Linda Davis
New Address 411 E. 17th apt 11 Bloomington Ind
Subscribed and sworn to before me this 20 day of July, 1968
John Gamble, Jr. Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 20 day of July, 1968
Geraldine D Hoffman, hereby give my consent for my son, Edgar Paul Hoffman to marry Linda D Davis
Geraldine D Hoffman
Notary Public

COMPLETION OF MARRIAGE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court
of Indiana dated the 25 day of July, 1968, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court, authorizing the joining together as husband and wife of Paul Hoffman and Linda Davis.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank B. Christ, hereby certify that on the 27th day of July, 1968, at Indianapolis, County of Marion, State of Indiana, of Hendricks County, State of Indiana, one thousand nine hundred and 68, Groom Paul Hoffman and, Bride Linda Davis of Johnson County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 27th day of July, 1968.
Signed Frank B. Christ
Official Designation Minister, 1968.
Signed John Gamble, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 251

File Book 30

July 20 1968
Date of Application

MALE

Medical Examination Report Dated 7-17-68

Name of Physician G. B. Bowers M.D.

FEMALE

Medical Examination Report Dated 7-15-68

Name of Physician Irving Cohen M.D.

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

MALE APPLICANT

Name First Middle Last
Frank D. Lachenmaier
Date of Birth Month Day Year
December 4 1942
Place of Birth (State or foreign country)
Mansville Ohio
Residence Address Street or R. R. City County State
1208 Alto Rd E Kokomo Howard Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Engineer

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

☒ Other (Specify) 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 Frank B. Lachenmaier

Residence of father (if deceased so state) Delft Ind.

Occupation of father Engineer Race of father W

Birthplace of father (State or foreign country) Mansville Ohio

12. Full maiden name of mother Frances Sadie Ford

Residence of mother (if deceased so state) Same

Occupation of mother Secretary Race of mother W

Birthplace of mother (State or foreign country) Mansville Ohio

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

Signed * Frank D. Lachenmaier

New Address 1208 Alto Rd E. Kokomo

Subscribed and sworn to before me this 20 day of July, 1968.

John Gaudel Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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
Rae Carole Larsh
Date of Birth Month Day Year
September 19 1944
Place of Birth (State or foreign country)
Indianapolis Marion Ind.
Residence Address Street or R. R. City County State
RR 2 Box 263 Plainfield Howard Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Elementary Teacher

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

☒ Other (Specify) 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 Raymond C. Larsh
Residence of father (if deceased so state) RR 2 Plainfield
Occupation of father Electrician Race of father W
Birthplace of father (State or foreign country) _____
- Full maiden name of mother Berta Fox
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
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 * Rae Carole Larsh

New Address Same

Subscribed and sworn to before me this 20 day of July, 1968.

John Gaudel Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 24 day of July, 1968, authorizing the joining together as husband and wife

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

1. Rev. Glenn Clark hereby certify that on the 3rd day of August, 1968, at Danville, County of Hendricks, State of Indiana, Groom Frank D. Lachenmaier and, Bride Rae Carole Larsh of Howard County, State of Indiana, were by me united 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 August, 1968.

Signed _____ Rev. Glenn Clark

Official Designation _____ Methodist Minister

Signed _____ John Gaudel Jr Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of August, 1968.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 232
File Bk. 30
Date of Application July 20, 1968

MALE
Medical Examination Report Dated July 20, 1968
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated July 20, 1968
Name of Physician Elmer L. Koch, M.D.

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

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

MALE APPLICANT

Name Kendall R. Siddons
Date of Birth Jan. 10, 1937
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address P.O. Box 103, Greencastle, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Mechanics Laundry

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

☒ Other (Specify) Drivers License

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

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

(a) List their full names, ages and addresses

Name Age Address
Harold Russell 3 - 13006 Paramount, Calif.
Kendall Ray 3 - "

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

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

11. Full name of father Russell Leon Siddons

Residence of father (if deceased so state) deceased

Occupation of father _____ Race of father _____

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

12. Full maiden name of mother Mary Alice McCloud

Residence of mother (if deceased so state) Paramount, Calif.

Occupation of mother I. B. M. Race of mother W.

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

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

County of _____

Signed Kendall R. Siddons

New Address Greencastle, Indiana

Subscribed and sworn to before me this 29 day of July, 1968

John Campbell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss: _____

County of _____

Signed _____ Father

Signed _____ Mother

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

_____ Clerk

FEMALE APPLICANT

Name Freda M. Calidonio
Date of Birth Sept. 18, 1931
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address St. Louis, Hendricks, Ind.
Maiden Name if Different Rogers
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Housewife

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

☒ Other (Specify) Drivers License

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

Residence of father (if deceased so state) deceased

Occupation of father _____ Race of father W.

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

8. Full maiden name of mother Lillie Bowman

Residence of mother (if deceased so state) deceased

Occupation of mother _____ Race of mother W.

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

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

County of _____

Signed Freda Calidonio

New Address Greencastle, Ind.

Subscribed and sworn to before me this 29 day of July, 1968

John Campbell 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 _____ and filed _____

County _____ Court by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 24 day of July, 1968, authorizing the joining together as husband and wife

of Kendall R. Siddons and Freda M. Calidonio

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

I, Frank H. Johnson hereby certify that on the 27 day of July, 1968, at Belle Meade, County of Hendricks, State of Indiana

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

State of Indiana, Groom Kendall R. Siddons of Hendricks County, State of Indiana

and, Bride Freda M. Calidonio of Hendricks County, State of Indiana

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

Dated this 27 day of July, 1968 Signed Frank H. Johnson

Official Designation Justice of Peace, 1968

Signed John G. Anderson Jr. Clerk

_____ Hendricks Circuit Court

Form 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 Bk. 30
Date of Application July 22, 1968

MALE
Medical Examination Report Dated 7-16-68
Name of Physician Novel C. Falkenberg M.D.

FEMALE
Medical Examination Report Dated 7-16-68
Name of Physician Novel C. Falkenberg M.D.

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

MALE APPLICANT

Name Eugene R. Hurst
Date of Birth Sept. 6, 1927
Place of Birth Indpls., Ind.
Residence Address RR 1 Box 182, Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Ins. T.B.A.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one 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>Stephen Allen</u>	<u>12</u>	<u>(Same)</u>
<u>Carol Jean</u>	<u>10</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 ☒ wife deceased
11. Full name of father Francis Hurst
Residence of father (if deceased so state) 3605 English Ave Indpls.
Occupation of father Retired Railroad Race of father W.
Birthplace of father (State or foreign country) Brownstown, Ind.
12. Full maiden name of mother Etta Louise Claffey
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 Eugene R. Hurst
New Address 4330 E. Dudley - Indpls. Ind.
Subscribed and sworn to before me this 22 day of July, 1968
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 Doris L. Price
Date of Birth Jan. 3, 1931
Place of Birth Niles, Mich.
Residence Address 4330 E. Dudley, Indpls. Marion, Ind.
Maiden Name if Different Vaughn
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father John Stephen Vaughn
Residence of father (if deceased so state) deceased Race of father W.
Occupation of father _____ Birthplace of father (State or foreign country) Monticello, Ky.
8. Full maiden name of mother Flay Margaret Lambcock
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W.
Birthplace of mother (State or foreign country) Albany, Ky.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Doris L. Price
New Address 4330 E. Dudley Indpls.
Subscribed and sworn to before me this 22 day of July, 1968
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 26 day of July, 1968, authorizing the joining together as husband and wife of Eugene R. Hurst and Doris L. Price.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Teal O. Younce hereby certify that on the 27 day of July, one thousand nine hundred and 68 at Avon Christian Church, County of Hendricks, State of Indiana, Groom, Eugene R. Hurst of Hendricks County, State of Indiana and, Bride, Doris L. Price 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 27 day of July, 1968.

Signed Teal O. Younce
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 30 day of July, 1968.
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. 254
File Book
Date of Application July 22-1968

MALE
Medical Examination Report Dated July 22-1968
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated July 22-1968
Name of Physician David B. Haggard M.D.

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

MALE APPLICANT

Name John D. Berlin
Date of Birth April 22 1946
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 122 W. Main St., Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Music Instructor & Salesman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Full name of father		
Residence of father (if deceased so state)		
Occupation of father		
Birthplace of father (State or foreign country)		
12. Full maiden name of mother		
Residence of mother (if deceased so state)		
Occupation of mother		
Birthplace of mother (State or foreign country)		

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

Subscribed and sworn to before me this 22 day of July, 1968
John Gamble, Jr. Clerk HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

Name Peggy Lynn Ping
Date of Birth December 5 1949
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 326 S. Main St., Plainfield Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation None
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) _____
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) _____
8. Full maiden name of mother Mildred Bernice Long
Residence of mother (if deceased so state) _____
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) _____

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

Signed Peggy Lynn Ping
New Address _____

Subscribed and sworn to before me this 22 day of July, 1968
John Gamble, Jr. Clerk HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 26 day of July, 1968, authorizing the joining together as husband and wife of John D. Berlin and Peggy Lynn Ping
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Harry Lee Lewis hereby certify that on the 27th day of July, 1968, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 68 of Hendricks County, State of Indiana, Groom John D. Berlin and, Bride Peggy Lynn Ping were by me united 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 July, 1968

Signed Harry Lee Lewis
Official Designation Preacher
30 day of July, 1968
Signed John Gamble, 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. 255
File Book 30
Date of Application July 23-1968

MALE
Examination Report Dated July 19-1968
Physician Malcolm D. Long MD

FEMALE
Medical Examination Report Dated July 19-1968
Name of Physician Malcolm D. Long

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

MALE APPLICANT

First Middle Last
Kenneth Ronald Mc Namara
Month Day Year
Aug 26 1947
Place of Birth (State or foreign country) Upsilanti Mich.
Address Street or R. R. City County State
217 Payne Rd Indpls Marion Ind.
Marital Status: Never Married ☒ Number of Previous Marriages.....

Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Assistant Mgr. Burgundy

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

☐ Other (Specify) S.D. Mary

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Stearns Clayton Mc Namara
Residence of father (if deceased so state) 10005 Sioux Detroit Mich
Occupation of father Iron Worker Race of father W
Birthplace of father (State or foreign country) Michigan
12. Full maiden name of mother Mabel Helen Phillips
Residence of mother (if deceased so state) Detroit Mich.
Occupation of mother Teacher Race of mother W
Birthplace of mother (State or foreign country) Canada

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

Signed Kenneth R. Mc Namara

New Address

Subscribed and sworn to before me this 23 day of July, 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

see attached consent of both parents

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 23 day of July, 1968
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name First Middle Last
Jeannine Faye Marsh
Date of Birth Month Day Year
Sept 15 1947
Place of Birth (State or foreign country) Alma Mich.
Residence Address Street or R. R. City County State
R3 Box 45 Brownburg 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 Methodist Hosp.

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 Ralph A. Marsh, Jr.
Residence of father (if deceased so state) R3 BX45 Brownburg
Occupation of father Engineer Race of father W
Birthplace of father (State or foreign country) Michigan
8. Full maiden name of mother Mary Elizabeth Campbell
Residence of mother (if deceased so state) Brownburg
Occupation of mother Merchants Bank Race of mother W
Birthplace of mother (State or foreign country) Michigan

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

Signed Jeannine Faye Marsh

New Address

Subscribed and sworn to before me this 23 day of July, 1968
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 21 day of July, 1968, authorizing the joining together as husband and wife of Kenneth Ronald Mc Namara and Jeannine Faye Marsh.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. James W. Bradley, hereby certify that on the 21st day of July, one thousand nine hundred and Sixty eight, at Mooresville, County of Hendricks, State of Indiana, Groom Kenneth Ronald Mc Namara of Wayne County, State of Michigan, and, Bride Jeannine Faye Marsh of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21st day of July, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of August, 1968.

Signed Rev. James W. Bradley
Official Designation Minister of Church of God
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. 255
File Book 30
Date of Application July 23-1968

MALE

Medical Examination Report Dated July 19-1968

FEMALE

Medical Examination Report Dated July 19-1968

Name of Physician Malcolm D. Long

I, Grace H. McNamara Stearns C. McNamara, hereby give my consent for
my son, Kenneth Ronald McNamara to
marry Jeannine Faye Marsh.

Grace H. McNamara Stearns C. McNamara
Subscribed and sworn to before me this 20 day of July, 1968

Sam Poma
Notary Public POMA
MY COMMISSION EXPIRES - 9-22-69

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

Name Age Address

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

11. Full name of father: Stearns Clayton McNamara
Residence of father (if deceased so state): 10005 Sioux Detroit Mich
Occupation of father: Iron Worker Race of father: W
Birthplace of father (State or foreign country): Michigan
12. Full maiden name of mother: Grace Helen Phillips
Residence of mother (if deceased so state): Detroit Mich.
Occupation of mother: Teacher Race of mother: W
Birthplace of mother (State or foreign country): Canada

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

Signed Kenneth R. McNamara

New Address

Subscribed and sworn to before me this 23 day of July, 1968
John Gambold, Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

see attached consent of both parents

State of Indiana, HENDRICKS } ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this 23 day of July, 1968
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 27 day of July, 1968, 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. James W. Bradley, hereby certify that on the 27th day of July,
one thousand nine hundred and Sixty eight at Mooresville, County of Hendricks,
State of Indiana, Groom Kenneth Ronald McNamara of Wayne County, State of Michigan
and, Bride Jeannine Faye Marsh of Hendricks County, State of Indiana,
were by me united 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 July, 1968.

Signed Rev. James W. Bradley
Official Designation Minister of Church of God

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of August, 1968.

Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 256
File BK 30
Date of Application July 24, 1968

HENDRICKS County

MALE
Medical Examination Report Dated 7-10-68
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 7-10-68
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 Robert J. Brocker
Date of Birth July 26 1948
Place of Birth (State or foreign country) Grand Rapids Mich
Residence Address 329 N Jefferson Bldg
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) Selective Service 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 Donald Lee Brocker
Residence of father (if deceased so state) 329 N Jefferson Bldg
Occupation of father Superintendent Race of father W
Birthplace of father (State or foreign country) Grand Rapids Michigan
12. Full maiden name of mother Phyllis Elizabeth Brocker
Residence of mother (if deceased so state) 329 N Jefferson Bldg
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Grand Rapids Michigan

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

Signed Robert James Brocker
New Address 106 N Green Bldg

Subscribed and sworn to before me this 24 day of July, 1968.
John Gamble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Cathy L. Tharp
Date of Birth Feb 20 1948
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address 106 N Green Bldg
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) _____

- Are you now or have you been adjudged, diagnosed or considered 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 Wayne Howard Tharp
Residence of father (if deceased so state) 510 S Addison Indpls
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother Martha Ruth McHenry
Residence of mother (if deceased so state) deceased
Occupation of mother _____ 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 Cathy Lynne Tharp
New Address same

Subscribed and sworn to before me this 24 day of July, 1968.
John Gamble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 29th day of July, 1968, authorizing the joining together as husband and wife
Robert J. Brocker and Cathy L. Tharp

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Charles Hall hereby certify that on the third day of August

at Brownsburg County of Hendricks
one thousand nine hundred and sixty eight of Hendricks County, State of Indiana

State of Indiana, Groom Robert J. Brocker of Hendricks County, State of Indiana
and, Bride Cathy L. Tharp of Hendricks County, State of Indiana

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

Dated this 29th day of July, 1968.
Signed Rev Charles Hall
Official Designation Catholic Priest

29th day of July, 1968.
Signed John Gamble Jr Clerk
HENDRICKS Circuit Court

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

BROWNSBURG

BSB

STATE BANK

MALE
Medical Examinat
Name of Physicia

ALL QUESTIONS MUST I
tion or pretense shall be fi

Name First

Date of Birth

Place of Birth (State or f

Residence Address

Previous Marital Status:

Last Marriage Ended By:

Color or Race Wh

Usual Occupation

Date of birth verified by:

☒ Other (Specify) S

1. Are you now or have

An Imbecile?

Of Unsound Mind

2. Are you under guardi

3. Are you now or have

home for indigent per

If answer to 3 is "yes

4. Are you afflicted with

5. Are you related to th

6. Are you now under

7. Are you now under

8. Are you able to sup

9. Are you likely to so

10. Do you have minor ch

(If yes, answer questi

(a) List their full nam

Name

(b) Are you supporting or

(c) Are you complying with

their support?

11. Full name of father

Residence of father (if deceas

Occupation of father

Birthplace of father (State or

12. Full maiden name of mother

Residence of mother (if deceased so state)

Occupation of mother

Birthplace of mother (State or foreign country)

State of Indiana,

County of

HENDRICKS

Signed

New Address

Subscribed and sworn to before me this

day of

July

1968

Clerk

HENDRICKS

Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary

consent of Father attached

State of Indiana,

County of

HENDRICKS

Signed

Signed

Subscribed and sworn to before me this

day of

July

1968

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

in

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the

29th

day of

July

1968, authorizing the joining together as husband and wife

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

1. Rev. Charles Hall

one thousand nine hundred and sixty eight

State of Indiana, Groom Robert J. Brocker

and, Bride Cathy L. Tharp

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

County.

Dated this

29th

day of

July

1968.

Signed

Rev. Charles Hall

Official Designation

Catholic Priest

29th

day of

July

1968

Signed

John Gamble Jr.

HENDRICKS

Circuit Court

July 19, 1968

I, Donald L. Brocker, do herewith give my permission
for the marriage of my son Robert James Brocker.

Donald L. Brocker

On July 19, 1968 Mr. Donald L. Brocker appeared before
me and signed the above approval for the marriage of
his son Robert James Brocker.

Notary Public

My Commission expires August 19, 1970.

FILED

JUL 24 1968

John Gamble Jr.
CLERK HENDRICKS COURT,
SUPERIOR

BROWNSBURG, INDIANA

KEITH P. FOIST

Executive Vice-President & Trust Officer

ELDON W. PLOETZ

Cashier

New Address same

Subscribed and sworn to before me this 24 day of July, 1968
John Gamble Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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

July

1968

Clerk

HENDRICKS

Circuit Court

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

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No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

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

MALE
Medical Examination
Name of Person

ALL QUESTIONS
tion or pretense

Name

Date of Birth

Place of Birth (State or foreign country)

Residence Address

Previous Marital Status:

Last Marriage Ended By:

Color or Race

Usual Occupation

Date of birth verified by:

☒ Other (Specify)

1. Are you now or have you ever been an imbecile?

2. Are you under guardianship?

3. Are you now or have you ever been an idiot?

4. Are you afflicted with any mental disease?

5. Are you related to the applicant by blood or marriage?

6. Are you now under any legal disability?

7. Are you now under any legal disability?

8. Are you able to support the applicant?

9. Are you likely to support the applicant?

10. Do you have minor children?

(If yes, answer question (a) List their full names)

(a) List their full names

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Name

I, Phyllis Brocker
my Robert, my son
marry Cathy Sharp

, hereby give my consent for
to

subscribed and sworn to before me this 27th day of July 1968

Commission expires 1/23/71

Myrtle Virginia Brown
Notary Public

Donald L. Brocker
Donald L. Brocker

On July 19, 1968 Mr. Donald L. Brocker appeared before
me and signed the above approval for the marriage of
his son Robert James Brocker.

Ester Spencer
Notary Public

My Commission expires August 19, 1970.

FILED

JUL 24 1968

John Gambold Jr.
CLERK HENDRICKS COURT
SUPERIOR

BROWNSBURG, INDIANA

KEITH P. FOIST

Executive Vice-President & Trust Officer

ELDON W. PLOETZ

Cashier

New Address same

Subscribed and sworn to before me this 24 day of July, 1968
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 29th day of July, 1968, authorizing the joining together as husband and wife

Robert J. Brocker and Cathy L. Sharp
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Charles Hall hereby certify that on the third day of August,
at Brownsburg, County of Hendricks,
one thousand nine hundred and sixty eight of Hendricks County, State of Indiana

State of Indiana, Groom Robert J. Brocker of Hendricks County, State of Indiana,
and, Bride Cathy L. Sharp of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 29th day of July, 1968. Signed Rev Charles Hall
Official Designation Catholic Priest

29th day of July, 1968.
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. 257
File July 23, 1968
Date of Application

MALE
Medical Examination Report Dated 7-17-68
Name of Physician Leon Gray

FEMALE
Medical Examination Report Dated 7-17-68
Name of Physician Leon Gray

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

MALE APPLICANT

Name First Stephen Middle F. Last Sheets
Date of Birth Month April Day 27 Year 1949
Place of Birth (State or foreign country) Indpls Marion Ind
Residence Address Street or R. R. RR 1 BX 608 Puff Bl City Indpls County Marion 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 Eli Lilly
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver's License

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

Name	Age	Address
Francis E. Sheets		

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Francis E. Sheets
Residence of father (if deceased so state) RR 1 BX 608 Puff Bl
Occupation of father Eli Lilly Race of father W
Birthplace of father (State or foreign country) Indpls Ind
12. Full maiden name of mother Cother Jane Barber
Residence of mother (if deceased so state) RR 1 BX 608 Puff Bl
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 Stephen F. Sheets
New Address Marion Ind
Subscribed and sworn to before me this 25 day of July, 1968
John Hamblidge Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 consent attached

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 Linda Middle S. Last Knight
Date of Birth Month December Day 21 Year 1947
Place of Birth (State or foreign country) Indpls Ind
Residence Address Street or R. R. RR 2 BX 97 Indpls City Indpls County Marion State 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 RCA
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Wendell Eugene Knight
Residence of father (if deceased so state) RR 2 BX 97 Indpls Ind
Occupation of father Alison Race of father W
Birthplace of father (State or foreign country) Indpls Ind
8. Full maiden name of mother Betty Lou Cook
Residence of mother (if deceased so state) RR 2 BX 97 Indpls Ind
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 Linda S. Knight
New Address same
Subscribed and sworn to before me this 25 day of July, 1968
John Hamblidge Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of July, 1968, authorizing the joining together as husband and wife of Stephen F. Sheets and Linda S. Knight.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Walter K. Smith, hereby certify that on the 31 day of July, 1968, at Martinsville, County of Morgan, State of Indiana, Groom Stephen F. Sheets of Hendricks County, State of Indiana, and, Bride Linda S. Knight of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 31 day of July, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of August, 1968.

Signed Walter K. Smith
Official Designation Justice Peace
Signed John Hamblidge Clerk
HENDRICKS Circuit Court

July 23, 1968

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Sub

Francis E. & Esther J. Sheets, the parents of Stephen
F. Sheets do hereby give our consent for him to get
married.

Francis E. Sheets
Francis E. Sheets

Esther J. Sheets
Esther J. Sheets

County of Marion

State of Indiana

Francis E. & Esther J. Sheets appeared before me, a notary
public, on this 23rd day of July, 1968 and have sworn to
this statement.

Shirley A. Eckert
Shirley A. Eckert
Notary Public

My commission expires 1-4-70.

11.

12.

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 consent attached

State of Indiana,

County of

HENDRICKS

ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this

day of

19

Clerk

State of Indiana,

County of

HENDRICKS

ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this

day of

19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1968, authorizing the joining together as husband and wife

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

1. Walter K. Smith

hereby certify that on the 31 day of July

one thousand nine hundred and 68

at Martinsville

State of Indiana, Groom Stephen F. Sheets

of Hendricks

and, Bride Linda S. Knight

of Hendricks

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

Dated this 31 day of July, 1968.

Signed Walter K. Smith

Official Designation Justice Peace

2nd day of August

1968

Signed John Gamble

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. 258
File July 26, 1968
Date of Application

MALE
Medical Examination Report Dated 7-26-68
Name of Physician Eli A. Coats

FEMALE
Medical Examination Report Dated 7-26-68
Name of Physician Eli A. Coats

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

MALE APPLICANT

Name First David Middle R. Last Daubenspeck
Date of Birth Month September Day 26 Year 1945
Place of Birth (State or foreign country) Vincennes Ind.
Residence Address Street or R. R. 1714 Hawthorn Dr. City Indianapolis State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Computer Operator
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered 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: Vernon Russell Daubenspeck
Residence of father (if deceased so state): 1714 Hawthorn Dr. Pfft Ind.
Occupation of father: Steam Fitter Race of father: W
Birthplace of father (State or foreign country): Danville Illinois
12. Full maiden name of mother: Mary Kay Young
Residence of mother (if deceased so state): 1714 Hawthorn Dr. Pfft Ind.
Occupation of mother: Beauty Operator Race of mother: W
Birthplace of mother (State or foreign country): Oakland City Ind.

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

Signed David R. Daubenspeck
New Address 428 West 3rd Apt 12, Indianapolis

Subscribed and sworn to before me this 26 day of July, 1968
John Humboldt, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Janet Middle R. Last Sindlinger
Date of Birth Month March Day 24 Year 1945
Place of Birth (State or foreign country) Clinton Vincennes Ind.
Residence Address Street or R. R. 1404 Dallas Dr. City Indianapolis State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secondary School
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father: Oscar Jay Sindlinger
Residence of father (if deceased so state): 1404 Dallas Dr. Pfft Ind.
Occupation of father: Vice Pres. Company Race of father: W
Birthplace of father (State or foreign country): Patrickburg Indiana
8. Full maiden name of mother: Alberta Isabelle Nichols
Residence of mother (if deceased so state): same as above
Occupation of mother: elementary teacher Race of mother: W
Birthplace of mother (State or foreign country): Poland Indiana

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

Signed Janet R. Sindlinger

New Address same

Subscribed and sworn to before me this 26 day of July, 1968
John Humboldt, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, 19____, and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert F. DeLong, hereby certify that on the 18th day of August, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom David Russell Daubenspeck of Hendricks, County, State of Indiana, and, Bride Janet Rae Sindlinger of Hendricks, County, State of Indiana, were by me united 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, 1968.
Signed Robert F. DeLong
Official Designation Clergyman
20 day of August, 1968.
Signed John Humboldt, 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. 259
File Book 30
July 27-1968
Date of Application

MALE

Medical Examination Report Dated 7-22-68
Name of Physician David B Haggard M.D.

FEMALE

Medical Examination Report Dated 7-22-68
Name of Physician David B Haggard M.D.

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

MALE APPLICANT

Name First Middle Last
Bernard Ralph Carlin
Date of Birth Month Day Year
5 7 1943
Place of Birth (State or foreign country) Chicago Ill
Residence Address Street or R. R. City County State
236 avon ave 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 Law 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? 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 Bernard Joseph Carlin
Residence of father (if deceased so state) Deceased
Occupation of father. Race of father W
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Jane Elizabeth Morris
Residence of mother (if deceased so state) Illinois
Occupation of mother Teacher Race of mother W
Birthplace of mother (State or foreign country) Illinois

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

New Address. Subscribed and sworn to before me this 27 day of July, 1968.

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 1968.
Clerk

FEMALE APPLICANT

Name First Middle Last
Katheryn S. Arnold
Date of Birth Month Day Year
Sept 14 1945
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
236 avon ave 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 Teacher

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 Francis Donald Arnold
Residence of father (if deceased so state) Plainfield
Occupation of father Sales Engineer Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Annabelle Pontius
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 in this application is true and correct.
County of. Signed Katheryn S. Arnold

New Address. Subscribed and sworn to before me this 27 day of July, 1968.

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 1968.
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8 day of August, 1968, authorizing the joining together as husband and wife Bernard Ralph Carlin and Katheryn S. Arnold.

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

I, Robert F. DeLong hereby certify that on the 10th day of August, one thousand nine hundred and 68, at Plainfield, County of Hendricks, State of Indiana, Groom Bernard Ralph Carlin of Cook County, State of Illinois and, Bride Katheryn S. 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 10th day of August, 1968.

Signed Robert F. DeLong

Official Designation Clergyman

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

No. 260File Book 30Date of Application July 31 1968

HENDRICKS County

MALEMedical Examination Report Dated July 27 1968Name of Physician R M Jacobs M.D.**FEMALE**Medical Examination Report Dated July 27 1968Name 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 Male Ray Neier
Date of Birth June 22 1945
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address Coatesville Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Teacher
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- 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 Malcolm Ray Neier
Residence of father (if deceased so state) Coatesville
Occupation of father Salesman Race of father W
Birthplace of father (State or foreign country) Putnam Co.
12. Full maiden name of mother Ruby Madamaker Neier
Residence of mother (if deceased so state) Same
Occupation of mother Nurse Race of mother W
Birthplace of mother (State or foreign country) Putnam Co.

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

Signed * Noble Ray NeierNew Address Amo, Indiana

Subscribed and sworn to before me this 31 day of July, 1968
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Susan Marie George
Date of Birth July 19 1950
Place of Birth (State or foreign country) Greencastle Putnam Ind.
Residence Address Amo 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 Bank 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 ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father James Russell George
Residence of father (if deceased so state) Amo
Occupation of father Factory Worker Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Dorothy Ann Troke
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Toledo Ohio

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

Signed * Susan Marie GeorgeNew Address Amo

Subscribed and sworn to before me this 31 day of July, 1968
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 5th day of August and Susan Marie George
Male Ray Neier
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marvin M. Byrdwell hereby certify that on the 11th day of August,
one thousand nine hundred and 68, at Baptist Church, Amo County of Hendricks,
State of Indiana, Groom Male Ray Neier of Hendricks County, State of Indiana
and, Bride Susan Marie George of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 11th day of August, 1968.

Signed Marvin M. Byrdwell
Official Designation Minister, Amo Baptist
21 day of August, 1968
Signed John Gambrell Jr. Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 261
File B30
Date of Application Aug. 1, 1968

MALE

Medical Examination Report Dated July 24, 1968

Name of Physician M. O. Scamahorn, M.D.

FEMALE

Medical Examination Report Dated July 24, 1968

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 Merritt Allen Marsh, Jr.
Date of Birth Jan. 11, 1947
Place of Birth (State or foreign country) Wheatcroft, Ky.

Residence Address 438 E. Endley Ave., Brownsburg, Hendricks, Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Link Belt

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

☐ Other (Specify) _____

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

Name	Age	Address

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

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

11. Full name of father Merritt Allen Marsh

Residence of father (if deceased so state) Same

Occupation of father Rock Race of father W.

Birthplace of father (State or foreign country) Pennsylvania

12. Full maiden name of mother Louise Hudson

Residence of mother (if deceased so state) Same

Occupation of mother Reg. Nurse Race of mother W.

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

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

Signed Merritt A. Marsh, Jr.

New Address Williams Dr., Brownsburg, Ind.

Subscribed and sworn to before me this Aug. day of 1968

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 Donna Lou Stevenson
Date of Birth March 8, 1949
Place of Birth (State or foreign country) Ma Minnville, Tenn.

Residence Address Oakhurst, Jr. Pr. Lot 79, Brownsburg, Hendricks, 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 Unemployed

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

☒ Other (Specify) J. 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 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 Earnest E. Stevenson

Residence of father (if deceased so state) Japan

Occupation of father Navy Race of father W.

Birthplace of father (State or foreign country) Tennessee

8. Full maiden name of mother Dolores Turner

Residence of mother (if deceased so state) Oakhurst, Jr. Pr.

Occupation of mother Sales Clerk Race of mother W.

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

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

Signed Donna L. Stevenson

New Address Williams Dr., Brownsburg, Ind.

Subscribed and sworn to before me this Aug. day of 1968

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of August, 1968, 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 eleventh day of August

one thousand nine hundred and sixty eight at Brownsburg, County of Hendricks,

State of Indiana, Groom Merritt A. Marsh, Jr. of Hendricks County, State of Indiana

and, Bride Donna Lou Stevenson of Hendricks County, State of Indiana

were by me united 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, 1968.

Signed Lester B. Yearick

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 13 day of August, 1968.

Form 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

Aug 2 1968
Date of Application

MALE
Medical Examination Report Dated July 26 1968
Name of Physician Eli M. Coats MD

FEMALE
Medical Examination Report Dated July 26 1968
Name of Physician

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

MALE APPLICANT

Name First 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 Student - going to Army
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father: Raymond Riley Steele
Residence of father (if deceased so state): Deceased
Occupation of father: Laborer Race of father: W
Birthplace of father (State or foreign country): Sullivan Ind.
12. Full maiden name of mother: Helen Bernice Hoeman
Residence of mother (if deceased so state): Plainfield
Occupation of mother: School Employee Race of mother: W
Birthplace of mother (State or foreign country): Sullivan Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: Signed: x Ronald Raymond Steele
New Address:

Subscribed and sworn to before me this 2 day of Aug, 1968
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 1968
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation mg. Retail Shop
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father: Charles Omer Bryant
Residence of father (if deceased so state): Plainfield
Occupation of father: master mch. Race of father: W
Birthplace of father (State or foreign country): Indianapolis Ind.
8. Full maiden name of mother: Pamela Clara Powell
Residence of mother (if deceased so state): Same
Occupation of mother: Audit Clerk - P.S. 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.
County of: Signed: x Karyle Elizabeth Bryant
New Address:

Subscribed and sworn to before me this 2 day of Aug, 1968
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 1968
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 in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of August, 1968, authorizing the joining together as husband and wife of Ronald Raymond Steele and Karyle Elizabeth Bryant. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Herbert Kimball, hereby certify that on the 10th day of August, 1968, at Plainfield, Hendricks County, State of Indiana, Groom: Ronald Steele and, Bride: Karyle Bryant, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 10 day of August, 1968. Signed: Herbert Kimball
Official Designation: Friends Minister
16 day of August, 1968. Signed: John Gambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of August, 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. 263
File August 2, 1968
Date of Application

MALE
Medical Examination Report Dated 8-2-68
Name of Physician Elmer L Koch

FEMALE
Medical Examination Report Dated 8-2-68
Name of Physician Elmer L Koch

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

MALE APPLICANT

Name Furd Taylor
Date of Birth February 26 1933
Place of Birth (State or foreign country) Leflore Day Texas
Residence Address 33 Michael Dr. Pld.
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 Engineer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☒
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
A. F. Taylor III 8 33 Michael Dr. Pld.
Ruth Ellen Taylor 4 mo. "
Winston Allen Taylor " "
(b) Are you supporting or contributing to their 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 Furd Taylor
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Wade, Oklahoma
12. Full maiden name of mother Dicie Clea Pilstrip
Residence of mother (if deceased so state) W. P. Pilstrip, Oklahoma
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 _____
Signed x Furd Taylor
New Address 33 Michael Dr. Pld.
Subscribed and sworn to before me this 2 day of August, 1968
John H. Ladd Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name Betty Dean Taylor
Date of Birth January 20 1930
Place of Birth (State or foreign country) Wadeville, Cornell Texas
Residence Address 33 Michael Dr. Pld.
Maiden Name if Different Betty Meyers
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Winston Dancy Meyers
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Fayette Co Arkansas
8. Full maiden name of mother Zona Jane Chottam
Residence of mother (if deceased so state) BX 591 Dallas Texas
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.

Signed x Betty Dean Taylor
New Address same

Subscribed and sworn to before me this 2 day of August, 1968
John H. Ladd Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of August, 1968, authorizing the joining together as husband and wife Furd Taylor and Betty Dean Taylor. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, at _____, County of _____, State of Indiana, Groom _____ and, Bride _____ 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 _____, 19____

Signed _____
Official Designation _____
Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed _____ Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 264
File Book 30
August 3 1968
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated July 31 1968
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated July 31 1968
Name of Physician L. H. Ellis

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

MALE APPLICANT

Name James M. Jarrett
Date of Birth February 15 1947
Place of Birth (State or foreign country) Linton Hendricks Ind.
Residence Address Linton 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 Laborer - Factory
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) _____

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

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

11. Full name of father James Robert Jarrett
Residence of father (if deceased so state) Linton Ind.
Occupation of father Foreman - Elec. St. Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy Louise Hancock
Residence of mother (if deceased so state) same
Occupation of mother grocery clerk Race of mother W
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 James M. Jarrett
New Address Lake Side Trailer Court RR 18 Box 139 Linton Ind. 46234
Subscribed and sworn to before me this 3 day of Aug, 1968.
John Gaulbold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

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

Clerk

FEMALE APPLICANT

Name Patricia A. Burns
Date of Birth June 1 1947
Place of Birth (State or foreign country) Linton Ind.
Residence Address Linton Hendricks Ind.
Maiden Name if Different Linton 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 Nurses' Asst.
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 William Ray Burns
Residence of father (if deceased so state) Bunker Mo.
Occupation of father Timber Race of father W
Birthplace of father (State or foreign country) Emmence Mo.
8. Full maiden name of mother Junie Mae Widger
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Ellington Mo.

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

Signed Patricia A. Burns
New Address same

Subscribed and sworn to before me this 3 day of Aug, 1968.
John Gaulbold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of August, 1968, authorizing the joining together as husband and wife of James M. Jarrett and Patricia A. Burns

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 August,
at Linton County of Hendricks,
one thousand nine hundred and 68 of Hendricks County, State of Indiana
State of Indiana, Groom James Michael Jarrett of Linton County, State of Indiana
and, Bride Patricia Ann Burns of Linton County, State of Missouri

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 9th day of August, 1968.

Signed Rev. Paul E. Whitsett
Official Designation Minister The Linton Christian Church
12 day of August, 1968
Signed John Gaulbold Sr 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. 265
File Bk 30
Date of Application Aug. 3, 1968

MALE
Medical Examination Report Dated July 29, 1968
Name of Physician Fred P. Worhinton, M.D.

FEMALE
Medical Examination Report Dated July 29, 1968
Name of Physician Fred P. Worhinton, M.D.

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

MALE APPLICANT

Name George Silbert Price
Date of Birth June 5 1948
Place of Birth (State or foreign country) Marion Co., Ind.
Residence Address Rt 3, 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 Ind. Bell College

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: George G. Price
Residence of father (if deceased so state) Same
Occupation of father: Self-Employed Race of father: W.
Birthplace of father (State or foreign country) Marion Co., Ind.
12. Full maiden name of mother: Hazel F. Kirk
Residence of mother (if deceased so state) Same
Occupation of mother: Self-Employed Race of mother: W.
Birthplace of mother (State or foreign country) Callahan Co., Ind.

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

Signed George G. Price
New Address 1222 E. New York St. Indianapolis, Ind.
Subscribed and sworn to before me this 3 day of Aug., 1968.
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 George G. Price Father
Signed Hazel F. Price Mother
Subscribed and sworn to before me this 3 day of August, 1968.
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name Lydia Marie Ralph
Date of Birth Apr. 5 1949
Place of Birth (State or foreign country) Sweetwater Co., Wyo.
Residence Address Box 232, Clayton, Hendricks, Ind.
Maiden Name if different Same

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered 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: Enoch Stephen Ralph
Residence of father (if deceased so state) Same
Occupation of father: Minister Race of father: W.
Birthplace of father (State or foreign country) Berklyn, N.Y.
8. Full maiden name of mother: Ruth Elizabeth Williams
Residence of mother (if deceased so state) Same
Occupation of mother: Housewife Race of mother: W.
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.
County of _____

Signed Lydia M. Ralph
New Address 1222 E. New York St. Indianapolis, Ind.
Subscribed and sworn to before me this 3 day of Aug., 1968.
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 7th day of August, 1968, authorizing the joining together as husband and wife of George Silbert Price and Lydia Marie Ralph.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Enoch S. Ralph, hereby certify that on the 17th day of August, one thousand nine hundred and 68, at Mooresville, County of Morgan, State of Indiana, Groom George G. Price of Morgan County, State of Indiana and, Bride Lydia M. Ralph of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 17th day of August, 1968.

Signed Enoch S. Ralph
Official Designation Minister, Church of the Nazarene
Filed and recorded in accordance with the laws of the State of Indiana this 26 day of August, 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

No. 266
File August 3, 1968
Book 30
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 8-2-68
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated 8-2-68
Name of Physician Lloyd Terry

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

MALE APPLICANT

Name Mark Alan Masarin
Date of Birth June 3, 1949
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 1639 Auburn St. Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Indian State University - Student
Usual Occupation Indian State University - Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address

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

11. Full name of father John Francis Masarin
Residence of father (if deceased so state) deceased
Occupation of father deceased
Race of father W
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Elysebeth Lee Litchfield
Residence of mother (if deceased so state) 1639 Auburn St. Indianapolis
Occupation of mother housewife
Race of mother W
Birthplace of mother (State or foreign country) Maryland

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

Signed Mark Alan Masarin

New Address 100 Fairington Lane, Indianapolis

Subscribed and sworn to before me this 3 day of August, 1968
John Gaudin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Vicki Lynn Smith
Date of Birth November 3, 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 522 N. Lebanon St. Ligonier, 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 Farm Bureau Employees Credit Union
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Melvin Wayne Smith
Residence of father (if deceased so state) 522 N. Lebanon St. Ligonier, Ind.
Occupation of father Operator Engineer
Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Margaret Lorraine Pearson
Residence of mother (if deceased so state) 522 N. Lebanon St. Ligonier, Ind.
Occupation of mother Sales Lady S. C. Perry
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 Vicki L. Smith

New Address same

Subscribed and sworn to before me this 3 day of August, 1968
John Gaudin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County, Indiana, dated the 7 day of August, 1968, authorizing the joining together as husband and wife of Mark Alan Masarin and Vicki Lynn Smith.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Ray A. Kessler, hereby certify that on the 10th day of August, 1968, at Speedway, County of Marion, State of Indiana, one thousand nine hundred and 68, of Marion County, State of Indiana, State of Indiana, Groom Mark Alan Masarin of Hendricks County, State of Indiana, and, Bride Vicki Lynn Smith 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, _____, 1968.
Dated this 7th day of August, 1968.

Signed Rev. Ray A. Kessler
Official Designation Catholic Priest
_____ day of August, 1968.
Signed John Gaudin Sr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968.

Form 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 Book 30

Aug 3 1968
Date of Application

MALE
Medical Examination Report Dated July 30 1968
Name of Physician Lee M. Foster M.D.

FEMALE
Medical Examination Report Dated July
Name of Physician Lee M. Foster M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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
James Richard Ayers
Date of Birth Month Day Year
December 12 1943
Place of Birth (State or foreign country) Lebanon Boone Ind.
Residence Address Street or R. R. City County State
48 E. Main St Brownsburg Hend. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name Age Address

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

11. Full name of father Meredith Brown Ayers
Residence of father (if deceased so state) 48 E. Main St Brownsburg
Occupation of father Mailman Race of father W
Birthplace of father (State or foreign country) Brownsburg Ind.
12. Full maiden name of mother Nora Rita Tarpley
Residence of mother (if deceased so state) Same
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Brownsburg Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed James Richard Ayers
New Address

Subscribed and sworn to before me this 3 day of August, 1968.
John Gambold Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of Hendricks
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19, 1968.
Clerk

FEMALE APPLICANT

Name First Middle Last
Janet Carol Williams
Date of Birth Month Day Year
August 20 1948
Place of Birth (State or foreign country) Lebanon Boone Ind.
Residence Address Street or R. R. City County State
RR 18 Box 330 Duffles Hendricks Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

7. Full name of father Jay Gos Williams
Residence of father (if deceased so state) RR 18 Duffles
Occupation of father Const. Contractor Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Lois Esther Pollard
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Marion Co Ind.

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

Signed Janet Carol Williams
New Address

Subscribed and sworn to before me this 3 day of August, 1968.
John Gambold Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:
County of Hendricks
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19, 1968.
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 1th day of August, 1968, authorizing the joining together as husband and wife James Richard Ayers and Janet Carol Williams. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Hall hereby certify that on the tenth day of August, one thousand nine hundred and sixty-eight at Brownsburg, County of Hendricks, State of Indiana, Groom James Richard Ayers of Hendricks County, State of Indiana, and, Bride Janet Carol 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 10 day of August, 1968.

Signed Rev. Charles Hall

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of August, 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. 268
File Bk. 30
Date of Application Aug. 3, 1968

MALE
Medical Examination Report Dated July 22, 1968
Name of Physician J. M. Cooper, M.D.

FEMALE
Medical Examination Report Dated 26 July, 1968
Name of Physician Irvine 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, representa-

MALE APPLICANT

Name John W. Fricke
Date of Birth June 1, 1945
Place of Birth (State or foreign country) Atlanta City, Ga.
Residence Address W. Fayette, Spencer, Ind.
Previous 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) _____

- Are you now or have you been adjudged, diagnosed or considered 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 Malsi Gricke
Residence of father (if deceased so state) Roanoke, Va.
Occupation of father Accountant Race of father W.
Birthplace of father (State or foreign country) St. Louis, Mo.
12. Full maiden name of mother Mary Elizabeth Rose
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Dillon, S. Carolina

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

Signed John W. Fricke
New Address Seattle, Wash.

Subscribed and sworn to before me this 3 day of Aug., 1968
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 Alynn K. Parker
Date of Birth Mar. 30, 1948
Place of Birth (State or foreign country) Princeton, Ind.
Residence Address 415 Simmon St. Plainfield, Hendricks, 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 Nurse

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 Morton Clifton Parker
Residence of father (if deceased so state) Same
Occupation of father Stockbroker Race of father W.
Birthplace of father (State or foreign country) Greenville, Ind.
8. Full maiden name of mother May Elsie Ollrogge
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
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.
County of _____

Signed Alynn K. Parker
New Address Seattle, Washington

Subscribed and sworn to before me this 30 day of Aug., 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 15 day of August _____ and Alynn K. Parker

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Robert F. DeLong hereby certify that on the 17th day of August, _____, County of Hendricks,
one thousand nine hundred and 68 at Plainfield County, State of Indiana
State of Indiana, Groom John William Fricke of Hendricks County, State of Indiana
and, Bride Alynn Kay Parker of Hendricks County, State of Indiana

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

Dated this 17th day of August, 1968 Signed Robert F. DeLong
Official Designation Clergyman _____, 1968
20 day of August

Filed and recorded in accordance with the laws of the State of Indiana this _____
Signed John Gambold, 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. 289
File Bk. 30
Date of Application Aug 3, 1968

MALE
Medical Examination Report Dated 7-26-68
Name of Physician J. Dunbar Shields

FEMALE
Medical Examination Report Dated July 26, 1968
Name of Physician Jerry 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 Rodney Lawrence Stark
Date of Birth August 3, 1946
Place of Birth (State or foreign country) Cofftown, N.H.
Residence Address 33 High St. Cofftown, Hillsboro, N.H.
Previous 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).....
- Are you now or have you been adjudged, diagnosed or considered 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 Rt. Lawrence Stark
Residence of father (if deceased so state) Same
Occupation of father Sec. State of N.H. Race of father W.
Birthplace of father (State or foreign country) Cofftown
12. Full maiden name of mother Emmy Lou Harders
Residence of mother (if deceased so state) Same
Occupation of mother Reg. Nurse Race of mother W.
Birthplace of mother (State or foreign country) Wares, N.H.

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

Signed Robert Stark
New Address Hartford, Conn.

Subscribed and sworn to before me this 3 day of August, 1968
Clerk John Gambold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

FEMALE APPLICANT

Name Alanna M. Parker
Date of Birth March 30, 1948
Place of Birth (State or foreign country) Princeton, Ind.
Residence Address 415 Simmons, Plainfield, 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 Nurse

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 Morton Clifton Parker

Residence of father (if deceased so state) Same
Occupation of father Stockbroker Race of father W.
Birthplace of father (State or foreign country) Evansville, Ind.
8. Full maiden name of mother May Eloise Oltrogge
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Evansville, Ind.

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

Signed Alanna M. Parker
New Address Hartford, Conn.

Subscribed and sworn to before me this 3 day of August, 1968
Clerk John Gambold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of August, 1968, authorizing the joining together as husband and wife of Rodney Lawrence Stark and Alanna M. Parker

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

I, Robert F. DeLong hereby certify that on the 17th day of August, one thousand nine hundred and 68 at Plainfield, County of Hendricks, State of Indiana, Groom Rodney Lawrence Stark of Hillsborough County, State of New Hampshire and, Bride Alanna May Parker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of August, 1968.

Signed Robert F. DeLong
Official Designation Clergyman
20 day of August, 1968
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. 270

File Book 30

August 5 1968
Date of Application

MALE

Medical Examination Report Dated August 3 1968

Name of Physician Thomas M. Walker MD

FEMALE

Medical Examination Report Dated August 3 1968

Name of Physician Thomas M. Walker MD

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

MALE APPLICANT

Name First James Middle D. Last Cameron
Date of Birth Month June Day 6 Year 1935
Place of Birth (State or foreign country) Kentucky
Residence Address 18 1/2 n. Jefferson Brownsburg Ind. Ind.
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Police Officer

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
Katherine Cameron	11 - Keith	5
Karen Cameron	10 - Kevin	7
Kenny Cameron	8 -	

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

11. Full name of father James Soloe Cameron
Residence of father (if deceased so state) Kentucky Deceased
Occupation of father Government Eng. Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Katherine Helen Wheeler
Residence of mother (if deceased so state) Kentucky
Occupation of mother House wife 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.

Signed James D. Cameron
New Address 18 n. Jeff. Brownsburg

Subscribed and sworn to before me this 5 day of Aug 1968.
John Gauld Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Mary Middle Jane Last Lines
Date of Birth Month January Day 14 Year 1939
Place of Birth (State or foreign country) Indiana
Residence Address 18 n. Jefferson Brownsburg Ind. Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Beautician

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 Charles Edwin Owen
Residence of father (if deceased so state) Deceased
Occupation of father Ins. Salesman Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Martha Susana Humble
Residence of mother (if deceased so state) Indpls.
Occupation of mother Nurse Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Mary Jane Lines
New Address 18 n. Jeff. Brownsburg

Subscribed and sworn to before me this 5 day of Aug 1968.
John Gauld Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8 day of August 1968., authorizing the joining together as husband and wife of James D. Cameron and Mary Jane Lines

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, The Rev. Keith E. Kinney hereby certify that on the 8th day of August 1968, at Brownsburg, County of Hendricks, State of Indiana, Groom James D. Cameron of Hendricks County, State of Indiana, and, Bride Mary Jane Lines of Hendricks County, State of Indiana, were by me united 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 August 1968.
Signed Keith E. Kinney
Official Designation Pastor, Messiah Lutheran Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of October 1968.
Signed John Gauld 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. 271
File Book 30
August 5 1968
Date of Application

MALE
Medical Examination Report Dated Aug 3 1968
Name of Physician Joseph C. Keelin MD

FEMALE
Medical Examination Report Dated July 17 1968
Name of Physician Lloyd Jerry 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 Louis Switzer
Date of Birth Sept 5 1947
Place of Birth (State or foreign country) Crawfordsville Montgomery Ind.
Residence Address RR 2 Box 119 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 Army

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

☒ Other (Specify) Driver's License

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

Name Age Address

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

11. Full name of father Donald James Switzer
Residence of father (if deceased so state) RR 2 Danville
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Crawfordsville Mont. Ind.
12. Full maiden name of mother Marietta Duke
Residence of mother (if deceased so state) same
Occupation of mother Nurse 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.
County of

Signed James Louis Switzer
New Address Warrington Va.

Subscribed and sworn to before me this 5 day of Aug, 1968
John Gaulbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Donald J. Switzer Father
Signed Marietta Switzer Mother

Subscribed and sworn to before me this 5 day of August, 1968
John Gaulbold Jr Clerk

FEMALE APPLICANT

Name Diana Jo Leach
Date of Birth Nov 21 1948
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address 439 Midland Dr 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 Beautician

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

☒ Other (Specify) Driver's License

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

7. Full name of father Paul Leach Jr
Residence of father (if deceased so state) Danville
Occupation of father Salesman Race of father W
Birthplace of father (State or foreign country) Hendricks Co Ind.
8. Full maiden name of mother Anna Lee Byram
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Hendricks Co Ind.

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

Signed Diana Jo Leach
New Address Warrington Va

Subscribed and sworn to before me this 5 day of August, 1968
John Gaulbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 August, 1968, authorizing the joining together as husband and wife of James Louis Switzer and Diana Jo Leach.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George A. Harris hereby certify that on the 11th day of August, one thousand nine hundred and 68 at The Danville Christian Church, County of Hendricks, State of Indiana, Groom James Louis Switzer of Hendricks County, State of Indiana and, Bride Diana Jo Leach of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 11th day of August, 1968.

Signed Rev. George A. Harris

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of August, 1968.

Signed John Gaulbold Jr Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 212

File Bank 30

Aug 5 1968
Date of Application

MALE

Medical Examination Report Dated Aug 5 1968

Name of Physician Lloyd Terry M.D.

FEMALE

Medical Examination Report Dated Aug 5 1968

Name of Physician Lloyd Terry M.D.

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

MALE APPLICANT

Name First William Middle Michael Last Ludkiewicz
Date of Birth Month Dec Day 13 Year 1947
Place of Birth (State or foreign country) Springfield
Residence Address 1532 Delmona Terrace Apt 45 City Marion State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation RCA Worker

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 William Ludkiewicz
Residence of father (if deceased so state) 2949 Musman Dr
Occupation of father Pilot Race of father W
Birthplace of father (State or foreign country) Springfield Mass
12. Full maiden name of mother Annette T. Biagorik
Residence of mother (if deceased so state) same
Occupation of mother Shipping Clerk Race of mother W
Birthplace of mother (State or foreign country) Springfield Mass

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William Michael Ludkiewicz

New Address 2532 Delmona Terrace Apt 45

Subscribed and sworn to before me this 5 day of August 1968.
John Gaudbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

attached

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

FEMALE APPLICANT

Name First Cathy Middle Irene Last Myers
Date of Birth Month July Day 5 Year 1948
Place of Birth (State or foreign country) Melhadt Hosp
Residence Address R R 1 Box 191 City Judges Marion State Ind
Maiden Name if Different 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 Secretary

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 William Mur Myers
Residence of father (if deceased so state) R R 1 Danville
Occupation of father Plant Sec. Lilly Race of father W
Birthplace of father (State or foreign country) Brazil Ind
- Full maiden name of mother Helen Virginia Colyear
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
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 Cathy Irene Myers

New Address same

Subscribed and sworn to before me this 5 day of Aug 1968.

John Gaudbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 1968, authorizing the joining together as husband and wife William Michael Ludkiewicz and Cathy Irene Myers. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 1. Rev. Glenn Clark hereby certify that on the 10th day of August at Danville, County of Hendricks, State of Indiana, Groom William M. Ludkiewicz of Marion County, State of Indiana and, Bride Cathy Irene Myers of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 10th day of August 1968.

Signed Rev. Glenn Clark
Official Designation Methodist Minister

13 day of August 1968
Signed John Gaudbold 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 Authori-
Chap. 126, Ind. Acts

MALE
Medical Exam
Name of Phys

ALL QUESTIONS MUST
tion or pretense shall

Name
Date of Birth

Place of Birth (State or foreign country)

Residence Address

Previous Marital Status: Never Married

Last Marriage Ended By:

Color or Race

Usual Occupation

Date of birth verified by:

Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:

2. Are you under guardianship as a person of unsound mind?

3. Are you now or have you been within five (5) years an inmate of a county asylum or

4. Are you afflicted with a transmissible disease?

5. Are you related to the bride closer than second cousin?

6. Are you now under the influence of intoxicating liquor?

7. Are you now under the influence of a narcotic drug?

8. Are you able to support a family?

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)

(a) List their full names, ages and addresses

Name

Age

Address

(b) Are you supporting or contributing to their support?

(c) Are you complying with any court order or orders issued for

their support?

11. Full name of father

Residence of father (if deceased so state)

Occupation of father

Birthplace of father (State or foreign country)

12. Full maiden name of mother

Residence of mother (if deceased so state)

Occupation of mother

Birthplace of mother (State or foreign country)

State of Indiana,

County of

Signed

New Address

Subscribed and sworn to before me this

day of

19

Clerk

Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County

Court by written order issued

I, WILLIAM LUDKIEWICZ ^{SS:} ANNETTE LUDKIEWICZ, hereby give my consent for
my SON, WILLIAM MICHAEL LUDKIEWICZ
marry CATHY IRENE MYERS to

Subscribed and sworn to before me this 31 day of July, 1968.
Notary Public

Place of Birth (State or foreign country) July 5 1948
Residence Address Methodist Hosp. Judges Marion Ind.
Maiden Name if Different RR1 Box 191 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 Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or
home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the groom closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 William Ludkiewicz
Residence of father (if deceased so state) 2949 Musman Dr
Occupation of father Pilot Race of father W
Birthplace of father (State or foreign country) Springfield Mass.
12. Full maiden name of mother Annette H. Dziagelski
Residence of mother (if deceased so state) same
Occupation of mother Shipping Clerk Race of mother W
Birthplace of mother (State or foreign country) Springfield Mass.

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of in this application is true and correct.
Signed William Michael Ludkiewicz
New Address 2532 Delmona Terr apt 4B
Subscribed and sworn to before me this 5 day of Aug, 1968.
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.
attached

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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, 1968, authorizing the joining together as husband and wife
of William Michael Ludkiewicz and Cathy Irene Myers
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Glenn Clark hereby certify that on the 10th day of August,
one thousand nine hundred and 68 at Danville, County of Hendricks,
State of Indiana, Groom William M. Ludkiewicz of Marion County, State of Indiana
and, Bride Cathy Irene Myers of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of August, 1968.
Signed Rev. Glenn Clark
Official Designation Methodist Minister
13 day of August, 1968.
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. 273

File Aug 6, 1968
Bk 30
Date of Application

MALE
Medical Examination Report Dated 8-5-68
Name of Physician Elmer J. Koch

FEMALE
Medical Examination Report Dated 8-5-68
Name of Physician Elmer J. Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Larry Gene Robinson
Date of Birth Month Day Year
April 28 1947
Place of Birth (State or foreign country) Greencastle, Indiana
Residence Address Street or R. R. City County State
21 BX 185 Coatesville Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation United States Marine Corp.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Armed Service Identification 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 John Rufus Robinson
Residence of father (if deceased so state) deceased
Occupation of father Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Mollie L. Scaggs
Residence of mother (if deceased so state) 21 BX 185 Coatesville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Gene Robinson

New Address Norfolk Virginia McB

Subscribed and sworn to before me this 6 day of August, 1968
John D. Ansdell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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
Erie Elizabeth Buchanan
Date of Birth Month Day Year
January 3 1950
Place of Birth (State or foreign country) Greencastle, Indiana
Residence Address Street or R. R. City County State
21 BX 185 Coatesville Ind.
Maiden Name if Different

Previous 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 James Lester Buchanan
Residence of father (if deceased so state) Canton Ohio
Occupation of father W.T. Phillips Race of father W
Birthplace of father (State or foreign country) Virginia
8. Full maiden name of mother Anna Belle Murphy
Residence of mother (if deceased so state) Amo Indiana
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 Erie Elizabeth Buchanan

New Address Same

Subscribed and sworn to before me this 6 day of August, 1968
John D. Ansdell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 10 day of August, 1968, authorizing the joining together as husband and wife of Larry Gene Robinson and Erie Elizabeth Buchanan. Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marvin M. Byrdwell, hereby certify that on the 11 day of August, 1968, at First Baptist Church, Greencastle, Indiana, Groom Larry Gene Robinson of Greencastle, Indiana, County of Hendricks, and, Bride Erie Elizabeth Buchanan of Greencastle, Indiana, County of Hendricks, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, State of Indiana.

Dated this 11 day of August, 1968.

Signed Marvin M. Byrdwell

Official Designation Minister
12 day of August, 1968

Signed John D. Ansdell 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. 274
File Aug. 6, 1968
Bk 38
Date of Application

MALE

Medical Examination Report Dated Aug. 1, 1968
Name of Physician Thomas M. Walker, M.D.

FEMALE

Medical Examination Report Dated Aug. 1, 1968
Name of Physician Thomas M. Walker, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

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 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)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Tom Carter
Residence of father (if deceased so state) Same
Occupation of father: Stacks & Witzel Race of father: W.
Birthplace of father (State or foreign country) Cottontail, Ky.
12. Full maiden name of mother: Mildred L. Ford
Residence of mother (if deceased so state) Same
Occupation of mother: Stacks & Witzel 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 Michael Thomas Carter
New Address 3210 Holt Rd

Subscribed and sworn to before me this 9 day of August, 1968
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 Consents of both Parents

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
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 Bookkeeper
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Wm. Franklin Baker
Residence of father (if deceased so state) Same
Occupation of father: Freeman - Ref. Intersect. W. Race of father: W.
Birthplace of father (State or foreign country) Columbus, Ind.
8. Full maiden name of mother: Patricia Ann Baker
Residence of mother (if deceased so state) Same
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Kay Baker
New Address 3210 Holt Rd

Subscribed and sworn to before me this 9 day of August, 1968
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 _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 10th day of August, 1968, authorizing the joining together as husband and wife of Michael Thomas Carter and Sharon Kay Baker.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. H. Hunt, hereby certify that on the 10th day of August, 1968, at Rural Route Indianapolis, County of Marion, State of Indiana, Groom Michael Thomas Carter of Marion County, State of Indiana, and, Bride Sharon Kay Baker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 10 day of August, 1968.

Signed Rev. R. H. Hunt
Official Designation Pastor of Country Lane Baptist Church, Ellettsburg, Ind.

13 day of August, 1968
Signed John Gambold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

For
Ind
He
Ch

I, Tom Carter, hereby give my consent for
my son, Michael T. Carter
marry Sharon Baker.

subscribed and sworn to before me this 8th day of August 1968

Rosemary Lanston
Notary Public



Place of Birth (State or foreign country) Marion Co, Ind.
Residence Address 3210 Holt 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 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?
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: Tom Carter
Residence of father (if deceased so state): Same
Occupation of father: Black & Witzel Race of father: W.
Birthplace of father (State or foreign country): Cottleville, Ky.
12. Full maiden name of mother: Mildred L. Ford
Residence of mother (if deceased so state): Same
Occupation of mother: Black & Witzel Race of mother: W.
Birthplace of mother (State or foreign country): Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Michael Thomas Carter

New Address 3210 Holt Rd

Subscribed and sworn to before me this 8 day of August, 1968
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 Consents of both Parents

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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 10th day of August, 1968, authorizing the joining together as husband and wife Michael Thomas Carter and Sharon Kay Baker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. H. Hunt hereby certify that on the 10th day of August,
one thousand nine hundred and sixty eight at Rural Route Indianapolis, County of Marion,
State of Indiana, Groom Michael Thomas Carter of Marion County, State of Indiana
and, Bride Sharon Kay 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 _____
County.

Dated this 10 day of August, 1968.

Signed Rev. R. H. Hunt

Official Designation Pastor of Country Lane Baptist Church
Charmont Ind

13 day of August, 1968 46119
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. 275
File Bk. 30
Date of Application August 7, 1968

MALE
Medical Examination Report Dated July 31, 1968
Name of Physician Benjamin E. Imperial, M.D.

FEMALE
Medical Examination Report Dated July 31, 1968
Name of Physician Benjamin E. Imperial, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Paul A. Smith
Date of Birth Sept. 13, 1908
Place of Birth La Grange Co., Ind.
Residence Address Raub, Benton, 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 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? (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 C. Smith
Residence of father (if deceased so state) Well, Ind.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Groesland, Ill.
12. Full maiden name of mother Bertha Ann Keckler
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W.
Birthplace of mother (State or foreign country) Paulding Co. Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Paul A. Smith

New Address Same

Subscribed and sworn to before me this Aug. day of 1968
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 Norma D. Canary
Date of Birth August 3, 1910
Place of Birth Federicktown, Ohio
Residence Address 320 Buchanan Plainfield, Ind.
Maiden Name if Different De Witt

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 Secretary

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 Droyel S. DeWitt
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W.
Birthplace of father (State or foreign country) Salmon Co., Ohio

8. Full maiden name of mother Martha Louise Sargent
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W.
Birthplace of mother (State or foreign country) Federicktown, Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Norma D. Canary

New Address Raub, Indiana

Subscribed and sworn to before me this 7 day of Aug., 1968
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 _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1968, authorizing the joining together as husband and wife of Paul A. Smith and Norma D. Canary.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yeavick hereby certify that on the sixteenth day of August, one thousand nine hundred and sixty-eight at Plainfield, County of Hendricks, State of Indiana, Groom Paul A. Smith of Benton County, State of Indiana, and, Bride Norma D. Canary of Hendricks County, State of Indiana, were by me united 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, 1968.

Signed Lester B. Yeavick

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 20 day of August, 1968.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 276
File BK 30
Date of Application August 7, 1968

HENDRICKS County

MALE
Medical Examination Report Dated 7-27-68
Name of Physician Warhinton, Fred P.

FEMALE
Medical Examination Report Dated 7-27-68
Name of Physician Warhinton, Fred P.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Vernon M. Perdew Jr.
Date of Birth April 6 1949
Place of Birth (State or foreign country) Indpls. Marion, Indiana
Residence Address 4809 W. Mecca St. Indpls.
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 Construction worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Vernon M. Perdew Sr.
Residence of father (if deceased so state) 4809 W. Mecca St. Indpls.
Occupation of father Foreman Race of father W
Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Lorraine Brocher
Residence of mother (if deceased so state) 4909 W. Mecca St. Indpls.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed x Vernon M. Perdew Jr.
New Address R#2 BX 84 Indpls. Ind.
Subscribed and sworn to before me this 7 day of August, 1968
John G. Ambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Vernon M. Perdew Sr. Father
Signed Lorraine Perdew Mother
Subscribed and sworn to before me this 14 day of Aug, 1968
John G. Ambold Jr. Clerk

FEMALE APPLICANT

Name Claudia Diana Dillehay
Date of Birth October 31 1949
Place of Birth (State or foreign country) Indpls. Marion, Indiana
Residence Address R2 BX 84 Indpls.
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) Beginners 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 Ernest Mc. Dillehay
Residence of father (if deceased so state) R#2 BX 84 Indpls. Ind.
Occupation of father Sheet Metal Worker Race of father W
Birthplace of father (State or foreign country) Nashville, Tenn.
8. Full maiden name of mother Mary Margaret Brady
Residence of mother (if deceased so state) R#2 BX 84 Indpls.
Occupation of mother Dispatcher for New Hospital 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 x Claudia D. Dillehay
New Address same
Subscribed and sworn to before me this 7 day of August, 1968
John G. Ambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued _____
in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 14th day of August, 1968, authorizing the joining together as husband and wife of Vernon M. Perdew Jr. and Claudia Diana Dillehay
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James W. Bauer hereby certify that on the 31st day of August, 1968, at Indianapolis, County of Marion, State of Indiana, one thousand nine hundred and 68 of Marion County, State of Indiana, and, Bride Claudia Diana Dillehay of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 31st day of August, 1968.

Signed James W. Bauer
Official Designation Justice of Peace
24th day of September, 1968
Signed John G. Ambold 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. 277
File Bk. 30
Date of Application Aug. 8, 1968

MALE

Medical Examination Report Dated July 24, 1968

Name of Physician Douglas Wayne Peterson, M.D.

FEMALE

Medical Examination Report Dated July 23, 1968

Name of Physician D. O. Robinson, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Eugene Earl Johnson
Date of Birth March 13, 1946
Place of Birth (State or foreign country) St. Stephens, Arizona
Residence Address 316 E. Boyd, Norman, Cleveland, Okla.
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? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Frank Johnson
Residence of father (if deceased so state) 144 Clinton, Salamanca, N.Y.
Occupation of father Indian Agent Race of father W.
Birthplace of father (State or foreign country) Security, Iowa
12. Full maiden name of mother Roberta Mae Russell
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Hubbel, Nebraska

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eugene Earl Johnson

New Address 6 Cross Center Office, University of Oklahoma

Subscribed and sworn to before me this August day of 1968
John Samuels, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Donna Colleen Jenkel
Date of Birth August 21, 1945
Place of Birth (State or foreign country) West Frankfort, Ill.
Residence Address 316 E. Boyd, Norman, Cleveland, Oklahoma
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 Placement Officer

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 Elvis Herman Jenkel
Residence of father (if deceased so state) 416 Dan Fredrick, Plainfield
Occupation of father Iron Worker Race of father W.
Birthplace of father (State or foreign country) Plainfield, Ill.
8. Full maiden name of mother Julia Pauline Francis
Residence of mother (if deceased so state) Same
Occupation of mother Nurse Race of mother W.
Birthplace of mother (State or foreign country) West Frankfort, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Colleen Jenkel

New Address 6 Cross Center Office, University of Oklahoma

Subscribed and sworn to before me this August day of 1968
John Samuels, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued Aug 8, 1968 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 5 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 8 day of August, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Conley Bowman hereby certify that on the 10 day of August, one thousand nine hundred and sixty-eight at Plainfield, County of Hendricks, State of Indiana, Groom Eugene Earl Johnson of Cleveland, County, State of Oklahoma

and, Bride Donna Colleen Jenkel of Cleveland, County, State of Oklahoma, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of August, 1968.

Signed Conley Bowman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September, 1968.

Signed John Samuels, Jr.

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 278

File Bank 30

August 8 1968
Date of Application

MALE

Medical Examination Report Dated Aug 5 1968

Name of Physician Irving Cohen MD

FEMALE

Medical Examination Report Dated Aug July 31 1968

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, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Gary Edward Brown
Place of Birth (State or foreign country) Indianapolis
Residence Address 1002 St. Afford Plainfield Ind.
Previous Marital Status: Never Married Number of Previous Marriages

Last Marriage Ended By: Death Divorce Annulment

Color or Race White Negro Other (specify)

Usual Occupation Student

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? 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: Myron Paul Brown
Residence of father (if deceased so state): Same
Occupation of father: Eugene Allison Race of father: W
Birthplace of father (State or foreign country): Morgan Co. Ind.
12. Full maiden name of mother: Marian Bell Armstrong
Residence of mother (if deceased so state): Same
Occupation of mother: Teacher Race of mother: W
Birthplace of mother (State or foreign country): Knox Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary Edward Brown
New Address: 1111 N. Main St., Ellettsburg, Ind.
Subscribed and sworn to before me this 8 day of Aug, 1968
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

attached
State of Indiana, HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1968
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Christine Fay Gentry
Place of Birth (State or foreign country) Dec 25 1949
Residence Address 111 Kentucky Plainfield Ind. Co.
Maiden Name if Different

Previous Marital Status: Never Married Number of Previous Marriages

Last Marriage Ended By: Death Divorce Annulment

Color or Race White Negro Other (specify)

Usual Occupation 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? 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: William Richard Gentry
Residence of father (if deceased so state): Same
Occupation of father: Const. Supt. Penit. Race of father: W
Birthplace of father (State or foreign country): Morgan Co. Indiana

8. Full maiden name of mother: Rachel Louise Smith
Residence of mother (if deceased so state): Same
Occupation of mother: Secretary Pub. Serv. Race of mother: W
Birthplace of mother (State or foreign country): Morgan Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Christine Fay Gentry
New Address: 1111 N. Main St., Ellettsburg, Ind.
Subscribed and sworn to before me this 8 day of August, 1968
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 1968
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the 13 day of August, 1968, authorizing the joining together as husband and wife of Indiana dated the 13 day of August, 1968, and

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Gary Edward Brown and Christine Fay Gentry

I, Robert F. DeLong hereby certify that on the 17th day of August, 1968, at Plainfield, Hendricks County, State of Indiana

one thousand nine hundred and 68 of Hendricks County, State of Indiana

State of Indiana, Groom Gary Edward Brown and, Bride Christine Fay Gentry of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 17th day of August, 1968. Signed Robert F. DeLong

Official Designation: Clergyman August 1968
Signed John Gambrell Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1968

MALE
Medical Examination
Name of Physician

ALL QUESTIONS MUST BE
tion or pretense shall be fine

Name First

Date of Birth Mon

Place of Birth (State or forei

Residence Address

Previous Marital Status: Ne

Last Marriage Ended By:

Color or Race White

Usual Occupation St

Date of birth verified by: ☐

☒ Other (Specify) D

1. Are you now or have you b

2. Are you under guardianship

3. Are you now or have you

4. Are you afflicted with a tr

5. Are you related to the bride

6. Are you now under the in

7. Are you now under the in

8. Are you able to support a

9. Are you likely to so contin

10. Do you have minor children

(If yes, answer questions a,

(a) List their full names, a

Name

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Myron Paul Brown

Residence of father (if deceased so state) Same

Occupation of father Eugene Allison Race of father W

Birthplace of father (State or foreign country) Morgan Co Ind.

12. Full maiden name of mother Marian Bell Armstrong

Residence of mother (if deceased so state) Same

Occupation of mother Teacher Race of mother W

Birthplace of mother (State or foreign country) Knox Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of

Signed Gary Edward Brown

New Address 1430 N. Hall, Ellettsburg

Subscribed and sworn to before me this 8 day of Aug, 1968

John Gamble Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

attached

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 13 day of August, 1968, 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. DeLong, hereby certify that on the 17th day of August

one thousand nine hundred and 68 at Plainfield, County of Hendricks

State of Indiana, Groom Gary Edward Brown of Hendricks County, State of Indiana

and, Bride Christine Fay Gentry of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks

County.

Dated this 17th day of August, 1968.

Signed Robert F. DeLong

Official Designation Clergyman

20 day of August, 1968

Signed John Gamble Jr Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

August 8, 1968

473

My son Gary Brown

has my permission

to marry Christine Gentry
on August 17th at The
Methodist Church, Plainfield.

Marian Brown
Myron P. Brown

Subscribed and sworn to before
me this 8th day of August, 1968

Rachel L. Gentry

NOTARY PUBLIC

My Commission Expires Nov. 28, 1970

18
Aunt 30
August 8 1968
of Application

July 31 1968
MD

false statement, representa-

Last
Gentry
1949

Morgan Co. Ind.
Hendricks Co.

ous Marriages

ulment ☐

ify)

dered as:

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

No ☐ Yes ☐

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No ☐ Yes ☐

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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. 279
File Book 30
Aug 9-1968
Date of Application

MALE
Medical Examination Report Dated 8-7-68
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated 8-5-68
Name of Physician Thomas Walker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Laborer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arnold H. Calhoun
Residence of father (if deceased so state) Brownsville
Occupation of father Factory Worker Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Rilda Stogdill
Residence of mother (if deceased so state) Brownsville
Occupation of mother Sock Plant 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 Arnold H. Calhoun
New Address

Subscribed and sworn to before me this 9 day of August, 1968
John Gambold, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks
Signed Arnold H. Calhoun Father
Signed Rilda Stogdill Mother
Subscribed and sworn to before me this 9 day of August, 1968
John Gambold, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Circuit Court by written order issued Aug 9-1968 and filed
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 9 day of August, 1968, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence J. Brooks hereby certify that on the 12th day of August, 1968, at Brownsville, County of Hendricks, State of Indiana, Groom Arnold L. Calhoun of Hendricks County, State of Indiana, and, Bride Mary Virginia Bevare of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 12th day of August, 1968.

Signed Clarence J. Brooks
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1968.
Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
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 none
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) School Health Record
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Bevare
Residence of father (if deceased so state) Brownsville
Occupation of father Insurance Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Nilda East
Residence of mother (if deceased so state) Brownsville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed Mary Virginia Bevare
New Address

Subscribed and sworn to before me this 9 day of August, 1968
John Gambold, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____ Clerk

Form 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 Bk. 30
Date of Application Aug. 9, 1968

MALE
Medical Examination Report Dated Aug. 8, 1968
Name of Physician Harold E. (Flung) M.D.

FEMALE
Medical Examination Report Dated Aug. 8, 1968
Name of Physician Harold E. (Flung) M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Walter Lynch
Date of Birth Feb. 17 1904
Place of Birth (State or foreign country) Owsley Co., Ky.
Residence Address RR#1, Camby, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Tool Grinder
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 Bud Lynch
Residence of father (if deceased so state) So. Lebanon, Ohio
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Owsley Co., Ky.
12. Full maiden name of mother Martha Got
Residence of mother (if deceased so state) So. Lebanon, Ohio
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Lee Co., Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Walter Lynch
New Address RR#1, Camby, Ind.
Subscribed and sworn to before me this 9th day of Aug., 1968.
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 Audrey Maie Fields
Date of Birth Jan. 11 1924
Place of Birth (State or foreign country) Breathitt Co., Ky.
Residence Address RR#1, Camby, Hendricks, Ind.
Maiden Name if Different Ingte
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 Belview Cleaners
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) (Error in Birth Cert. showing birth date as 1/13/24)
- Are you now or have you been adjudged, diagnosed or considered 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 Chester Ingte
Residence of father (if deceased so state) Madell
Occupation of father Coal Miner Race of father W.
Birthplace of father (State or foreign country) Breathitt Co., Ky.
8. Full maiden name of mother Elvira Spurrlock
Residence of mother (if deceased so state) Madell
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Breathitt Co., Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Audrey M. Fields
New Address RR#1, Camby, Ind.
Subscribed and sworn to before me this 9th day of Aug., 1968.
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____
County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13th day of August, 1968, authorizing the joining together as husband and wife of Walter Lynch and Audrey Maie Fields
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ray J. Landermelle, hereby certify that on the 13th day of August, 1968, at Avon, Meth. Ch., County of Hendricks, State of Indiana, Groom Walter Lynch and, Bride Audrey Maie Fields of Hendricks County, State of Indiana, were by me united 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, 1968.

Signed Ray Landermelle
Official Designation Clergy (Methodist)
20 day of August, 1968.
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. 281
File Bk. 30
Date of Application August 9, 1968

MALE

Medical Examination Report Dated Aug. 7, 1968
Name of Physician E. Hourany, M.D.

FEMALE

Medical Examination Report Dated Aug. 7, 1968
Name of Physician E. Hourany, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 D. Wood
Date of Birth July 25, 1946
Place of Birth (State or foreign country) Clinton, Ind.
Residence Address 88 W. Morgan, Merrill 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

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 James Raymond Wood
Residence of father (if deceased so state) Same
Occupation of father Business Mgr. Race of father W.
Birthplace of father (State or foreign country) Deerfield, Ill.
12. Full maiden name of mother Imogene Emmert
Residence of mother (if deceased so state) Same
Occupation of mother Sec. Race of mother W.
Birthplace of mother (State or foreign country) Montezuma, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed John D. Wood

New Address 121 1/2 Kent Ave. Terre Haute, Ind.

Subscribed and sworn to before me this 9 day of August, 1968
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 Shirley K. Veith
Date of Birth Nov. 13, 1946
Place of Birth (State or foreign country) Snaps, Ind.
Residence Address 1422 Dallas Dr. Plainfield, Hendricks, 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 Teacher

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 Harold Wm. Veith
Residence of father (if deceased so state) Same
Occupation of father Engineer Race of father W.
Birthplace of father (State or foreign country) Deerfield, Ill.

8. Full maiden name of mother Wilma Jelco
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Cloris, N. M.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Shirley K. Veith

New Address 121 1/2 Kent Terre Haute, Ind.

Subscribed and sworn to before me this..... day of August, 1968
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 13th day of August, 1968, authorizing the joining together as husband and wife of John D. Wood and Shirley K. Veith.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Roulin, hereby certify that on the 17th day of August, one thousand nine hundred and 68, at Plainfield, County of Hendricks, State of Indiana, Groom John D. Wood of Morgan County, State of Indiana and, Bride Shirley K. Veith of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... HENDRICKS County.

Dated this 17th day of August, 1968.

Signed Warren A. Roulin

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of August, 1968.

Signed John Gambold, Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 282
File Bk. 30
Date of Application Aug 10, 1968

MALE
Medical Examination Report Dated Aug. 5, 1968
Name of Physician Murray B. Levin, M.D.

FEMALE
Medical Examination Report Dated Aug. 5, 1968
Name of Physician Iring 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, representa-

MALE APPLICANT

Name Richard Paul Traube
Date of Birth Aug. 10 1945
Place of Birth (State or foreign country) San Diego, Calif.
Residence Address 8200 Pontiac Dr. Rd., Pontiac, Oakland, Michigan
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Nurseryman

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Military I.D. Card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(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 Arthur Richard Traube
Residence of father (if deceased so state) 3806 Ladue Rd., Memphis, Tenn.
Occupation of father Bank Teller Race of father W.
Birthplace of father (State or foreign country) Oakland, Calif.

12. Full maiden name of mother Ethel Grace Hawkins
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Long Beach, Calif.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Richard P. Traube

New Address Same as above

Subscribed and sworn to before me this 10 day of Aug., 1968
John M. Chell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Kristin Lea Yager
Date of Birth Jan 21 1949
Place of Birth (State or foreign country) Brighton, Mich.
Residence Address 329 Waples Dr., Plainfield, Hendricks, 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 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 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 Billie Walter Yager
Residence of father (if deceased so state) Same
Occupation of father Pilot Race of father W.
Birthplace of father (State or foreign country) Minn.

8. Full maiden name of mother Judith Beverly Lindgren
Residence of mother (if deceased so state) Same
Occupation of mother Sec. Race of mother W.
Birthplace of mother (State or foreign country) Minn.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Kristin Yager

New Address _____

Subscribed and sworn to before me this 10 day of Aug., 1968
John M. Chell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 14 day of August, 1968, authorizing the joining together as husband and wife
Richard Paul Traube and Kristin Lea Yager

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John M. Chell hereby certify that on the 17th day of August

at Speedway, County of Marion
one thousand nine hundred and 68, County, State of Michigan
State of Indiana, Groom Richard Paul Traube of Oakland County, State of Indiana

and, Bride Kristin Lea Yager of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 17th day of August, 1968. Signed John M. Chell
Official Designation Lutheran Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of August, 1968.
Signed John Gamble, Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 283
File Bk 30
Date of Application Aug. 10, 1968

MALE

Medical Examination Report Dated Aug. 3, 1968
Name of Physician Thomas Wm. Alley M.D.

FEMALE

Medical Examination Report Dated Aug. 3, 1968
Name of Physician Thomas Wm. 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 Donald E. Frye, Jr.
Date of Birth April 5, 1946
Place of Birth (State or foreign country) Chilesburg, Ill.
Residence Address 307 Rodney, Brownsville, Hendricks, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Engineer

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Donald Eugene Frye
Residence of father (if deceased so state) Same
Occupation of father Technical Support Race of father W.
Birthplace of father (State or foreign country) Robinson, Ill.
12. Full maiden name of mother Betty June Harden
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Arthur, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Donald E. Frye Jr.
New Address GOLF RANGE APT 49, KNOXVILLE, TENNESSEE

Subscribed and sworn to before me this 10 day of August, 1968
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 Wanda Lea Woodall
Date of Birth Sept. 26, 1947
Place of Birth (State or foreign country) Monaca, Ind.
Residence Address 318 S. Jefferson, Brownsville, Hendricks, 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 Nurse

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 Robert Upstater Woodall
Residence of father (if deceased so state) Same
Occupation of father Tell Eng. Race of father W.
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Clare Bel Wright
Residence of mother (if deceased so state) Same
Occupation of mother Clerical Support 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 Wanda Lea Woodall

New Address Same

Subscribed and sworn to before me this 10 day of August, 1968
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 15th day of August, 1968, authorizing the joining together as husband and wife of Donald E. Frye, Jr. and Wanda Lea Woodall.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Willard R. Fair hereby certify that on the 17th day of August, one thousand nine hundred and sixty-eight at Brownsville, County of Hendricks, State of Indiana, Groom Donald E. Frye Jr. of Hendricks County, State of Indiana and, Bride Wanda Lea Woodall of Hendricks County, State of Indiana, were by me united 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 August, 1968.

Signed Rev. Willard R. Fair

Official Designation Methodist Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of August, 1968.

Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 284
File Bk 30
Date of Application August 10, 1968

HENDRICKS County

MALE
Medical Examination Report Dated July 29, 1968
Name of Physician Joseph C. Herlin, M.D.

FEMALE
Medical Examination Report Dated July 29, 1968
Name of Physician Joseph C. Herlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Maurice Earl McCoy
Date of Birth May 18 1941
Place of Birth (State or foreign country) La Grange, Co. Ind.
Residence Address 746 W. Bristol, Elkhart, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clemist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father John Calvin McCoy
Residence of father (if deceased so state) R#2, La Grange, Ind.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) La Grange, Ind.

12. Full maiden name of mother Mary Elizabeth Young
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) La Grange, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Maurice Earl McCoy
New Address 746 W. Bristol, Elkhart, Ind.

Subscribed and sworn to before me this 10 day of August, 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

FEMALE APPLICANT

Name Jackie Lee Frazier
Date of Birth April 20 1944
Place of Birth (State or foreign country) Marion Co., Ind.
Residence Address 3405 North St., Danville, Hendricks, 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) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Jack Noel Frazier
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W.
Birthplace of father (State or foreign country) Unknown (Ind.)

8. Full maiden name of mother Rosemary Hodson
Residence of mother (if deceased so state) Danville, Ind.
Occupation of mother Teacher Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, _____ } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Jackie Lee Frazier
New Address _____

Subscribed and sworn to before me this 10 day of August, 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, _____ } ss:
County of HENDRICKS

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 285
File Bk. 30
Aug. 10, 1968
Date of Application

MALE

Medical Examination Report Dated July 29, 1968
Name of Physician Lloyd Perry, M.D.

FEMALE

Medical Examination Report Dated July 29, 1968
Name of Physician Lloyd Perry, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Rex Givan
Date of Birth April 14 1949
Place of Birth (State or foreign country) Marion Co., Indpls., Ind.
Residence Address 25 E. 1st St., 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 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? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father James Kenneth Givan
Residence of father (if deceased so state) Same
Occupation of father B. Assessor Race of father W.
Birthplace of father (State or foreign country) Mar. Co. Ind.
12. Full maiden name of mother Alondra Patricia Walls
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Danville, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed James Rex Givan
New Address 321 1/2 S. 5th Terre Haute, Ind.

Subscribed and sworn to before me this 10 day of Aug., 1968
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 James Rex Givan Father
Signed Alondra Patricia Walls Mother
Subscribed and sworn to before me this 10 day of August, 1968
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name Tueglynn Jean Westerfield
Date of Birth April 6 1949
Place of Birth (State or foreign country) Owensboro, Ky.
Residence Address 321 1/2 S. 5th Terre Haute, 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 Assessors Office

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 William E. Westerfield
Residence of father (if deceased so state) Indpls., Ind.
Occupation of father Mgr. Insurance Race of father W.
Birthplace of father (State or foreign country) Owensboro Ky.
- Full maiden name of mother Betty Jane Morrison
Residence of mother (if deceased so state) R. Danville, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Owensboro, Ky.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Tueglynn Jean Westerfield
New Address Same

Subscribed and sworn to before me this 10 day of Aug., 1968
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
County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15 day of August, 1968, authorizing the joining together as husband and wife of James Rex Givan and Tueglynn Jean Westerfield.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, W. E. Potts, hereby certify that on the 16 day of August, one thousand nine hundred and 68, at Danville, County of Hendricks, State of Indiana, Groom James Rex Givan of Hendricks County, State of Indiana, and, Bride Tueglynn Jean Westerfield of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 16 day of August, 1968.

Signed W. E. Potts

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of August, 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

No. 286
File Book 30
Date of Application Aug 10-68

HENDRICKS County

MALE

Medical Examination Report Dated Aug 5-68
Name of Physician Irving Cohen M.D.

FEMALE

Medical Examination Report Dated Aug 5-68
Name of Physician Irving Cohen M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Jerry Scott O'Brien
Date of Birth Aug 26 1947
Place of Birth (State or foreign country) Indpls Marion Ind.
Residence Address 3707 Six Points Rd Indpls Head. 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? 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 Raymond O'Brien
Residence of father (if deceased so state) Six Points Rd, Indpls
Occupation of father Machinist Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Corinne May Wolfe
Residence of mother (if deceased so state) Six Points Rd Indpls
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 Jerry Scott O'Brien
New Address _____

Subscribed and sworn to before me this 10 day of Aug, 1968
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 Raymond O'Brien Father
Signed Corinne O'Brien Mother

Subscribed and sworn to before me this 10 day of Aug, 1968
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 _____ Court by written order issued _____ and filed _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of August, 1968, authorizing the joining together as husband and wife of Jerry Scott O'Brien and Sue Ann Drews

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Reverend Herman G. Lutz hereby certify that on the 17th day of August, at Plainfield, County of Hendricks, State of Indiana, Groom Jerry S. O'Brien of Hendricks County, State of Indiana, and, Bride Sue Ann Drews of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 17th day of August, 1968 Signed Reverend Herman G. Lutz

Official Designation Catholic Priest 20 day of August, 1968

Signed John Hambold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

FEMALE APPLICANT

Name Sue Ann Drews
Date of Birth April 3 1948
Place of Birth (State or foreign country) Indpls Marion Ind.
Residence Address 122 Box 117 Indpls Head. Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary + 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? 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 Raymond Francis Drews
Residence of father (if deceased so state) R2 Indpls
Occupation of father Electrician Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Estella Louise Eton
Residence of mother (if deceased so state) R2 Indpls
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 Sue Ann Drews
New Address _____

Subscribed and sworn to before me this 10 day of Aug, 1968
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

Form 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

Aug 12 1968
Date of Application

MALE
Medical Examination Report Dated Aug 12 1968
Name of Physician Donald Cheeseman MD

FEMALE
Medical Examination Report Dated _____
Name of Physician _____

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James D. Reed
Date of Birth Sept 3 1940
Place of Birth (State or foreign country) Indianapolis
Residence Address Rt 1 Box 309 Clayton Hend. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Salvager

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-40-041656 Ind.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Marshall Reed
Residence of father (if deceased so state) Rt 1 Clayton
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Michigan
12. Full maiden name of mother Katherine Foster
Residence of mother (if deceased so state) Same
Occupation of mother Retired Race of mother W
Birthplace of mother (State or foreign country) Michigan

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James D Reed

New Address _____

Subscribed and sworn to before me this 12 day of Aug, 1968.

John Gamble Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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____.

FEMALE APPLICANT

Name Joyce Darlene Snell
Date of Birth July 11 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address Rt 2 Box 457 Clayton Hend. Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation _____

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Joseph E. Snell
Residence of father (if deceased so state) Rt 2 Clayton
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Jay Marie Crane
Residence of mother (if deceased so state) Same
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.

Signed Joyce Darlene Snell

New Address _____

Subscribed and sworn to before me this 12 day of Aug, 1968.

John Gamble Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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____.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1968, authorizing the joining together as husband and wife James D. Reed and Joyce Darlene Snell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank H. Johnson hereby certify that on the 16 day of August, one thousand nine hundred and sixty eight at Bellefonte, County of Hendricks, State of Indiana, Groom James D. Reed of Hendricks County, State of Indiana and, Bride Joyce Darlene Snell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 day of August, 1968.

Signed Frank H. Johnson

Official Designation Justice of Peace

Signed John Gamble Sr Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1968.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 288
File Book 30
Aug 13 1968
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated July 31 1968
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated July 31 1968
Name of Physician Irving Cohen M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Gary Middle Lee Last Gibbs
Date of Birth July 27 1948
Place of Birth (State or foreign country) Illinois
Residence Address 1049 Stafford Rd Plainfield 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 R.R. Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Leo John Gibbs
Residence of father (if deceased so state) Plainfield Ind.
Occupation of father Ind Bell Tel Co. Race of father W
Birthplace of father (State or foreign country) Brownsville Ind
12. Full maiden name of mother Dorothea Caroline Biggers
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) _____

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Gary Lee Gibbs
New Address 3236 Six Points Rd apt 13

Subscribed and sworn to before me this 13 day of Aug, 1968.
John Gaudel Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Leo Gibbs Father
Signed Dorothea Gibbs Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Sharon Middle Lynn Last Clark
Date of Birth March 2 1949
Place of Birth (State or foreign country) Indiana
Residence Address RR 2 Box 48 Plainfield Ind
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Merwin Edward Clark
Residence of father (if deceased so state) RR 2 Plainfield
Occupation of father Foreman Allison Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Ruth Jean Bradford
Residence of mother (if deceased so state) same
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Judges Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Sharon Lynn Clark

New Address 8236 6 June Rd apt B Judge

Subscribed and sworn to before me this 13 day of Aug, 1968.
John Gaudel Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued Aug 13 1968 and filed in Hendricks County Superior Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of August, 1968, authorizing the joining together as husband and wife of Gary Lee Gibbs and Sharon Lynn Clark.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Donald Coakley, hereby certify that on the 16th day of August, 1968, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 68, of Hendricks County, State of Indiana, Groom Gary Lee Gibbs and, Bride Sharon Lynn Clark of Hendricks County, State of Indiana.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16th day of August, 1968. Signed Rev. Donald Coakley

Official Designation Catholic Priest, 1968.

Signed John Gaudel 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. 289
File Bk 30
Date of Application Aug. 13, 1968

MALE
Medical Examination Report Dated Aug. 12, 1968
Name of Physician J. E. Gillespie, M.D.

FEMALE
Medical Examination Report Dated Aug. 12, 1968
Name of Physician J. E. Gillespie, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Carlos Ray Cline
Date of Birth August 25 1940
Place of Birth (State or foreign country) Clayton Ind.
Residence Address POB 31 Amo, Hendricks Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Machinist - Millwright

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☒
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Mark Christopher 2 same as above
Patrick Michael 2 "
Carl Dean 2 "

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
- (c) Are you complying with any court order or order issued for their support? Yes ☐ No ☒

11. Full name of father Odus Lee Cline
Residence of father (if deceased so state) POB of 31, Amo, Ind.
Occupation of father Co. Employee Race of father W.
Birthplace of father (State or foreign country) Franklin, Ky.
12. Full maiden name of mother Katy Bernice Brad
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Scottsville, Ky.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Carlos Ray Cline

New Address 1122 Westwood Dr. Evansville, Ind.

Subscribed and sworn to before me this 13 day of Aug., 1968
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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Judith Ann Keller
Date of Birth March 14 1946
Place of Birth (State or foreign country) Whitehouse, Tenn.
Residence Address 1622 Buchanan St. Nashville, Tenn.
Maiden Name if Different Lambert

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 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 George Robert Lambert
Residence of father (if deceased so state) Deceased

Occupation of father _____ Race of father W.

Birthplace of father (State or foreign country) Whitehouse, Tenn.

8. Full maiden name of mother Mildred Cline Gouley
Residence of mother (if deceased so state) 3238 Clover Dr. Indpls.

Occupation of mother Sec. Race of mother W.

Birthplace of mother (State or foreign country) Illinois

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Judith Ann Keller

New Address _____

Subscribed and sworn to before me this 13 day of Aug., 1968
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, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of August, 1968, authorizing the joining together as husband and wife of Carlos Ray Cline and Judith Ann Keller.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence W. Henderson, hereby certify that on the 17 day of August, one thousand nine hundred and 68, at Indpls Ind., County of Darwin, State of Indiana, Groom Carlos Ray Cline of Hendricks County, State of Indiana and, Bride Judith Ann Keller of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 17 day of August, 1968.

Signed Clarence W. Henderson

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of August, 1968.

Signed John Sambold, Jr. Clerk

HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 290
File Bk 50
Date of Application Aug. 13, 1968

MALE

Medical Examination Report Dated Aug. 12, 1968
Name of Physician Robert W. Kirtley, M.D.

FEMALE

Medical Examination Report Dated Aug. 12, 1968
Name of Physician Robert W. Kirtley, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Thomas E. Scott
Date of Birth June 2, 1940
Place of Birth (State or foreign country) Bedford, Indiana
Residence Address 4047 Robin Dr., Indianapolis, Marion, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Morgan Co. 1965
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Eastern Airlines
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses
Name Kathleen Anne Age 7 Address Lawrence Co. Ind.

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Henry Thomas Scott
Residence of father (if deceased so state) Rt 2, Bedford, Ind.
Occupation of father Ind. Minestone Race of father W.
Birthplace of father (State or foreign country) Morgan Co. Ind.
12. Full maiden name of mother Edith Pauline Goodman
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Lawrence Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Thomas E. Scott
New Address 5325 Monroville Rd. Indianapolis
Subscribed and sworn to before me this Aug. day of 1968
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 Ros Ellen Brown
Date of Birth April 14, 1947
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address Rt 224, Indpls., Hendricks, 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 Keypunch - Allisons

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Wm Henry Brown
Residence of father (if deceased so state) Ind. Ind.
Occupation of father Supt. Constr. Race of father W.
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Sara Ellen Baker
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Ros Ellen Brown
New Address 5325 Monroville Rd., Indpls.

Subscribed and sworn to before me this 13 day of Aug., 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 8/14/68 and filed in Hendricks County Circuit authorizes and directs the issuance of a marriage license to the above named parties. 3 day Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of August, 1968, authorizing the joining together as husband and wife of Thomas E. Scott and Ros Ellen Brown.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald A. Watson, hereby certify that on the 16th day of August, 1968, at Shelsh United Methodist Church, County of Hendricks, State of Indiana, Groom Thomas E. Scott of Marion County, State of Indiana, and, Bride Ros Ellen Brown of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 16th day of August, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1968.
Signed Donald A. Watson Official Designation Pastor Shelsh United Methodist Church
Signed John Gambold, Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 291
File August 14, 1968
BK 30
Date of Application

MALE
Medical Examination Report Dated 8-9-68
Name of Physician John P. Colhoun

FEMALE
Medical Examination Report Dated 8-9-68
Name of Physician John P. Colhoun

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Stephen Kemp
Date of Birth August 28 1948
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Rt 2 Bx 225 Plainfield Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Heavy Store-Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Stephen R. Kemp
Residence of father (if deceased so state) Rt 2 Bx 240 Plf Ind
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Indianapolis, Ind
12. Full maiden name of mother Joyce Stevenson
Residence of mother (if deceased so state) Rt 2 Bx 215 Plf Ind
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) South Africa

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed x David S. Kemp
New Address Ann until Aug 8 45-36

Subscribed and sworn to before me this 14 day of Aug, 1968.
John D. Dill Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 gave consent below
father consent attached

State of Indiana, HENDRICKS } ss:
County of _____
Signed Joyce Kemp Father
Signed Joyce Kemp Mother
Subscribed and sworn to before me this 14 day of Aug, 1968.
John D. Dill Clerk

FEMALE APPLICANT

Name Marguerite Anne Turner
Date of Birth February 25 1949
Place of Birth (State or foreign country) Johannesburg South Africa
Residence Address Rt 1 Bx 97 Danville Ind
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Cashier

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Birth Certificate

- Are you now or have you been adjudged, diagnosed or considered 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 Deshae Malcolm Turner
Residence of father (if deceased so state) 8 Vernon Rd. Durham
Occupation of father General Manager Race of father W
Birthplace of father (State or foreign country) Samuel B. Bales Surrey England
- Full maiden name of mother May Alice Hils
Residence of mother (if deceased so state) Rt 1 Bx 97 Dan. Ind
Occupation of mother Teacher Race of mother W
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.
County of _____

Signed x Marguerite A. Turner
New Address same

Subscribed and sworn to before me this 14 day of Aug, 1968.
John D. Dill Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 20 day of August, 1968, 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 24 day of August, 1968, at Hendricks County of Indiana, State of Indiana, Groom David Stephen Kemp of Hendricks County, State of Indiana, and, Bride Marguerite Ann Turner of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of August, 1968.

Signed Conley Bowman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September, 1968.

Signed John D. Dill Clerk HENDRICKS Circuit Court

I, Stephen R. Kemp, hereby give my consent for
my son, David Stephen Kemp to
marry Marguerite Anne Turner

subscribed and sworn to before me this 16 day of August, 1968

my commission expires:
Jan. 6, 1971

Viritta Kay Cochran
Notary Public
Hendricks County, Ind



14, 1968
Application

ment, representa-

Last
Turner
Year
1949

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address Street or R. R. R.R. 275 Plainfield Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Heavy Store - Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Overseas 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: Stephen R. Kemp

Residence of father (if deceased so state) R#2 BX 275 Plainfield Ind

Occupation of father Farmer Race of father W

Birthplace of father (State or foreign country) Billings, Mont. Ind

12. Full maiden name of mother: Joyce Stevenson

Residence of mother (if deceased so state) R#2 BX 275 Plainfield Ind

Occupation of mother Homemaker Race of mother W

Birthplace of mother (State or foreign country) Widthorpe England

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed x David S. Kemp

New Address Ans motel apt 8 45-36

Subscribed and sworn to before me this 14 day of Aug, 1968.

John Dandridge Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 gave consent below
father consent attached

State of Indiana, } ss:

County of HENDRICKS

Signed Joyce Kemp Father

Signed Joyce Kemp Mother

Subscribed and sworn to before me this 14 day of Aug, 1968

John Dandridge Jr Clerk

Place of Birth (State or foreign country) Johannesburg South Africa

Residence Address Street or R. R. R#1 BX 97 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 Cashier

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Birth Certificate

- Are you now or have you been adjudged, diagnosed or considered 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: Perch Malcolm Turner
Residence of father (if deceased so state) 8 Vernon Rd Durham
Occupation of father General Manager Race of father W
Birthplace of father (State or foreign country) Summit Balmes Surrey England
- Full maiden name of mother: Mary Alice Hialso
Residence of mother (if deceased so state) R#1 BX 97 Danville Ind
Occupation of mother Teacher Race of mother W
Birthplace of mother (State or foreign country) Blainfield Ind

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed x Marguerite A. Turner

New Address same

Subscribed and sworn to before me this 14 day of Aug, 1968

John Dandridge Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 20 day of August, 1968, 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 24 day of August

one thousand nine hundred and sixty-eight at Hendricks County of Indiana

State of Indiana, Groom David Stephen Kemp of Hendricks County, State of Indiana

and, Bride Marguerite Ann Turner of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County.

Dated this 24 day of August, 1968.

Signed Conley Bowman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September, 1968

Signed John Dandridge Jr Clerk

HENDRICKS Circuit Court

Form 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 August 15, 1968
Bk. 30 pg 487
Date of Application

MALE
Medical Examination Report Dated Aug. 9/68
Name of Physician Robert W. Kirtley M.D.

FEMALE
Medical Examination Report Dated Aug 9/1968
Name of Physician Robert W. Kirtley, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name David Austin Chalfant
Date of Birth Dec. 19 1946
Place of Birth (State or foreign country) Sanville, Ind.
Residence Address 396 S. Penn. Sanville, 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 Assembler
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Hemmie Agnis Chalfant
Residence of father (if deceased so state) Same
Occupation of father Plumbing Contractor Race of father W.
Birthplace of father (State or foreign country) Muncie, Ind.
12. Full maiden name of mother Violet Genevieve Thrunbach
Residence of mother (if deceased so state) Same
Occupation of mother Sec. Race of mother W.
Birthplace of mother (State or foreign country) Gene Haute, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed David Austin Chalfant
New Address _____

Subscribed and sworn to before me this 15 day of Aug., 1968
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 David Austin Chalfant Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Vicki Lynn Lord
Date of Birth Nov. 15 1947
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 5639 Hordegan Indianapolis, Marion, Ind.
Maiden Name if Different Chance
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Sec.

- Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
- Are you now or have you been adjudged, diagnosed or considered 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 Elmer Chance Sr.
Residence of father (if deceased so state) Same
Occupation of father Ice Contractor Race of father W.
Birthplace of father (State or foreign country) Indpls., Ind.

8. Full maiden name of mother Geraldine Dickerson
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 Vicki Lynn Lord
New Address _____

Subscribed and sworn to before me this 15 day of August, 1968
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 Vicki Lynn Lord Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 21st day of August, 1968, authorizing the joining together, as husband and wife of David Austin Chalfant and Vicki Lynn Lord

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Glenn Clark hereby certify that on the 7th day of September, at Danville, County of Hendricks, State of Indiana, Groom David Austin Chalfant of Marion County, State of Indiana, and, Bride Vicki Lynn Lord 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 7th day of September, 1968.

Signed Rev. Glenn Clark
Official Designation Methodist Minister
10 day of September, 1968
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. 293

File Book 30

Aug 16 1968
Date of Application

MALE

Medical Examination Report Dated 8-14-68

Name of Physician Fred P. Worlinton MD

FEMALE

Medical Examination Report Dated 8-14-68

Name of Physician Fred P. Worlinton 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
J. M. Hilligoss
Date of Birth Month Day Year
April 11 1944
Place of Birth (State or foreign country)
Indianapolis Marion Ind.
Residence Address Street or R. R. City County State
1516 Stafford Rd 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 Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Forrest Oscar Hilligoss
Residence of father (if deceased so state): Same
Occupation of father: Driver in Theater Race of father: W
Birthplace of father (State or foreign country): Juds Ind.
12. Full maiden name of mother: Margaret Leah Franklin
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Plainfield Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks
Signed: J. Mark Hilligoss
New Address: Embassy Row Speedway

Subscribed and sworn to before me this 16 day of Aug, 1968.
John Gamble Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, Hendricks } ss:
County of Hendricks

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT

Name First Middle Last
Claudia L. Jackson
Date of Birth Month Day Year
Sept. 12 1947
Place of Birth (State or foreign country)
Bloomington Monroe Ind.
Residence Address Street or R. R. City County State
849 Buchanan 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 Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Claude Gilbert Jackson
Residence of father (if deceased so state): Same
Occupation of father: Super mkt. owner Race of father: W
Birthplace of father (State or foreign country): Bloomington Ind.

8. Full maiden name of mother: Ruth Lucile Farnell
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): W. Lafayette Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed: Claudia L. Jackson

New Address: Embassy Row, Speedway

Subscribed and sworn to before me this 16 day of Aug, 1968.
John Gamble Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, Hendricks } ss:
County of Hendricks

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
County..... Court by written order issued..... and filed
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 21st day of August, 1968, authorizing the joining together as husband and wife of J. M. Hilligoss and Claudia L. Jackson. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert F. DeLong, hereby certify that on the 24th day of August, 1968, at Plainfield, Hendricks County, State of Indiana, Groom J. Mark Hilligoss and, Bride Claudia Lou Jackson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 24th day of August, 1968.

Signed: Robert F. DeLong

Official Designation: County Clerk
28th day of August, 1968

Signed: John Gamble 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. 294
File Book 30
Date of Application Aug 17 1968

MALE
Medical Examination Report Dated 8-5-68
Name of Physician John P. Calhoun MD

FEMALE
Medical Examination Report Dated 8-5-1968
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 David Clinton Bettis
Date of Birth January 17 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 8 Box 233 City Judith County Marion State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation 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 now or have you been within five (5) years an inmate of a county 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 Floyd Clinton Bettis
Residence of father (if deceased so state) Same
Occupation of father Pipe Fitter Race of father W
Birthplace of father (State or foreign country) Arkansas
12. Full maiden name of mother Margaret Agnes Coryell
Residence of mother (if deceased so state) _____
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 David Clinton Bettis
New Address RR 8 Box 429 Judith
Subscribed and sworn to before me this 17 day of Aug, 1968.
John Gamble Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Floyd Clinton Bettis Father
Signed Margaret A. Bettis Mother
Subscribed and sworn to before me this 17 day of Aug, 1968.
John Gamble Clerk

FEMALE APPLICANT

Name Karen Kay Stokes
Date of Birth August 17 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address RR 1 Box 15A City Danville County Marion State Ind
Maiden Name if Different Danville
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 ASHB
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 Billy Gene Stokes
Residence of father (if deceased so state) Same
Occupation of father Plumber Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lula Carroll Minton
Residence of mother (if deceased so state) Same
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 Karen Kay Stokes
New Address RR 8 Box 429 Judith
Subscribed and sworn to before me this 17 day of Aug, 1968.
John Gamble Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of August, 1968, authorizing the joining together as husband and wife of David Clinton Bettis and Karen Kay Stokes.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, F. Orman Coats, hereby certify that on the 23rd day of August, 1968, at Indianapolis, County of Marion, State of Indiana, Groom David Clinton Bettis of Hendricks County, State of Indiana, and, Bride Karen Kay Stokes of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 21st day of August, 1968.

Signed F. Orman Coats
Official Designation Clergyman
27 day of August, 1968.
Signed John Gamble 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. 295
File Book 30
Date of Application 17 August 1968

MALE

Medical Examination Report Dated 24 July 1968
Name of Physician R. W. Kintley M.D.

FEMALE

Medical Examination Report Dated 15 August 1968
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 Anthony S. Priola Jr.
Date of Birth August 14 1945
Place of Birth Sasser, Ala.
Residence Address 2919 Shelbyville Rd., 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 Mgt. Trimmer: Link Belt.

Date of birth verified by ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft Card.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (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 Anthony Salvatore Priola Sr.
Residence of father (if deceased so state) Sasser, Ind.
Occupation of father Russell Dr. Belmont Ind. Race of father White
Birthplace of father (State or foreign country) Indpls, Ind.

12. Full maiden name of mother Gayce Jones
Residence of mother (if deceased so state) Sasser, Ala.
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) Sasser, Ala.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Anthony S. Priola Jr.

New Address 7723 Ottumwood Indpls, Ind.

Subscribed and sworn to before me this 17th day of August, 1968
Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
Clerk.....

FEMALE APPLICANT

Name Patricia Kay Parsons
Date of Birth August 16 1947
Place of Birth Indianapolis, Ind.
Residence Address 21 Bx 371 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 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 afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Adrian Arnold Parsons

Residence of father (if deceased so state) 21 Danville, Ind.

Occupation of father Farmer Race of father White

Birthplace of father (State or foreign country) Hendricks Co., Ind.

8. Full maiden name of mother Mary Catherine Price

Residence of mother (if deceased so state) Sasser

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.....

Signed Patricia Kay Parsons

New Address Sasser

Subscribed and sworn to before me this 17th day of August, 1968
Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
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 21st day of Aug., 1968, authorizing the joining together as husband and wife of Anthony S. Priola Jr. and Patricia Kay Parsons.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Herbert D. Pettengill Jr. hereby certify that on the 24th day of August, one thousand nine hundred and sixty-eight at Danville, County of Hendricks, State of Indiana, Groom Anthony Salvatore Priola Jr. of Marion County, State of Indiana and, Bride Patricia Kay Parsons of Hendricks County, State of Indiana were by me united 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, 1968.

Signed Herbert D. Pettengill Jr.

Official Designation Minister

27 day of August, 1968

Signed John Gamble 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

491

No. 296
File Book 30
Date of Application 17 August 1968

HENDRICKS County

MALE
Medical Examination Report Dated 15 August 1968
Name of Physician M.D. Scamahorn M.D.

FEMALE
Medical Examination Report Dated 15 August 1968
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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert S. Boller
Date of Birth December 24 1949
Place of Birth Crawfordsville, Ind.
Residence Address Rt 1 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 Const. Worker, R.L. Shott

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 Walter Lee Boller
Residence of father (if deceased so state) Rt 1 N. Salem, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Tipp. Co., Ind.

12. Full maiden name of mother Doris Kathleen Falkenburg
Residence of mother (if deceased so state) Same
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) Putnam Co., Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Robert S. Boller
New Address N. Salem, Ind. (Rt 1, Box 10)

Subscribed and sworn to before me this 17th day of August, 1968
John Samuel Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed Doris K. Boller Father
Signed Robert S. Boller Mother

Subscribed and sworn to before me this 17th day of August, 1968
John Samuel Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Linda Barnett
Date of Birth May 31 1949
Place of Birth St. Marys, Missouri
Residence Address Rt 1 North Salem, Hendricks, Ind.
Maiden Name if Different

Previous Marital Status: Never Married Number of Previous Marriages

Last Marriage Ended By: Death Divorce Annulment

Color or Race White Negro Other (specify)

Usual Occupation Typist: American States

Date of birth verified by: Birth Cert. Judicial Decree

Other (Specify) Driving 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 Leri Wesley Barnett
Residence of father (if deceased so state) St. Marys, Mo.
Occupation of father Truck Driver W. M. D. J. Race of father White
Birthplace of father (State or foreign country) Spencer, Ind.
- Full maiden name of mother Mary Patricia Thumure
Residence of mother (if deceased so state) St. Marys, Mo.
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) St. Marys, 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 Barnett
New Address Same

Subscribed and sworn to before me this 17th day of August, 1968
John Samuel Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed Father
Signed Mother

Subscribed and sworn to before me this day of 1968
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of August 1968, authorizing the joining together as husband and wife of Robert S. Boller and Linda Barnett
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ray Britton hereby certify that on the 21st day of August at Reachdale, County of Putnam, one thousand nine hundred and sixty eight State of Indiana, Groom Robert S. Boller of Hendricks County, State of Indiana and, Bride Linda Barnett of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 21 day of August, 1968 Signed Ray Britton
Official Designation Christian Minister
Signed John Samuel Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of August, 1968
John Samuel Clerk HENDRICKS Circuit Court

MALE
Medical Examination
Name of Physician

ALL QUESTIONS MUST BE
tion or pretense shall be fined

Name Robert
Date of Birth December

Place of Birth Crawfordsville, Ind.

Residence Address RI 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 Const. Worker, R.L. Shott

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Dr. L. Card

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Walter Lee Baller

Residence of father (if deceased so state) RI N. Salem, Ind.

Occupation of father Farmer Race of father White

Birthplace of father (State or foreign country) Tipton Co., Ind.

12. Full maiden name of mother Doris Kathleen Falkenburg

Residence of mother (if deceased so state) Same

Occupation of mother H/W Race of mother White

Birthplace of mother (State or foreign country) Putnam Co., Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Robert J. Baller

New Address N. Salem, Ind. (Rear 1st)

Subscribed and sworn to before me this 17th day of August, 1968

John Samuel Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of HENDRICKS

Signed Doris K. Baller Father

Signed Robert J. Baller Mother

Subscribed and sworn to before me this 17th day of August, 1968

John Samuel 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

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 21 day of August, 1968, authorizing the joining together as husband and wife

of Robert J. Baller and Linda Barnett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ray Britton hereby certify that on the 21st day of August, 1968, at Reachdale, County of Putnam, State of Indiana, Groom Robert J. Baller of Hendricks County, State of Indiana and, Bride Linda Barnett of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of August, 1968

Signed Ray Britton Official Designation Christian Minister

23 day of August, 1968

Signed John Samuel Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

I, Walter J. Baller, hereby give my consent for
my son Robert J. Baller
marry Linda Barnett

Subscribed and sworn to before me this 17 day of Aug, 1968

John Samuel
Notary Public

Place of Birth (State or foreign country) St. Marys, Missouri
Residence Address St. Marys, Missouri
Maiden Name if Different North Salem, Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Typist: American States

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driving License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Heri Wesley Barnett

Residence of father (if deceased so state) St. Marys, Mo.

Occupation of father Truck Driver W. M. D. J. Race of father White

Birthplace of father (State or foreign country) Decatur, Ind.

8. Full maiden name of mother Mary Patricia Thunore

Residence of mother (if deceased so state) St. Marys, Mo.

Occupation of mother H/W Race of mother White

Birthplace of mother (State or foreign country) St. Marys, 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 Barnett

New Address Same

Subscribed and sworn to before me this 17th day of August, 1968

John Samuel Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form 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 310
Date of Application 17 August 1968

MALE
Medical Examination Report Dated 13 August 1968
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 13 August 1968
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 Dean First Middle Last Ziegler
Date of Birth February 22 1949
Place of Birth Evansville, Ind.
Residence Address 150 N. Center Apt 5 Plainfield, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student: Purdue Extension

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Draft Card 12 30 49 56

- Are you now or have you been adjudged, diagnosed or considered 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: Frederick James Ziegler
Residence of father (if deceased so state): Deceased
Occupation of father: Race of father: White
Birthplace of father (State or foreign country): Mt. Vernon, Ind.
12. Full maiden name of mother: Barbara Jean Broadus
Residence of mother (if deceased so state): 1544 Aubert, P.O. Ind.
Occupation of mother: H/W Race of mother: White
Birthplace of mother (State or foreign country): Toledo, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Dean Sydney Ziegler
New Address: 1601 1/2 S. Lynch Street, Indpls.
Subscribed and sworn to before me this 17th day of August, 1968
John G. Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Father deceased -- Mother gives full consent.

State of Indiana, HENDRICKS } ss:

Signed: Mrs. Charles A. Ziegler Father
Signed: Mother
Subscribed and sworn to before me this 17th day of August, 1968
John G. Gambrell Clerk

FEMALE APPLICANT

Name Beverly First Middle Last Mason
Date of Birth January 20 1949
Place of Birth Indianapolis, Ind.
Residence Address 1500 Stallen Rd. Plainfield, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Clerk-Typist: ISP-SOB

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 0658

- Are you now or have you been adjudged, diagnosed or considered 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 Harry Mason Jr.
Residence of father (if deceased so state): Same P.O. Ind.
Occupation of father: Whaler: Col. Dist. Race of father: White
Birthplace of father (State or foreign country): Indpls, Ind.
8. Full maiden name of mother: Jacqueline Hall
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: Beverly Ann Mason
New Address: Same
Subscribed and sworn to before me this 17th day of August, 1968
John G. 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 1968
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1968, authorizing the joining together as husband and wife of Dean Sydney Ziegler and Beverly Ann Mason. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Roblins hereby certify that on the 24th day of August, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom: Dean Sydney Ziegler of Hendricks County, State of Indiana and, Bride: Beverly Ann 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 24th day of August, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of August, 1968.

Signed: Warren A. Roblins
Official Designation: Christian Minister
Signed: John G. 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. 298
File Book 30
Date of Application 17 August 1968

MALE
Medical Examination Report Dated 8-12-68
Name of Physician A. Ebner Blatt M.D.

FEMALE
Medical Examination Report Dated 2 August 1968
Name of Physician A. Ebner Blatt M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Gregory Fox Udell
Date of Birth Nov 14 1946
Place of Birth (State or foreign country) Evansville Ind.
Residence Address 1042 Pontiac Rd. Wilmette Cook Ill.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) Student
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Durus License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☐ No ☐
- Are you likely to so continue? Yes ☐ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☐ Yes ☐

(a) List their full names, ages and addresses

Name	Age	Address

- 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 Clare L. Udell
Residence of father (if deceased so state) Wilmette Ill.
Occupation of father advertising Race of father W.
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Elizabeth J. Gray
Residence of mother (if deceased so state) Wilmette Ill.
Occupation of mother advertising Race of mother W.
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Gregory Fox Udell
New Address 3200 Kensington Manor, Bloomington, Ind.

Subscribed and sworn to before me this 26 day of Aug, 1968.
John Hamboldt, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana, dated the 26 day of August.

Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Robert F. DeLong, hereby certify that on the 31st day of August, 1968, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 68, of Cook County, State of Indiana, Groom Gregory Fox Udell and, Bride Jean Patrice Johnson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31st day of August, 1968. Signed Robert F. DeLong
Official Designation Clergyman, 1968.
Signed John Hamboldt, 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 Jean Patrice Johnson
Date of Birth May 18 1946
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 8 Weddington, Pifld, Ind.
Maiden Name if Different Jean Patrice Johnson
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) Student: IU Master's
Usual Occupation Student: IU Master's
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 3457

- Are you now or have you been adjudged, diagnosed or considered 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 David Johnson
Residence of father (if deceased so state) Jane, Pifld, Ind.
Occupation of father Army Ins. Agent Race of father White
Birthplace of father (State or foreign country) Albion, Ind.
- Full maiden name of mother Miriam Ellen Campbell
Residence of mother (if deceased so state) Same
Occupation of mother Secy. Army Agt Race of mother White
Birthplace of mother (State or foreign country) Jamestown, Pa.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Jean P. Johnson
New Address Same

Subscribed and sworn to before me this 26 day of Aug, 1968.
John Hamboldt, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 299
File Book 30
Date of Application 17th August 1968

MALE

Medical Examination Report Dated 16 August 1968
Name of Physician Douglas Gersten Capt MC

FEMALE

Medical Examination Report Dated 10 August 1968
Name of Physician Elmer L. Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Arthur A. Bryant
Date of Birth May 8 1944
Place of Birth Indpls, Ind.
Residence Address 3701 Shelby St, 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 Corporal: USMC

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
2922 Ind.

- ☐ 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 Charles Gallatin Bryant
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Gallatin Co, Ky.
12. Full maiden name of mother Mabel Elizabeth
Residence of mother (if deceased so state) Dawville, Ind.
Occupation of mother Nurse: ACH Race of mother white
Birthplace of mother (State or foreign country) Lawrence, Kansas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Arthur A. Bryant
New Address 3701 Shelby St, Indpls, Ind.

Subscribed and sworn to before me this 17th day of August, 1968
Clerk John Gaudin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Linda L. Majors
Date of Birth December 11 1949
Place of Birth Indpls, Ind.
Residence Address R3 3x364A, Dawville, 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 Pay & Clerical: State And off.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
11857 Ind.

- ☐ 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 Bueford Thomas Majors
Residence of father (if deceased so state) R3 Dawville, Ind
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Salem, Ind.
8. Full maiden name of mother Mary Louise Under
Residence of mother (if deceased so state) Salem
Occupation of mother Secy: Farm Bureau Ind. Race of mother white
Birthplace of mother (State or foreign country) Dawville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda L. Majors

New Address Salem

Subscribed and sworn to before me this 17th day of August, 1968
Clerk John Gaudin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Herbert D. Patten Jr. hereby certify that on the 7th day of September, one thousand nine hundred and sixty eight at Dawville, County of Hendricks, State of Indiana, Groom Arthur A. Bryant of Hendricks County, State of Indiana and, Bride Linda Louise 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 7th day of September, 1968.

Signed Herbert D. Patten Jr.

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of September, 1968.

Signed John Gaudin Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 300
File Book 30
Date of Application Aug 17 1968

MALE
Medical Examination Report Dated 8-17-68
Name of Physician Robert K. Stirling D.O.

FEMALE
Medical Examination Report Dated 8-17-68
Name of Physician Robert K. Stirling D.O.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Robert Byron Rumples
Date of Birth August 17 1950
Place of Birth (State or foreign country) Indpls.
Residence Address RR2 Box 378 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 Office Worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (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 Harold Chester Rumples
Residence of father (if deceased so state) same
Occupation of father Salesman Race of father W
Birthplace of father (State or foreign country) Bloomington Ind
12. Full maiden name of mother Charlotte Marion LaRoch
Residence of mother (if deceased so state) same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) De Kalb N.Y.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Robert Byron Rumples
New Address 3420 Scarlet Apt A Speedway
Subscribed and sworn to before me this 17 day of Aug, 1968.
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed Harold Chester Rumples Father
Signed Charlotte Marion Rumples Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name Shirley Kay Roderick
Date of Birth May 3 1949
Place of Birth (State or foreign country) Indiana
Residence Address 5520 W. 16th Indpls
Maiden Name if Different 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 Factory Worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
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 Willard G. Roderick
Residence of father (if deceased so state) same
Occupation of father factory worker Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Gladys Talty
Residence of mother (if deceased so state) same
Occupation of mother House wife 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 Shirley Kay Roderick
New Address 3420 Scarlet Apt A Speedway
Subscribed and sworn to before me this 17 day of Aug, 1968.
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the _____ County, _____, Indiana, dated the 21st day of August, 1968, authorizing the joining together as husband and wife of Robert Byron Rumples and Shirley Kay Roderick.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Treal O'Neal Younce hereby certify that on the 23 day of August, 1968, at Avon, County of Hendricks, State of Indiana, Groom Robert Byron Rumples of marion County, State of Indiana, and, Bride Shirley Kay Roderick of marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 23 day of August, 1968.

Signed Treal O. Younce
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 _____ 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

No. 301
File Book 30
Date of Application Aug 19, 1968

MALE
Medical Examination Report Dated 8-16-68
Name of Physician Floyd Terry

FEMALE
Medical Examination Report Dated 8-16-68
Name of Physician Floyd Terry

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Lee Ray Tanner
Date of Birth August 7 1951
Place of Birth (State or foreign country) Indianapolis, Marion, Indiana
Residence Address 19 Quaker Dr. 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 Station Attendant
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Ernest Leroy Tanner	19	Quaker Dr. Danville Ind.
Frances Marcilla Brunfield	1034	Redwood Rd. Danville Ind.

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ernest Leroy Tanner
Residence of father (if deceased so state) 19 Quaker Dr. Danville Ind.
Occupation of father Carpet Layer Race of father W
Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Frances Marcilla Brunfield
Residence of mother (if deceased so state) 1034 Redwood Rd. Danville Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS
County of ss: I depose and state the information given in this application is true and correct.

Signed Lee Ray Tanner
New Address
Subscribed and sworn to before me this 19 day of August, 1968
John Gaudin Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 has full custody

State of Indiana, HENDRICKS
County of ss: I depose and state the information given in this application is true and correct.
Signed Ernest L. Tanner Father
Signed Mother
Subscribed and sworn to before me this 19 day of August, 1968
John Gaudin Clerk Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the undersigned County Clerk by written order issued 8-19-68 and filed in authorizes and directs the issuance of a marriage license to the above named parties. 3 days waiting period of age

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Circuit Court of Indiana dated the 19 day of August, 1968, authorizing the joining together as husband and wife of Lee Ray Tanner and Donna Joyce Kirby.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Willard R. Fair hereby certify that on the 21st day of August, one thousand nine hundred and sixty-eight at Brownsville, County of Hendricks, State of Indiana, Groom Lee Ray Tanner and, Bride Donna Joyce Kirby of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 19th day of August, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of August, 1968.

Signed Rev. Willard R. Fair
Official Designation Methodist Clergyman
Signed John Gaudin Clerk Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 302

File Book 30

Aug 19 1968
Date of Application

MALE

Medical Examination Report Dated 8-19-68

Name of Physician Thomas Walker MD

FEMALE

Medical Examination Report Dated 8-19-68

Name of Physician Thomas Walker MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Larry Middle Wayne Last Landrum
Date of Birth Month June Day 12 Year 1946
Place of Birth (State or foreign country) Bloomington
Residence Address Street or R. R. 721 E. Main City Plainfield County Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Press Oper. - Link Belt

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (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 Harry James Landrum

Residence of father (if deceased so state) Same

Occupation of father Lathe Oper. Allen Race of father W

Birthplace of father (State or foreign country) Morgan Co Ind.

12. Full maiden name of mother Eden Pearl Smith

Residence of mother (if deceased so state) Same

Occupation of mother House wife Race of mother W

Birthplace of mother (State or foreign country) Morgan Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Harry W. Landrum

New Address 3129 Clover Dr Indpls 31

Subscribed and sworn to before me this 19 day of Aug, 1968.

John Gansbold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

County _____ Court by written order issued _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 23 day of August, 1968, and Patricia L. Wilson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Father Paul Dede hereby certify that on the 24th day of August, 1968, at Bloomington, County of Hendricks, State of Indiana, Groom Larry W. Landrum of Hendricks County, State of Indiana, and, Bride Patricia L. Wilson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 24th day of August, 1968.

Signed Father Paul Dede

Official Designation Catholic Priest, 1968.

Signed John Gansbold Sr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of August, 1968.

Form 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 Bop. 498
Date of Application Aug. 19, 1968

MALE
Medical Examination Report Dated 8-16-68
Name of Physician Thomas Dillon

FEMALE
Medical Examination Report Dated 8-16-68
Name of Physician Thomas Dillon

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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. McKinney
Date of Birth February 22, 1943
Place of Birth (State or foreign country) Lelamow, Boone, Indiana
Residence Address 1103 Northfield Dr. Lelamow
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Machinist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Maurice Neal McKinney
Residence of father (if deceased so state) 1103 Northfield Dr. Lelamow
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Kirklin, Indiana
12. Full maiden name of mother Margaret Ann Hoffmann
Residence of mother (if deceased so state) 1103 Northfield Dr. Lelamow
Occupation of mother Lab Technician 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 James E. McKinney
New Address 8211 Port au Prince Dr. Smith
Subscribed and sworn to before me this 19 day of August, 1968.
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 Phyllis Kay Nelson
Date of Birth July 13, 1948
Place of Birth (State or foreign country) Beach Grove, Marion, Ind.
Residence Address 427 Douglas Dr. Bely. Ind.
Maiden Name if Different.....
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation General Office Work
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Donald Lawrence Nelson
Residence of father (if deceased so state) 427 Douglas Dr. Bely.
Occupation of father Superior Race of father W
Birthplace of father (State or foreign country) Greensboro, Ind.
8. Full maiden name of mother Maena Florence Martin
Residence of mother (if deceased so state) 427 Douglas Dr. Bely.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Roachdale, Ind.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....
Signed Phyllis Kay Nelson
New Address Same
Subscribed and sworn to before me this 19 day of August, 1968.
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 23 day of Aug, 1968, authorizing the joining together as husband and wife of James E. McKinney and Phyllis Kay Nelson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick hereby certify that on the twenty-fourth day of August, one thousand nine hundred and sixty-eight at Braunsburg, County of Hendricks, State of Indiana, Groom James E. McKinney of Marion County, State of Indiana and, Bride Phyllis Kay Nelson of Hendricks County, State of Indiana, were by me united 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, 1968.
Signed Lester B. Yearick
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 28th day of August, 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. 304
File Book 30
Date of Application 19 August 1968

MALE
Medical Examination Report Dated 30 July 1968
Name of Physician John Ellett Jr. MD.

FEMALE
Medical Examination Report Dated 30 July 1968
Name of Physician John Ellett Jr. MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name William A. Van Nise
Date of Birth October 1, 1940
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R2 Bx 327 Danville, Hendricks Co., Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☐ Negro ☐ Other ☐ (specify) H.C. 65

Usual Occupation Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county 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 <input type="checkbox"/> No <input type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11. Full name of father <u>Carl Van Nise</u>		
Residence of father (if deceased so state) <u>R2 Danville, Ind.</u>		
Occupation of father <u>Disabled</u>		
Birthplace of father (State or foreign country) <u>Hendricks Co., Ind.</u>		
12. Full maiden name of mother <u>Genevieve McCombs</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>Putnam Co., Ind.</u>		

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed William A. Van Nise
New Address R2 Bx 327 Danville, Ind.
Subscribed and sworn to before me this 19th day of August, 1968.
Clerk John Ellett Jr. Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Sandra S. Wise
Date of Birth March 16, 1943
Place of Birth (State or foreign country) Putnam Co., Ind.
Residence Address R2 Bx 325 Danville, 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 School teacher: Clayton
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's Lic.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Paul Wise
Residence of father (if deceased so state) R2 Danville, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) La Fayette, Ind.
8. Full maiden name of mother Christine Shea
Residence of mother (if deceased so state) same
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Stilesville, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Sandra S. Wise
New Address same
Subscribed and sworn to before me this 19th day of August, 1968.
Clerk John Ellett Jr. Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22nd day of August, 1968, authorizing the joining together as husband and wife of William A. Van Nise and Sandra S. Wise.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Marvin M. Byrdwell, hereby certify that on the 24th day of August, 1968, at First Baptist Church, County of Hendricks, State of Indiana, Groom William A. Van Nise of Hendricks County, State of Indiana, and, Bride Sandra S. Wise of Hendricks County, State of Indiana, were by me united 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, 1968.

Signed Marvin M. Byrdwell
Official Designation Minister First Baptist
Subscribed and sworn to before me this 28th day of August, 1968.
Clerk John Ellett Jr. Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 305
File Book 30
Date of Application 20 August 1968

MALE

Medical Examination Report Dated 13 August 1968
Name of Physician W. H. Altier MD.

FEMALE

Medical Examination Report Dated 6 August 1968
Name of Physician George F. Ramsey 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 Wayne Edmondson
Date of Birth February 1944
Place of Birth (State or foreign country) Indiana, Ind.
Residence Address Rt Bx 334 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 Student: Purdue

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft Card 12 30 44 17

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Richard Martin Edmondson
Residence of father (if deceased so state) Rt Danville, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Skayton, Ind.
12. Full maiden name of mother Charlotte Ruth Harvord
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Akron, Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Kenneth Wayne Edmondson
New Address 2601 Soldier Ave Rd, W. La. Ind.
Subscribed and sworn to before me this 20th day of August, 1968
Clerk John Gaudin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Barbara Ann Arnett
Date of Birth July 8 1945
Place of Birth (State or foreign country) Greenville, Ohio
Residence Address 6525 Mandel, Anderson, Madison 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 Nurse: St Elizabeth, Ind.

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 Harold Clifton Arnett

Residence of father (if deceased so state) Arizona

Occupation of father Doctor (Chiropractor) Race of father White

Birthplace of father (State or foreign country) Greenville, Ohio

8. Full maiden name of mother Dorothy Louise Suter

Residence of mother (if deceased so state) Same Anderson

Occupation of mother Sch Teacher Race of mother White

Birthplace of mother (State or foreign country) Greenville, Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Barbara Ann Arnett

New Address 20th Same

Subscribed and sworn to before me this 20th day of August, 1968

Clerk John Gaudin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1968, authorizing the joining together as husband and wife Kenneth Wayne Edmondson and Barbara Ann Arnett.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Nathan J. R. Harter hereby certify that on the 1 day of September, one thousand nine hundred and 68 at Anderson, County of Madison, State of Indiana, Groom Kenneth Wayne Edmondson of Hendricks County, State of Indiana and, Bride Barbara Ann Arnett of Madison County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 1 day of September, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of September, 1968.

Signed Nathan J. R. Harter
Official Designation Lutheran Pastor
Signed John Gaudin Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 306
File Book 30
20 August 1968
Date of Application

MALE

Medical Examination Report Dated 14 August 1968
Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 14 August 1968
Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Dennis Leon Barger
Date of Birth Month Day Year
October 19 1946
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
2336 S. St. Peter St. 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 Engineer: H & H. Mfg Co.

Date of birth verified by: Birth Cert. ☒ Judicial Decree

Other (Specify) 8676

- Are you now or have you been adjudged, diagnosed or considered 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: Arthur Leon Barger
Residence of father (if deceased so state): Indpls (same) Ind.
Occupation of father: Setup: Allison Race of father: white
Birthplace of father (State or foreign country): Indpls, Ind.
12. Full maiden name of mother: Virginia May Brunner
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 Dennis Leon Barger
New Address 247 N. Adams St. Bloomington, Ind.
Subscribed and sworn to before me this 20th day of August, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name First Middle Last
Patricia Marilyn Slavery
Date of Birth Month Day Year
August 10 1948
Place of Birth (State or foreign country)
Somerset, Ky.
Residence Address Street or R. R. City County State
242 N. Adams, Brownsburg, Hamilton, Ind.

Maiden Name if Different

Previous Marital Status: Never Married Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) 67 Pulaski Co, Ky

Usual Occupation Key Punch - Link Belt

Date of birth verified by: Birth Cert. ☐ Judicial Decree

Other (Specify) Prudential Ins. D46 248 303

- Are you now or have you been adjudged, diagnosed or considered 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: Father Melvin Slavery
Residence of father (if deceased so state): R3 Somerset, Ky.
Occupation of father: Bottle: Coca Cola Race of father: white
Birthplace of father (State or foreign country): Somerset, Ky.

8. Full maiden name of mother: Berniece Callahan
Residence of mother (if deceased so state): same
Occupation of mother: H/W. Race of mother: white
Birthplace of mother (State or foreign country): Somerset, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Patricia Marilyn Slavery
New Address same
Subscribed and sworn to before me this 20th day of August, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 24 day of August, 1968, and Patricia Marilyn Slavery
Dennis Leon Barger and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert W. Saxon, hereby certify that on the 30 day of August, 1968, at Pleasant Valley, _____ County, State of Indiana
one thousand nine hundred and 68 of Marion County, State of Indiana
State of Indiana, Groom: Dennis L. Barger of Hendricks
and, Bride: Patricia M. Slavery
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 30 day of August, 1968

Signed Robert W. Saxon
Official Designation Minister
day of September, 1968
Signed John Gamble 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. 307
File Book 30
Date of Application Aug 20-1968

MALE
Medical Examination Report Dated 8-7-68
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 8-7-68
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 Charles Richard Whicker
Date of Birth Oct. 29 1948
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address R3 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

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Allen Whicker

Residence of father (if deceased so state) R3 Danville

Occupation of father Farmer Race of father W

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Lydia Harriet Hedley

Residence of mother (if deceased so state) R3 Danville

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 Charles Richard Whicker

New Address _____

Subscribed and sworn to before me this 20 day of Aug, 1968

John Hamboldt, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of _____ Signed Charles R. Whicker Father

Signed Harriet H. Whicker Mother

Subscribed and sworn to before me this 20 day of Aug, 1968

John Hamboldt, Jr. Clerk

FEMALE APPLICANT
Name Lana Jo Rodney
Date of Birth Jan 10 1948
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R2 Box 353 Danville Hend. Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Vestal J. Rodney

Residence of father (if deceased so state) Farmer Danville

Occupation of father Farmer Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Anna Margaret Ellis

Residence of mother (if deceased so state) Danville

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____ Signed Lana Jo Rodney

New Address _____

Subscribed and sworn to before me this 20 day of Aug, 1968

John Hamboldt, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of August, 1968, authorizing the joining together as husband and wife Charles Richard Whicker and Lana Jo Rodney. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, W. E. Potts, hereby certify that on the 1st day of September, one thousand nine hundred and 68, at Danville, County of Hendricks, State of Indiana, Groom Charles Richard Whicker of Hendricks County, State of Indiana and, Bride Lana Jo Rodney of Hendricks County, State of Indiana were by me united 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, 1968.

Signed W. E. Potts
Official Designation Methodist Minister
Filed and recorded in accordance with the laws of the State of Indiana this 4th day of September, 1968.
Signed John Hamboldt, Jr. Clerk
HENDRICKS Circuit Court

Form 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

Aug 21-1968
Date of Application

MALE

Medical Examination Report Dated 8-19-68

Name of Physician David B Haggard

FEMALE

Medical Examination Report Dated 8-19-68

Name of Physician David B Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Todd Middle E Last Moore
Date of Birth Month 10 Day 16 Year 1951
Place of Birth (State or foreign country) Marion Ind.
Residence Address 350 Maple Hill Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Gasoline Station Attendant

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☐ No ☐
- Are you likely to so continue? Yes ☐ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Todd H. Moore
Residence of father (if deceased so state) Plainfield
Occupation of father Superior Flour & Grain Ind.
Birthplace of father (State or foreign country) Iowa
12. Full maiden name of mother Winifred Alice Galt
Residence of mother (if deceased so state) Plainfield
Occupation of mother Cook Waffle House Ind.
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 Todd E. Moore

New Address 2727 W. Washington Indianapolis

Subscribed and sworn to before me this 21 day of August, 1968
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: I depose and state the information given in this application is true and correct.

Signed Todd H. Moore Father

Signed Winifred A. Moore Mother

Subscribed and sworn to before me this 21 day of Aug, 1968
John Gambold, Jr Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued Aug 21-1968 and filed in Hendricks County Circuit authorizes and directs the issuance of a marriage license to the above named parties. + 3 days waived

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 21 day of August, 1968, authorizing the joining together as husband and wife of Todd E. Moore and Cheryl A. Laux

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gra J. Goodman hereby certify that on the 21 day of August, 1968, at Plainfield County of Hendricks, State of Indiana, one thousand nine hundred and 68 of Hendricks County, State of Indiana, and, Bride Cheryl A. Laux of Marion County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of August, 1968. Signed Gra J. Goodman Justice of the Peace

Official Designation Justice of the Peace 24 day of August, 1968. Signed John Gambold Jr Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1968. Signed John Gambold 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. 309

File Bk 30

Aug 22-1968
Date of Application

MALE

Medical Examination Report Dated 8-21-68
Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 8-21-68
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Ward Middle W Last Hill
Date of Birth Month December Day 1 Year 1946
Place of Birth (State or foreign country) Bay Mills, Michigan
Residence Address Street or R. R. 901 Belleau Rd. Chautauque City Chautauque County Chautauque State Michigan
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 Warehouse
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Birth Cert.
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Benjamin Hill
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Barreley, West Virginia
12. Full maiden name of mother Helen Virginia Pribicenic
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Conestoga, Pennsylvania

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Edward W. Hill
New Address 901 Belleau Rd. Chautauque

Subscribed and sworn to before me this 22 day of Aug, 1968
John D. Gaudet, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Linda Middle Kay Last McEntire
Date of Birth Month June Day 20 Year 1951
Place of Birth (State or foreign country) Beck Grove, Indiana
Residence Address Street or R. R. 4344 Six Points Rd. Sny Lehigh City Sny Lehigh County Indiana State Indiana
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Birth Certificate
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Martin McEntire
Residence of father (if deceased so state) Rt 1 Box 106 Sheffield, Ohio
Occupation of father Electrician Race of father W
Birthplace of father (State or foreign country) Indiana, USA
8. Full maiden name of mother Lillian Mae Durham
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 in this application is true and correct.
County of _____

Signed Linda Kay McEntire
New Address same
Subscribed and sworn to before me this 22 day of Aug, 1968
John D. Gaudet, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 has custody
mother deceased

State of Indiana, HENDRICKS } ss:
County of _____
Signed James M. McEntire Father
Signed _____ Mother
Subscribed and sworn to before me this 22 day of Aug, 1968
John D. Gaudet, 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 _____ 8-21-68 and filed in _____ Office _____ authorizes and directs the issuance of a marriage license to the above named parties. 3da waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 22 day of August, 1968, authorizing the joining together as husband and wife Ward W. Hill and Linda Kay McEntire.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary E. Crawley hereby certify that on the 22 day of August, one thousand nine hundred and 68 at Plainfield, County of Hendricks, State of Indiana, Groom Ward W. Hill of Pinellas County, State of Florida and, Bride Linda Kay McEntire of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 22 day of August, 1968.

Signed Mary E. Crawley
Official Designation Justice of Peace
28 day of August, 1968
Signed John D. Gaudet, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 310

File Book 30

Aug 22 1968
Date of Application

HENDRICKS County

MALE

Medical Examination Report Dated Aug 20 1968

Name of Physician J. R. Showalter MD

FEMALE

Medical Examination Report Dated Aug 20 1968

Name of Physician J. R. Showalter 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 Burl Middle D. Last Flint
Date of Birth Month July Day 17 Year 1918
Place of Birth (State or foreign country) Putnam County Indiana
Residence Address Street or R. R. 21 S. Smithridge City Terre Haute County Vigo State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Restaurant Manager
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 Raymond Flint
Residence of father (if deceased so state) Greencastle Ind PA
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Irish Howard
Residence of mother (if deceased so state) same Indiana
Occupation of mother House wife 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 x Burl D. FlintNew Address 21 S. Smithridge Terre Haute

Subscribed and sworn to before me this 22 day of Aug, 1968.
John Gamhold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued Aug 22 1968 and filed in Hendricks County Circuit authorizes and directs the issuance of a marriage license to the above named parties.

in Clerk's Office _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1968, authorizing the joining together as husband and wife of Burl D. Flint and Mary Frances Flint.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 22 day of August, 1968, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 68 of Vigo County, State of Indiana, Groom Burl D. Flint of Hendricks County, State of Indiana, and, Bride Mary Frances Flint of Hendricks County, State of Indiana.

were 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 22 day of August, 1968. Signed Ira J. Goodman

Official Designation Justice of the Peace
26 day of August, 1968.
Signed John Gamhold 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. 311
File Book 30
22 August 1961
Date of Application

MALE

Medical Examination Report Dated 15 Aug 1961

Name of Physician S.M. Miller M.D.

FEMALE

Medical Examination Report Dated 15 Aug 1961

Name of Physician S.M. Miller M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Terry Eugene Rockwell
Date of Birth Month Day Year
March 23 1947
Place of Birth (State or foreign country)
Peru, Ind.
Residence Address Street or R. R. City County State
320 E 18th, Bloomington, Ind.
Previous 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) 12-29-47 80 Ind. 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: George Eugene Rockwell

Residence of father (if deceased so state) 210 W. 10th Peru, Ind.

Occupation of father: Salesman. Race of father: white

Birthplace of father (State or foreign country) Peru, Ind.

12. Full maiden name of mother: Esther Bowman

Residence of mother (if deceased so state) same

Occupation of mother: H/W. Race of mother: white

Birthplace of mother (State or foreign country) Peru, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Terry Eugene Rockwell

New Address: 1004 6th St. Bloomington, Ind.

Subscribed and sworn to before me this 22nd day of August, 1961.

Signed: 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 _____, 1961.

Signed: _____ Clerk

FEMALE APPLICANT

Name First Middle Last
Dinah Carol Dees
Date of Birth Month Day Year
November 25 1948
Place of Birth (State or foreign country)
Trinidad, Colo.
Residence Address Street or R. R. City County State
1336 Albert St, R.R. 1, 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: I.U.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Dinah Dees D200-48465

- Are you now or have you been adjudged, diagnosed or considered 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 April Dees

Residence of father (if deceased so state) 210 W. 10th Peru, Ind.

Occupation of father: Tr. Dist. Yellow. Race of father: white

Birthplace of father (State or foreign country) Detroit, Mich.

8. Full maiden name of mother: Serrin Lagne Hailey

Residence of mother (if deceased so state) same

Occupation of mother: Teacher. Race of mother: white

Birthplace of mother (State or foreign country) Preston, Mississippi

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Dinah Carol Dees

New Address: same

Subscribed and sworn to before me this 22nd day of August, 1961.

Signed: 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 _____, 1961.

Signed: _____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County _____ Court by written order issued _____ and filed

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court

of Indiana dated the 28 day of August, 1961, 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. DeLong, hereby certify that on the 1st day of September,

one thousand nine hundred and 68, at Plainfield, County of Hendricks,

State of Indiana, Groom: Terry Eugene Rockwell of Monroe, County of Indiana,

and, Bride: Dinah Carol Dees of Hendricks, County of Indiana,

were by me united 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, 1968.

Signed: Robert F. DeLong

Official Designation: Clergyman

4th day of September, 1968.

Signed: John Gambrell 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.

312

File

Book 30

Date of Application

Aug 23-1968

MALE

Medical Examination Report Dated

8-21-68

Name of Physician

David B Haggard

FEMALE

Medical Examination Report Dated

8-21-68

Name of Physician

David B Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Ronald D Jarrett
Date of Birth Oct 2 1942
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 301 Huen St. Blainfield Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages One
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Punch Press Operator
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 ☐
- 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

Ronald Jr. 5 Texas

- (b) Are you supporting or contributing to their 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 Roy Jarrett
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lucille Cordor
Residence of mother (if deceased so state) Danville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Ronald D. Jarrett
New Address 301 Huen St., Blainfield.

Subscribed and sworn to before me this 23 day of August, 1968
John Hambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Janice R York
Date of Birth March 22 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 301 Huen St. Blainfield Ind.
Maiden Name if Different Janice R. York

Previous 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) Operator License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Fletcher Hughes York

Residence of father (if deceased so state) Danville
Occupation of father Truck driver Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Bessie Juanita Townsend

Residence of mother (if deceased so state) Danville

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Janice R. York
New Address _____

Subscribed and sworn to before me this 23 day of Aug, 1968
John Hambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS _____ Circuit Court of Indiana dated the 27th day of August, 1968, authorizing the joining together as husband and wife

of Ronald D. Jarrett and Janice R. York

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Rev. Glenn Clark, hereby certify that on the 31st day of August, 1968, at Danville, County of Hendricks, State of Indiana, Groom Ronald D. Jarrett of Hendricks County, State of Indiana, and, Bride Janice R. York of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 31st day of August, 1968. Signed Rev. Glenn Clark

Official Designation Methodist Minister

3rd day of September, 1968
Signed John Hambold, Jr. HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 313

File Bueck 30

Aug 24-68
Date of Application

MALE
Medical Examination Report Dated 8-19-68

Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 8-19-68

Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Lawrence A. Walls
Date of Birth Month Day Year
January 18 1949
Place of Birth (State or foreign country)

Residence Address Street or R. R. City County State
R R 1 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 Steel Worker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- 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 Virgil Walls
Residence of father (if deceased so state) R R 1 Danville
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Hendricks Co Ind.

12. Full maiden name of mother Helen Tuttle
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Marion Co Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Lawrence A. Walls

New Address Sandra Lane Judges

Subscribed and sworn to before me this 24 day of Aug, 1968.
John Gamble Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, Hendricks } ss:
County of

Signed William Walls Father

Signed Helen Walls Mother

Subscribed and sworn to before me this 24 day of Aug, 1968.
John Gamble Jr. Clerk

FEMALE APPLICANT

Name First Middle Last
Cheryl L. Barnes
Date of Birth Month Day Year
October 7 1949
Place of Birth (State or foreign country)

Residence Address Indianapolis Marion Ind.
R R 2 Plainfield Hendricks Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Robert Ernest Barnes
Residence of father (if deceased so state) R 2 Plainfield
Occupation of father Allison Race of father W
Birthplace of father (State or foreign country) Hendricks Co Ind.

8. Full maiden name of mother Donna Mae Morgan
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Greensburg Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Cheryl L. Barnes

New Address Same

Subscribed and sworn to before me this 24 day of Aug, 1968.
John Gamble Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 28 day of August, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald Endsley, hereby certify that on the 7th day of September, 1968, at Mooresville, Morgan County, State of Indiana, Groom Lawrence A. Walls of Hendricks County, State of Indiana, and, Bride Cheryl L. Barnes of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 7th day of September, 1968.

Signed Donald Endsley

Official Designation Baptist Minister

12th day of September, 1968.

Signed John Gamble 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

Aug 24 1968
Date of Application

MALE
Medical Examination Report Dated Aug 19 1968
Name of Physician O. Kourany mb

FEMALE
Medical Examination Report Dated Aug 19 1968
Name of Physician O. Kourany

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Robert S. Middle Westfall Last
Date of Birth Month July Day 5 Year 1935
Place of Birth (State or foreign country) Greencastle Putnam Ind.
Residence Address 1521 Buchanan Mainfield Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Office Employee
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
Darcy Lynn	7	1521 Buchanan
Debra Sue	5	"

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father John Christopher Westfall
Residence of father (if deceased so state) Logansport
Occupation of father — Race of father W
Birthplace of father (State or foreign country) Romney Ind.
12. Full maiden name of mother Rena Atlanta Smith
Residence of mother (if deceased so state) Deceased
Occupation of mother — Race of mother W
Birthplace of mother (State or foreign country) Marion Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Robert Westfall
New Address RR 4 Box 315 Mooresville

Subscribed and sworn to before me this 24 day of Aug, 1968.
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
Signed _____
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name First Frances Middle Ann Last Schult
Date of Birth Month November Day 22 Year 1936
Place of Birth (State or foreign country) Mooresville Morgan Ind.
Residence Address R 2 Mooresville Morgan Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Key punch Operator
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 Frank DeCastaker
Residence of father (if deceased so state) 812 19th St. E. Moline Ill.
Occupation of father Foreman Ind Har Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Alice Berstraete
Residence of mother (if deceased so state) Same
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.
County of

Signed Frances A. Schult
New Address RR 4 Box 315 Mooresville

Subscribed and sworn to before me this 24 day of Aug, 1968.
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
Signed _____
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of August, 1968, authorizing the joining together as husband and wife of Robert S. Westfall and Frances Ann Schult.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. Luther Baston hereby certify that on the 6th day of September, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Robert S. Westfall of Hendricks, County, State of Indiana, and, Bride Frances Ann Schult of Morgan, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 7th day of September, 1968.

Signed C. Luther Baston
Official Designation Presbyterian Minister
10 day of September, 1968
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. 315
File 30p 510
Date of Application Aug. 24, 1968

MALE
Medical Examination Report Dated 8-19-68
Name of Physician David B. Hoggard

FEMALE
Medical Examination Report Dated 8-19-68
Name of Physician David B. Hoggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Stafford Bayliff
Date of Birth April 1, 1922
Place of Birth (State or foreign country) Plainfield Indiana
Residence Address Street or R. R. City County State
Box 112 Monrovia 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 Lab Technician
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
Danny Lee Bayliff 15 Monrovia Ind.
Deborah Kay Bayliff 18 Monrovia Ind.
(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father George H. Bayliff
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Laura Simpson
Residence of mother (if deceased so state) 202 N. Lakeshore Blvd Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed x Donald Stafford Bayliff
New Address 45 Del. Plaza Pkwy Ind.
Subscribed and sworn to before me this 24 day of Aug, 1968
John Samuel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 Mabel Kathryn Hartsock
Date of Birth April 14, 1932
Place of Birth (State or foreign country) Unionville Indiana
Residence Address Street or R. R. City County State
R#1 Box 28 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 Record Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father John Tamey Hartsock
Residence of father (if deceased so state) R#1 Box 28 Dan. Ind.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Elsie Christine June
Residence of mother (if deceased so state) R#1 Box 28 Dan Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed x Mabel K. Hartsock
New Address same
Subscribed and sworn to before me this 24 day of Aug, 1968
John Samuel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 28th day of August, 1968, authorizing the joining together as husband and wife of Donald Stafford Bayliff and Mabel Kathryn Hartsock.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Buddy Fehman, hereby certify that on the 30th day of August, one thousand nine hundred and 68, at Danville, County of Hendricks, State of Indiana, Groom Donald Stafford Bayliff of Hendricks County, State of Indiana and, Bride Mabel Kathryn Hartsock 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 30th day of August, 1968.

Signed Buddy Fehman
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 7th day of September, 1968.
Signed John Samuel Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 316
File 80
Date of Application Aug. 24, 1968

HENDRICKS County

MALE

Medical Examination Report Dated 8-13-68

Name of Physician John Ellett Jr.

FEMALE

Medical Examination Report Dated 8-13-68

Name of Physician John Ellett Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation 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?
Of Unsound Mind?
No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind?
No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or
home for indigent persons?
No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed?
No ☒ Yes ☐
- Are you afflicted with a transmissible disease?
No ☒ Yes ☐
- Are you related to the bride closer than second cousin?
No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor?
No ☒ Yes ☐
- Are you now under the influence of a narcotic drug?
No ☒ Yes ☐
- Are you able to support a family?
Yes ☒ No ☐
- Are you likely to so continue?
Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
No ☒ Yes ☐

(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support?
Yes ☐ No ☒
- Are you complying with any court order or orders issued for
their support?
Yes ☐ No ☒

11. Full name of father: Wilford Marvin Robinson

Residence of father (if deceased so state) R#1 Coatesville Ind.

Occupation of father Barber Race of father W

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother: Freddie Gayle O'Nir

Residence of mother (if deceased so state) R#1 Coatesville Ind.

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given

County of HENDRICKS } in this application is true and correct.

Signed x Mikel Clay Robinson

New Address 149 N. Laurel St. Apt # 2 Coatesville Ind.

Subscribed and sworn to before me this 24 day of Aug., 1968

John J. Randolph Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Gayle Robinson Father

Signed x Freddie Gayle O'Nir Mother

Subscribed and sworn to before me this 24 day of Aug., 1968

John J. Randolph Jr. Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of HENDRICKS }

Signed Gayle Robinson Father

Signed x Freddie Gayle O'Nir Mother

Subscribed and sworn to before me this 24 day of Aug., 1968

John J. Randolph Jr. Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of HENDRICKS }

Signed Gayle Robinson Father

Signed x Freddie Gayle O'Nir Mother

Subscribed and sworn to before me this 24 day of Aug., 1968

John J. Randolph Jr. Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of HENDRICKS }

Signed Gayle Robinson Father

Signed x Freddie Gayle O'Nir Mother

Subscribed and sworn to before me this 24 day of Aug., 1968

John J. Randolph Jr. Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Typist

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?
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: Byron E. Moore Sr.

Residence of father (if deceased so state) deceased

Occupation of father Race of father W

Birthplace of father (State or foreign country) Illinois Indiana

8. Full maiden name of mother: Beatrice Evans

Residence of mother (if deceased so state) 221 1st Ave. N.W. Coatesville Ind.

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Illinois Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given

County of HENDRICKS } in this application is true and correct.

Signed x Lynn B. Moore

New Address same

Subscribed and sworn to before me this 24 day of Aug., 1968

John J. Randolph Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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

HENDRICKS Circuit Court

We It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the 28 day of August, 1968, authorizing the joining together as husband and wife

Mikel Clay Robinson and Lynn Belle Moore

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert A. Salchner, hereby certify that on the twenty first day of August

one thousand nine hundred and sixty eight at Clayton, County of Hendricks,

State of Indiana, Groom Mikel Clay Robinson of Hendricks County, State of Indiana,

and, Bride Lynn Belle Moore of Marion County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County.

Dated this 31st day of August, 1968.

Signed Robert A. Salchner

Official Designation: Ordained Presbyterian Minister

4th day of September, 1968.

Signed John J. Randolph Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

MALE
Medical Ex
Name of P

ALL QUESTIONS
tion or pretense sh

Name

Date of Birth

Place of Birth (State or foreign country)

Residence Address

Street or R. R.

City

County

State

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By:

Death ☐

Divorce ☐

Annulment ☐

Color or Race

White ☒

Negro ☐

Other ☐

(specify)

Usual Occupation

Date of birth verified by:

☐ Birth Cert.

☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
Of Unsound Mind?

No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind?

No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or
home for indigent persons?

No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed?

No ☒ Yes ☐

4. Are you afflicted with a transmissible disease?

No ☒ Yes ☐

5. Are you related to the bride closer than second cousin?

No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor?

No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug?

No ☒ Yes ☐

8. Are you able to support a family?

Yes ☒ No ☐

9. Are you likely to so continue?

Yes ☒ No ☐

10. 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

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

Residence of mother (if deceased so state)

Occupation of mother

Race of mother

Birthplace of mother (State or foreign country)

State of Indiana,

County of

HENDRICKS

ss: I depose and state the information given
in this application is true and correct.

Signed

New Address

Subscribed and sworn to before me this

24

day of

Aug

19.68

Clerk

HENDRICKS

Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary.

State of Indiana,

County of

HENDRICKS

ss:

Signed

Father

Signed

Mother

Subscribed and sworn to before me this

24

day of

Aug

19.68

Clerk

John Hancock 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

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the 28 day of August, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Robert A. Salcofner hereby certify that on the thirty first day of August

one thousand nine hundred and sixty eight at Clayton County of Hendricks

State of Indiana, Groom Mikel Clay Robinson of Hendricks County, State of Indiana

and, Bride Lynn Belle Moore of Marion County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks

County.

Dated this 31st day of August, 1968.

Signed Robert A. Salcofner

Official Designation: Ordained Presbyterian Minister

4th day of September, 1968.

Signed John Hancock Jr Clerk

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 317

File Book 30

Aug 24 1968
Date of Application

MALE

Medical Examination Report Dated 8-19-68

Name of Physician Carl Heinlein

FEMALE

Medical Examination Report Dated 8-19-68

Name of Physician Carl Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Jerry Middle L. Last Parsley
Date of Birth Month January Day 6 Year 1942
Place of Birth (State or foreign country) Decatur
Residence Address RR 2 Street or R. R. City Plainfield County Hend. 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 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 Cyril Stanfield Parsley
Residence of father (if deceased so state) Same
Occupation of father Owner liquor store Race of father W
Birthplace of father (State or foreign country) Attica Ind.
12. Full maiden name of mother Cecil Ruth Winters
Residence of mother (if deceased so state) Same
Occupation of mother Partner in Store Race of mother W
Birthplace of mother (State or foreign country) McCook Neb.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Jerry L. Parsley
New Address 504 S. 29 Lafayette Ind.

Subscribed and sworn to before me this 24 day of Aug, 1968.
John Gambleld Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Janet Middle Kay Last Layen
Date of Birth Month July Day 17 Year 1948
Place of Birth (State or foreign country) Indpls
Residence Address 1926 E. Staj 12 Rd. Street or R. R. City Marion County Ind.
Maiden Name if Different 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 Sale Clerk

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 Bernard Hugh Layen
Residence of father (if deceased so state) 1926 E. Staj 12 Rd.
Occupation of father Accnt. Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Flossie Mae Hutchinson
Residence of mother (if deceased so state) Same
Occupation of mother Merchandise Asst. 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 X Janet Kay Layen
New Address Same

Subscribed and sworn to before me this 24 day of Aug, 1968.
John Gambleld Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of August, 1968, authorizing the joining together as husband and wife of Jerry L. Parsley and Janet Kay Layen.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Richard L. Lancaster hereby certify that on the 1st day of September, one thousand nine hundred and 68, at Indianapolis, County of Marion, State of Indiana, Groom Jerry L. Parsley of Hendricks County, State of Indiana, and, Bride Janet Kay Layen 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 1st day of September, 1968.

Signed Richard L. Lancaster

Official Designation Clergyman
4th day of September, 1968.

Signed John Gambleld 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. 318

File Book 30

Aug 24 1968
Date of Application

MALE

Medical Examination Report Dated Aug 17-68

Name of Physician R. W. Van Bokkelen

FEMALE

Medical Examination Report Dated 8-17-68

Name of Physician R. W. Van Bokkelen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Edward Middle Earl Last Nelson
Date of Birth Month January Day 7 Year 1947
Place of Birth (State or foreign country) Morgan Ind.
Residence Address Street or R. R. City County State
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 Tool & Die Apprentice
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Charles A. Nelson
Residence of father (if deceased so state) Hansen Ky
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Ellen Maryorie Meyers
Residence of mother (if deceased so state) same
Occupation of mother House wife 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 Edward Earl Nelson
New Address

Subscribed and sworn to before me this 24 day of Aug, 1968.
John Gamble, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968.
Clerk

FEMALE APPLICANT

Name First Sandra Middle Kaye Last Salsman
Date of Birth Month February Day 29 Year 1948
Place of Birth (State or foreign country) Siler City
Residence Address Street or R. R. City County State
R. R. 2 Clayton Hendricks Ind.
Maiden Name if Different Clayton Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Sylvan J. Salsman
Residence of father (if deceased so state) R. R. 2 Clayton
Occupation of father Electrician Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Frances Kate Barker
Residence of mother (if deceased so state) same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) North Carolina

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Sandra Kaye Salsman
New Address

Subscribed and sworn to before me this 24 day of August, 1968
John Gamble, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968.
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 4th day of August, 1968, authorizing the joining together as husband and wife of Edward Earl Nelson and Sandra Kaye Salsman. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Eddie Bamish, hereby certify that on the eighth day of September, 1968, at the Methodist Christian Church, County of Hendricks, State of Indiana, Groom Edward Earl Nelson of Morgan County, State of Indiana, and Bride Sandra Kaye Salsman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 6th day of September, 1968. Signed Rev. Eddie Bamish
Official Designation September 1968 Clerk
Signed John Gamble, Jr. HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of September, 1968.
Signed John Gamble, 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. 319
File BK 30p-514
Aug 24-68
Date of Application

MALE
Medical Examination Report Dated 8-15-68
Name of Physician Portia Parker

FEMALE
Medical Examination Report Dated 8-16-68
Name of Physician Portia Parker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Shackelford
Date of Birth January 18 1926
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father
Residence of father (if deceased so state)
Occupation of father Race of father
Birthplace of father (State or foreign country)
12. Full maiden name of mother
Residence of mother (if deceased so state)
Occupation of mother Race of mother
Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed
New Address
Subscribed and sworn to before me this day of 19
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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 June C. Bailey
Date of Birth June C. Bailey
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
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father
Residence of father (if deceased so state)
Occupation of father Race of father
Birthplace of father (State or foreign country)
8. Full maiden name of mother
Residence of mother (if deceased so state)
Occupation of mother Race of mother
Birthplace of mother (State or foreign country)
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed
New Address
Subscribed and sworn to before me this day of 19
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

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 _____, 19_____, authorizing the joining together as husband and wife _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, one thousand nine hundred and _____ at _____, 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 _____, 19_____.
Signed _____
Official Designation _____
Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19_____.
Signed _____ Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 319
File Julie Baulc
Date of Application Aug 24 1968

MALE

Medical Examination Report Dated Aug 12 1968
Name of Physician R W Kuttley

FEMALE

Medical Examination Report Dated Aug 16 1968
Name of Physician Reynold Terry

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Alfred A Jervus
Date of Birth January 1 1945
Place of Birth (State or foreign country) Ecuador SA
Residence Address R R 3 Box 288 Danville 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 Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
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 Virgil J. Jervus
Residence of father (if deceased so state) Deceased
Occupation of father Real Estate Broker Race of father W
Birthplace of father (State or foreign country) Same

12. Full maiden name of mother Rose B. Nunez
Residence of mother (if deceased so state) Same
Occupation of mother Deceased Race of mother W
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 X Alfred A. Jervus
New Address W Lafayette Ind.

Subscribed and sworn to before me this 24 day of Aug, 1968
John Gamble Sr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Kathryn Alexis Good
Date of Birth August 9 1947
Place of Birth (State or foreign country) Indiana Ind.
Residence Address R R 3 Box 288 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

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Donald Robert Good

Residence of father (if deceased so state) Same

Occupation of father Farmer Race of father W

Birthplace of father (State or foreign country) Ind. Co. Ind.

8. Full maiden name of mother Mildred Stanley

Residence of mother (if deceased so state) Same

Occupation of mother House wife Race of mother 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.

Signed X Kathryn Alexis Good
New Address Same

Subscribed and sworn to before me this 24 day of Aug, 1968
John Gamble Sr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 28th day of August, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Leo Bryant, hereby certify that on the 7 day of September

one thousand nine hundred and 68 at West Lafayette, County of Tipppecanoe

State of Indiana, Groom Alfred A. Jervus of Tipppecanoe County, State of Indiana

and, Bride Kathryn A. Good of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of September, 1968. Signed Leo Bryant

Official Designation Priest day of September, 1968.
Signed John Gamble Sr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of September, 1968.

Form 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 Bunk 30

Aug 26 1968
Date of Application

MALE

Medical Examination Report Dated 8-2-68

Name of Physician Joseph R. Holder MD

FEMALE

Medical Examination Report Dated 7-22-68

Name of Physician S. M. Cooper M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Thomas Middle Francis Last Brennan

Date of Birth Month November Day 17 Year 1946

Place of Birth (State or foreign country) Elizabethtown N.Y.

Residence Address Northampton City County State Mass.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Engineer

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) SS 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 John Richard Brennan Jr.

Residence of father (if deceased so state) Pineville N.Y.

Occupation of father Supt Maint Race of father W

Birthplace of father (State or foreign country) New York

12. Full maiden name of mother Sara Gehret

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) New York

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of Hendricks

Signed x Thomas Francis Brennan

New Address Laurel Ridge Apts 344 B Northampton Mass

Subscribed and sworn to before me this 26 day of Aug, 1968.

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 First Linda Middle Kay Last Blunk

Date of Birth Month December Day 13 Year 1947

Place of Birth (State or foreign country) Indianapolis

Residence Address Marion Ind

Maiden Name if Different Clayton Wend Ind

Previous 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)

- Are you now or have you been adjudged, diagnosed or considered 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 Perry Fleming Blunk

Residence of father (if deceased so state) RR 2 Clayton

Occupation of father Plant Protection Race of father W

Birthplace of father (State or foreign country) Hendricks Co Ind.

8. Full maiden name of mother Nathalie Maxine

Residence of mother (if deceased so state) Same

Occupation of mother Secretary Race of mother W

Birthplace of mother (State or foreign country) Morgan Co.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of Hendricks

Signed x Linda Kay Blunk

New Address Same

Subscribed and sworn to before me this 26 day of Aug, 1968.

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 _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward McLaughlin hereby certify that on the 31st day of August, 1968, at Bellemeade, County of Hendricks, State of Indiana, Groom Thomas Francis Brennan and Linda Kay Blunk

and, Bride Linda Kay Blunk of Northampton County, State of Massachusetts

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 31st day of August, 1968.

Signed Edward McLaughlin

Official Designation Catholic Priest-Pastor

Signed John Gambold Jr Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of September, 1968.

Form 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 Box K30
Date of Application 26 August 1968

MALE
Medical Examination Report Dated 26 July 1968
Name of Physician Walter McManus MD

FEMALE
Medical Examination Report Dated 26 July 1968
Name of Physician Walter McManus 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 Timothy Lee Howard
Date of Birth June 21 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R2 Box 71 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 Construction worker. Black, Wash D.C.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 6095 Ind.

- Are you now or have you been adjudged, diagnosed or considered 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 Tim Lloyd Howard
Residence of father (if deceased so state) 1910 W. Man, Indpls.
Occupation of father Foreman. Black. Mort. Ind. Race of father White
Birthplace of father (State or foreign country) Tom Kinrossville, Ky
12. Full maiden name of mother Valerie Francine Robinson
Residence of mother (if deceased so state) R2 Box 71 Indpls, Ind.
Occupation of mother Waitress. White. Ind. 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 Timothy Lee Howard

New Address R2 Box 71 Indpls, Ind.

Subscribed and sworn to before me this 26th day of August, 1968
John Samblak Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Parents, divorced May 24 1968
Hendricks Co., mother has custody.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed Valerie Howard Mother

Subscribed and sworn to before me this 26th day of August, 1968
John Samblak Clerk

FEMALE APPLICANT

Name Sharon Sue Hutchings
Date of Birth October 19 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 3047 Midvale Dr, Indpls, Marion, Ind
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student: Washington HS.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? 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 Eugene Hutchings

Residence of father (if deceased so state) 3047 Midvale Dr, Indpls.

Occupation of father Tester. Allison Race of father White

Birthplace of father (State or foreign country) Martinsville, Ill.

8. Full maiden name of mother Mary Margaret Miller

Residence of mother (if deceased so state) same

Occupation of mother Assembly. West. Ind. Race of mother White

Birthplace of mother (State or foreign country) W. Union, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Sharon Sue Hutchings

New Address same

Subscribed and sworn to before me this 26th day of August, 1968
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 Robert E. Hutchings Father

Signed Mary M. Hutchings Mother

Subscribed and sworn to before me this 26th day of August, 1968
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 _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered that _____ 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, 1968 authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____

I, Darrell W. Cox hereby certify that on the 26th day of August, 1968 at R2 Box 79 Indianapolis, Ind. County of Hendricks, State of Indiana

one thousand nine hundred and 68 of Marion County, State of Indiana

State of Indiana, Groom Timothy Lee Howard of _____

and, Bride Sharon Sue Hutchings 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 26th day of August, 1968 Signed Darrell W. Cox

Official Designation Pastor, Maple Grove Baptist Church

28 day of August, 1968 Signed John Samblak 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. 322
File Book 30
26 August 1968
Date of Application

MALE

Medical Examination Report Dated 26 August 1968
Name of Physician Wm. M. Kendrick MD

FEMALE

Medical Examination Report Dated 26 Aug 1968
Name of Physician Wm M. Kendrick MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John W Griffiths
Date of Birth November 15 1920
Place of Birth (State or foreign country) MS Pherson, Kansas
Residence Address 216 N. Kansas, P.O. Box, Henr, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
1966 Ingham Co, Mich
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Sales Rep. Gates Aviation
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Divorced

- Are you now or have you been adjudged, diagnosed or considered 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 William Griffiths
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Florence, Kansas
12. Full maiden name of mother Mittie Westbrook
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother White
Birthplace of mother (State or foreign country) MS Pherson, Kan

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed John M. Griffiths
New Address 216 N. Kansas, P.O. Box, Henr, Ind.

Subscribed and sworn to before me this 30 day of August, 1968
John Gambrell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Margorie F Lorton
Date of Birth January 13 1925
Place of Birth (State or foreign country) Smith Center, Kansas
Residence Address 2816 Estes Ct. New Castle, Henry, Ind.
Maiden Name if Different Mathes

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 Secretary

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 Floyd E. Mathes
Residence of father (if deceased so state) Smith Center, Kansas
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Kansas
8. Full maiden name of mother Ophelia E. Litterall
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Madison, Mo.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Margorie F. Lorton

New Address Same

Subscribed and sworn to before me this 30 day of Aug, 1968
John Gambrell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 August, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles Roth hereby certify that on the 30th day of August, one thousand nine hundred and sixty-eight at Indianapolis, County of Marion, State of Indiana, Groom John W. Griffiths of Hendricks County, State of Indiana and, Bride Margorie F. Lorton of Henry County, State of Indiana, were by me united 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, 1968.

Signed Charles Roth

Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of September, 1968.

Signed John Gambrell Jr Clerk

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 323
File Aug. 27, 1968
Date of Application

MALE
Medical Examination Report Dated 8-12-68
Name of Physician Fred P. Worlinton

FEMALE
Medical Examination Report Dated 8-12-68
Name of Physician Fred P. Worlinton

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Richard Lee Lambert
Date of Birth October 27 1948
Place of Birth (State or foreign country) Winamac, Indiana
Residence Address Apt # 110 Franklin St. Bldg. West. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Salesman - 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? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Chester Waldo Lambert		R#4 BX 288 Winamac
Alda Faye Raller		R#4 BX 288 Winamac

(b) Are you supporting or contributing to their 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 Waldo Lambert
Residence of father (if deceased so state): R#4 BX 288 Winamac
Occupation of father: Farmer Race of father: W
Birthplace of father (State or foreign country): Pulaski, Ind.

12. Full maiden name of mother: Alda Faye Raller
Residence of mother (if deceased so state): R#4 BX 288 Winamac
Occupation of mother: Bank Clerk Race of mother: W
Birthplace of mother (State or foreign country): Burnettsville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed x Richard Lambert
New Address Apt 5 Valerian R#1 Straight
Subscribed and sworn to before me this 27 day of Aug, 1968.
John H. Hurd Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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 Attached

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 Sharon Lee Stout
Date of Birth December 29 1947
Place of Birth (State or foreign country) Winamac, Indiana
Residence Address R#8 BX 350 Snaps. West. Ind.
Maiden Name if Different
Previous 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) Passport
- Are you now or have you been adjudged, diagnosed or considered 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: Philip Kenneth Stout
Residence of father (if deceased so state): R#8 BX 350 Snaps. Ind.
Occupation of father: Teacher Race of father: W
Birthplace of father (State or foreign country): Winamac, Indiana

8. Full maiden name of mother: Margaret Wilson Brubaker
Residence of mother (if deceased so state): R#8 BX 350 Snaps. Ind.
Occupation of mother: Teacher Race of mother: W
Birthplace of mother (State or foreign country): Ellettsburg, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed x Sharon L. Stout
New Address same
Subscribed and sworn to before me this 27 day of Aug, 1968.
John H. Hurd Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 31st day of August, 1968, authorizing the joining together as husband and wife
of Richard Lee Lambert and Sharon Lee Stout
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins, hereby certify that on the 1st day of September, 1968, at Plainfield, Hendricks County, State of Indiana, Groom Richard Lee Lambert of Hendricks County, State of Indiana, and, Bride Sharon Lee Stout of Hendricks County, State of Indiana, were by me united 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, 1968.
Signed Warren A. Robbins
Official Designation Christian Minister
10 day of September, 1968.
Signed John H. Hurd Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Clerk

FILED

AUG 27 1968

John Lambold Jr.
CLERK HENDRICKS CIRCUIT COURT
SUPERIOR

Parent's Consent for Marriage of a Minor

State of Indiana)
County of Pulaski) SS:

I, the undersigned, do hereby declare, publish and swear that I am the natural Mother of one Richard Lee Lambert, a minor, who was born on Oct 27, 1948.

Further, I do hereby declare, publish and swear that I give my full and complete consent for the aforesaid minor's marriage to Sharon L. Stout.

Hilda Faye Lambert

Subscribed and sworn to before me this 13th day of August A.D., 1968.

Ruth E. Buckman
Notary Public

My commission expires: May 26, 1969

For
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(a) List the
(b) Are you
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Residence of
Occupation of
Birthplace of
12. Full maiden name
Residence of
Occupation of
Birthplace of
State of Indiana
County of
Subscribed and sworn
CONSENT OF PARENTS
We, the parents, of
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State of Indiana
County of
Subscribed and sworn
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Father

Mother

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Clerk

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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, 1968, authorizing the joining together as husband and wife of Richard Lee Lambert and Sharon Lee Stout.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins, hereby certify that on the 1st day of September, 1968, at Plainfield, County of Hendricks, one thousand nine hundred and sixty-eight of Pulaski County, State of Indiana, Groom Richard Lee Lambert and, Bride Sharon Lee Stout of Hendricks County, State of Indiana, were by me united 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, 1968.
Signed Warren A. Robbins
Official Designation Christian Minister
Signed John Lambold Jr.
HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Pres
Indiana S
Health ur
Chap. 126

FILED

AUG 27 1968

John Hancock Jr.
CLERK HENDRICKS
CIRCUIT COURT
SUPERIOR

Parent's Consent for Marriage of a Minor

ALL Q

Name

State of Indiana)
Date of) SS:
County of Pulaski)

Place of

Residence

Previous

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Date of bir

Other

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(a) List their full

Name

(b) Are you

(c) Are you

11. Full name of father

Residence of father

Occupation of father

Birthplace of father

12. Full maiden name of

Residence of mother

Occupation of mother

Birthplace of mother

State of Indiana

County of

HENDR

Sign

New Addr

Subscribed and sworn to befo

John S

CONSENT OF PARENTS. P

We, the parents, of this appli

signs, state facts which rende

Came

State of Indiana

County of

HENDRICK

Signed

Signed

Subscribed and sworn to befo

COMPLETE IF MARRI

in

HENDRICKS

Circuit Court

Be it Rem

of Indiana dated the

31st

day of

August

and

Sharon Lee Stout

1968

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

hereby certify that on the

1st

day of

September

at

Plainfield

County of

Hendricks

State of Indiana, Groom

Richard Lee Lambert

County, State of

Indiana

and, Bride

Sharon Lee Stout

of

Hendricks

County, State of

Indiana

were 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

1st

day of

September

1968

Signed

Warren A. Robbins

Official Designation

Christian Minister

day of

September

1968

Signed

John Hancock Jr.

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

1st

day of

September

1968

Form 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 BOOK 30
Date of Application 27 August 1968

MALE

Medical Examination Report Dated 21 August 1968
Name of Physician D. B. Haggard M.D.

FEMALE

Medical Examination Report Dated 21 August 1968
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 Dennis Dale Jordan
Date of Birth July 14, 1947
Place of Birth (State or foreign country) Michigan City, Ind.
Residence Address 645 Alston St., P.O. #1, 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.V.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-47-052078

- Are you now or have you been adjudged, diagnosed or considered 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 Jesse Dale Jordan
Residence of father (if deceased so state) Dep US Marshall
Occupation of father Dep US Marshall Race of father White
Birthplace of father (State or foreign country) Greene Co, Ind.
12. Full maiden name of mother Susanna Jones
Residence of mother (if deceased so state) A/W.
Occupation of mother A/W. Race of mother White
Birthplace of mother (State or foreign country) Carlsale, Ind.

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Dennis Dale Jordan

New Address 1614 N. Arling Rd., Bloomington

Subscribed and sworn to before me this 27th day of August, 1968
Clerk John Gambrell Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Angela Faye Miracle
Date of Birth May 24, 1948
Place of Birth (State or foreign country) Beech Grove, Ind.
Residence Address 21 Michael Dr., P.O. #1, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secy: I.V.

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 Everette Miracle

Residence of father (if deceased so state) 720 E. Alkington Indpls

Occupation of father Cont worker Race of father White

Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Marcia Mae Moneymaker

Residence of mother (if deceased so state) 21 Michael Dr., P.O. #1, Ind.

Occupation of mother R.E. Broker: Schrie Race of mother White

Birthplace of mother (State or foreign country) Indian

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Angela Faye Miracle

New Address Same

Subscribed and sworn to before me this 27th day of August, 1968

Clerk John Gambrell Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 31 day of August, 1968, authorizing the joining together as husband and wife of Dennis Dale Jordan and Angela Faye Miracle.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Stanley R. Moneymaker hereby certify that on the 31st day of August, one thousand nine hundred and sixty eight at Plainfield, County of Hendricks, State of Indiana, Groom Dennis Dale Jordan of Hendricks County, State of Indiana, and, Bride Angela Faye Miracle of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 31st day of August, 1968.

Signed Stanley R. Moneymaker

Official Designation Minister - Chaplain

5th day of September, 1968

Signed John Gambrell Jr Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 325
File Aug. 28-1968

MALE
Medical Examination Report Dated 8-19-68
Name of Physician Rene Martin Jacobs

FEMALE
Medical Examination Report Dated 8-19-68
Name of Physician Rene Martin Jacobs

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name First James Middle Robert Last Walton
Date of Birth Month October Day 24 Year 1948
Place of Birth (State or foreign country) Monticello Indiana
Residence Address Street or R. R. R R #1 BX 04 Clayton Ind. City Clayton County Ind. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 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

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Henry Morris Walton
Residence of father (if deceased so state) R #1 BX 04 Clayton Ind.
Occupation of father Carpenter Race of father W
Birthplace of father (State or foreign country) Chelsea, Alabama
12. Full maiden name of mother Ruth Viola McFarlin
Residence of mother (if deceased so state) R #1 BX 04 Clayton Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed x James Robert Walton
New Address Lafayette Indiana
Subscribed and sworn to before me this 28 day of Aug, 1968.
John D. Bauldoff Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 x Henry Morris Walton Father
Signed Ruth Viola McFarlin Mother
Subscribed and sworn to before me this 28 day of Aug, 1968.
John D. Bauldoff Jr. Clerk

FEMALE APPLICANT
Name First Shelley Middle Lindsay Last
Date of Birth Month March Day 11 Year 1950
Place of Birth (State or foreign country) Chicago Illinois
Residence Address Street or R. R. Christopher Selenia City Clayton County Ind. State Ind.
Maiden Name if Different Bx 202 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 Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father William Martin Lindsay
Residence of father (if deceased so state) BX 202 Clayton Ind.
Occupation of father Iron Worker Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Elizabeth Davis
Residence of mother (if deceased so state) BX 202 Clayton Ind.
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.
County of
Signed x Shelley Lindsay
New Address same
Subscribed and sworn to before me this 28 day of Aug, 1968.
John D. Bauldoff Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 8-29-68 and filed in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties. 3 de. wa.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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, 1968, 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 30th day of August, 1968, at _____ County of _____ State of Indiana, _____ County, State of Indiana, Groom James Robert Walton of _____ County, State of Indiana, and, Bride Shelley Lindsay of _____ County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 30th day of August, 1968.
Signed Rev. Louis G. Gray
Official Designation Baptist Minister
30th day of August, 1968.
Signed _____ 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. 326
File Book 31
Date of Application Aug 28-1968

MALE

Medical Examination Report Dated 8-28-68
Name of Physician Robert W. Kirtley M.D.

FEMALE

Medical Examination Report Dated 8-28-68
Name of Physician Robert 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 Earl L. Albin
Date of Birth Aug 7 1906
Place of Birth (State or foreign country) Jefft Ind.
Residence Address 1811 Cycle Dr. Danville Vermillion Ill.
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 Retired Telephone Repairman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Luther Albin
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Jane Nelson
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 in this application is true and correct.

Signed Earl L. Albin

New Address _____

Subscribed and sworn to before me this 28 day of Aug, 1968
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 Mable Cleary
Date of Birth March 28 1907
Place of Birth (State or foreign country) Jayotte Ill.
Residence Address 9822 N. 5th Ave Phoenix Maricopa Arizona
Maiden Name if Different Mary Mable Smith
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 Retired U.S. Post.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father John David Smith
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Fannie Alma Anderson
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Mable Cleary

New Address _____

Subscribed and sworn to before me this 28 day of Aug, 1968
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 _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of September, 1968, authorizing the joining together as husband and wife of Earl L. Albin and Mary Mable Cleary.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, W. E. Potts, hereby certify that on the 14th day of September, one thousand nine hundred and 68, at Danville, County of Vermillion, State of Indiana, Groom Earl L. Albin and, Bride Mary Mable Cleary of Maricopa County, State of Arizona were by me united 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 September, 1968.

Signed W. E. Potts

Official Designation Methodist Minister
17th day of September, 1968

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____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 327
File Book 30
Aug 30 1968
Date of Application

MALE

Medical Examination Report Dated Aug 27 1968
Name of Physician Harold E. Fleming MD

FEMALE

Medical Examination Report Dated Aug 27 1968
Name of Physician Harold E. Fleming MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Harold Middle Wayne Last Lottis Jr
Date of Birth Month August Day 5 Year 1949
Place of Birth (State or foreign country) Indianapolis
Residence Address 748 Maple Lane Street or R. R. City Marion Ind County Hend Co Ind State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation maintenance
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

- Full name of father Harold Wayne Lottis Sr.
Residence of father (if deceased so state) Brownsburg
Occupation of father maple hunter Race of father W
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Virginia May Rice
Residence of mother (if deceased so state) same
Occupation of mother House wife 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 x Harold Wayne Lottis Jr.
New Address

Subscribed and sworn to before me this 30 day of Aug, 1968
John G. Arnold Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 attached Father
Signed Mother

Subscribed and sworn to before me this day of 1968
Clerk

FEMALE APPLICANT

Name First Patsy Middle Sue Last Powell
Date of Birth Month August Day 31 Year 1947
Place of Birth (State or foreign country) Madisonville
Residence Address RR 2 Box 58 Street or R. R. City Clayton Ind County Hend Co Ind State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered 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 L. Powell
Residence of father (if deceased so state) RR 2 Clayton
Occupation of father Foreman Race of father W
Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Martha O. Hogger
Residence of mother (if deceased so state) same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed x Patsy Sue Powell
New Address

Subscribed and sworn to before me this 30 day of Aug, 1968
John G. Arnold Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968
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 Aug 30 1968 and filed in Hendricks County Superior Court authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1968, authorizing the joining together as husband and wife of Harold Wayne Lottis Jr and Patsy Sue Powell. Be it further remembered, the following marriage certificate was filed in my office, to-wit: 31st day of August, 1968, hereby certify that on the 31st day of August, 1968, at Madisonville, County of White, State of Indiana, Groom Harold Wayne Lottis Jr of Hendricks County, State of Indiana, and Bride Patsy Sue Powell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 31st day of August, 1968.

Signed Howard W. Hoover
Official Designation Justice of the Peace
4th day of September, 1968
Signed John G. Arnold Jr Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

August 29, 1968.

We, the undersigned, do consent and give our approval to the marriage of our son, Harold Wayne Lottes, Jr.

For
Inc
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tion

Name

Date

Place

Residen

Previous

Last Mar

Color or R

Usual Occu

Date of birt

☒ Other

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes
 2. Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes
 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☒ Yes
 - If answer to 3 is "yes" has the cause of such condition been removed? ☐ No ☒ Yes
 4. Are you afflicted with a transmissible disease? ☐ No ☒ Yes
 5. Are you related to the bride closer than second cousin? ☐ No ☒ Yes
 6. Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes
 7. Are you now under the influence of a narcotic drug? ☐ No ☒ Yes
 8. Are you able to support a family? ☒ Yes ☐ No
 9. Are you likely to so continue? ☒ Yes ☐ No
 10. Do you have minor children from one or more former marriages? ☐ No ☒ Yes
- (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? ☒ Yes ☐ No
- (c) Are you complying with any court order or orders issued for their support? ☒ Yes ☐ No

11. Full name of father: Harold Wayne Lottes Sr.
Residence of father (if deceased so state): Bushburg
Occupation of father: mafe hunt Race of father: W
Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Virginia May Rice
Residence of mother (if deceased so state): same
Occupation of mother: House wife 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: Harold Wayne Lottes Jr.
New Address: _____

Subscribed and sworn to before me this 30 day of Aug, 1968
John Gambold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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: attached Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
in Hendricks County Superior Court by written order issued Aug 30 1968
in Clark's _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1968, authorizing the joining together as husband and wife
of Harold Wayne Lottes Jr and Patsy Sue Powell
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Howard W. Hoover hereby certify that on the 31st day of August, _____
one thousand nine hundred and sixty-eight at Monticello County of Ind
State of Indiana, Groom Harold Wayne Lottes Jr of Hendricks County, State of Indiana
and, Bride Patsy Sue Powell of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 31st day of August, 1968. Signed: Howard W. Hoover
Official Designation: Justice of the Peace
4th day of September, 1968.
Signed: John Gambold Sr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Hendricks County, Indiana.

This 29th day of August, 1968.

☒ 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: Robert S. Powell
Residence of father (if deceased so state): R.R. 2 Clayton
Occupation of father: Foreman Race of father: W
Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Martha O. Hopper
Residence of mother (if deceased so state): same
Occupation of mother: House wife 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: Patsy Sue Powell
New Address: _____

Subscribed and sworn to before me this 30 day of Aug, 1968
John Gambold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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. 328

File Book 30

Sept 3 1968
Date of Application

MALE

Medical Examination Report Dated Aug 30 1968

Name of Physician James Black

FEMALE

Medical Examination Report Dated Aug 30 1968

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 First Harold Middle W. Last Little
Date of Birth Month Feb. Day 13 Year 1926
Place of Birth (State or foreign country) Sherron Tenn.
Residence Address Street or R. R. 458 E. Washington St. City Sufferlo County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Truck Driver

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 Clarence Escala Little
Residence of father (if deceased so state) Deceased
Occupation of father Race of father W
Birthplace of father (State or foreign country) Lexington Tenn
12. Full maiden name of mother Willie Mae Moore
Residence of mother (if deceased so state) Lexington Tenn
Occupation of mother Retired Race of mother W
Birthplace of mother (State or foreign country) Lexington Tenn

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Harold W Little

New Address Goldsmith Texas

Subscribed and sworn to before me this 3 day of Sept 1968
John Gaudelot Sr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 1968
Clerk

FEMALE APPLICANT

Name First Constance Middle B. Last Sipes
Date of Birth Month November Day 12 Year 1922
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address Street or R. R. P O Box 174 City Plainfield County Hend. State Ind.
Maiden Name if Different Smith
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 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 James Wm. Smith
Residence of father (if deceased so state) Deceased
Occupation of father Race of father W
Birthplace of father (State or foreign country) Little Rock Ark.
8. Full maiden name of mother Carrie Belle Bennett
Residence of mother (if deceased so state) Shelbyville Ind.
Occupation of mother Retired Race of mother W
Birthplace of mother (State or foreign country) Bedford Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Constance B. Sipes

New Address Goldsmith Texas

Subscribed and sworn to before me this 3 day of Sept 1968
John Gaudelot Sr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 1968
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 3 1968 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 3rd day of Sept 1968, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, M. L. Crawley hereby certify that on the 3rd day of September 1968 at Plainfield, County of Hendricks, State of Indiana, Groom Harold W. Little and Bride Constance B. Sipes of Hendricks County, State of Indiana were by me united 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 Sept 1968.

Signed M. L. Crawley

Official Designation Justice of Peace

5th day of September 1968

Signed John Gaudelot Sr 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 3

3 Sept 1968
Date of Application

MALE

Medical Examination Report Dated 8-30-68

Name of Physician John P. Calhoun M.D.

FEMALE

Medical Examination Report Dated 8-30-68

Name of Physician John P. Calhoun M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐
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) Chauffeur's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Deanna Jay Crawford 3 R1 Canby
(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Alfred Crawford
Residence of father (if deceased so state) Duffles
Occupation of father Press Operator Race of father W
Birthplace of father (State or foreign country) Central City Ky
12. Full maiden name of mother Earlene Rose
Residence of mother (if deceased so state) R1 Canby
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Central City Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed x Daniel Wayne Crawford
New Address 1143 N. Tubes Duffles
Subscribed and sworn to before me this 3 day of Sept 1968.
John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968.
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Divorced ☐ Annulment ☐
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 Charles Owen Gilley
Residence of father (if deceased so state) 3333 S. Madison Duffles
Occupation of father Repair Repair Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Ann Allison
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Duffles Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed x Alice Fay Gilley
New Address 1143 N. Tubes Duffles
Subscribed and sworn to before me this 3 day of Sept 1968.
John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 1968.
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 3 1968 and filed
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 3rd day of September 1968, authorizing the joining together as husband and wife of Daniel Wayne Crawford and Alice Fay Gilley.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Robert S. Medcalf hereby certify that on the 6th day of September 1968, at Indianapolis, County of Marion, State of Indiana, Groom Daniel Wayne Crawford of Hendricks County, State of Indiana and, Bride Alice Fay Gilley 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 6th day of September 1968.

Signed Rev. Robert S. Medcalf
Official Designation Ordained Minister
Signed John Gauld Jr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September 1968.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 330
File September 3, 1968

HENDRICKS County

Date of Application

MALE

Medical Examination Report Dated 8-30-68

Name of Physician Thomas Walker

FEMALE

Medical Examination Report Dated 8-30-68

Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name William J. Evans
Date of Birth August 18, 1940
Place of Birth (State or foreign country) New York
Residence Address R#3 BX104 Blue Bell Ave
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 Electronic Technician

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 ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Russell Clinton Evans
Residence of father (if deceased so state) R#3 BX104 Blue Bell Ave
Occupation of father Printing Pressman Race of father W
Birthplace of father (State or foreign country) Indpls Ind.
12. Full maiden name of mother Ruth Lavena Havers
Residence of mother (if deceased so state) R#3 BX104 Blue Bell Ave
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Oklahoma City, Oklahoma

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William J. Evans

New Address 2209 Tamarack Dr Indpls

Subscribed and sworn to before me this 3 day of Sept, 1968.
John H. Haddock Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Carol Ziat
Date of Birth June 18, 1946
Place of Birth (State or foreign country) Indpls - Indiana
Residence Address 3036 Blue Bell Ave
Maiden Name if Different _____
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-46-031946

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 John D. Ziat
Residence of father (if deceased so state) 3036 Blue Bell Ave
Occupation of father Owner Restaurant Race of father W
Birthplace of father (State or foreign country) Pennsylvania
8. Full maiden name of mother Heraldine Stangorff
Residence of mother (if deceased so state) 3036 Blue Bell Ave
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.

Signed Carolyn Ziat

New Address same

Subscribed and sworn to before me this 3 day of Sept, 1968.
John H. Haddock Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 _____ of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 7th day of September.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sra J. Goodman hereby certify that on the 7 day of September,
one thousand nine hundred and sixty-eight at Plainfield, County of Hendricks,
State of Indiana, Groom William J. Evans of Hendricks County, State of Indiana,
and, Bride Carolyn Ziat of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. Dated this 7 day of September, 1968.

Signed Sra J. Goodman

Official Designation Justice of the Peace

Signed John H. Haddock Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September, 1968.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 331
File Book 30
Date of Application 30 September 1968

MALE
Medical Examination Report Dated 28 August 1968
Name of Physician Dr. B. Haggard M.D.

FEMALE
Medical Examination Report Dated 28 August 1968
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, representa-

tion 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
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Terrance Matthew 10 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
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
Residence of mother (if deceased so state)
Occupation of mother
Race of mother
Birthplace of mother (State or foreign country)

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed
New Address
Subscribed and sworn to before me this day of
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 1968
Clerk

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father
Residence of father (if deceased so state)
Occupation of father
Race of father
Birthplace of father (State or foreign country)
8. Full maiden name of mother
Residence of mother (if deceased so state)
Occupation of mother
Race of mother
Birthplace of mother (State or foreign country)

State of Indiana, } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Margaret K. Anderson
New Address
Subscribed and sworn to before me this day of September 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby 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 1968
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
HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the County of HENDRICKS, Indiana, authorizing the joining together of husband and wife of Indiana dated the 7th day of September 1968, and
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Louis Gibson, hereby certify that on the 7 day of September 1968, at Indianapolis, County of Marion, State of Indiana, one thousand nine hundred and 68, of Marion County, State of Indiana, Groom Matthew Walden and, Bride Margaret K. Anderson were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 7 day of Sept., 1968.
Signed Rev. Louis Gibson
Official Designation Pastor of Church of Christ, Tab.
9 day of September, 1968.
Signed John G. Amelick 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. 332
File Book 30
Date of Application 3rd September 1968

MALE

Medical Examination Report Dated 30 August 1968
Name of Physician D. B. Haggard M.D.

FEMALE

Medical Examination Report Dated 30 August 1968
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 Joe Bowling
Date of Birth October 12 1941
Place of Birth Clinton, Tenn.
Residence Address 734 Union St., 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 unemployed (Postal Emp.)

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Dr. Lic. B452-4H12

- Are you now or have you been adjudged, diagnosed or considered 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 Ross Weldon Bowling
Residence of father (if deceased so state) Box 404 Lake City, Tenn.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Scott Co., Tenn.
12. Full maiden name of mother Zelma Rebecca Baker
Residence of mother (if deceased so state) same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Rock Castle Co., Ky.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Joe Bowling

New Address 9714 Melody Ln., Indpls, Ind.

Subscribed and sworn to before me this 3rd day of September, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Delores C. Page
Date of Birth December 20 1931
Place of Birth Indianapolis, Ind.
Residence Address 9714 Melody Ln., Indpls, Marion, Ind.

Maiden Name if Different Delores C. Brown

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Nov 10 May 68

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Postal Clerk: Armarfield

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Dr. Lic. P200-31500

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Harold Wilford Brown
Residence of father (if deceased so state) 9800 W. 10th Indpls Ind.
Occupation of father Supervisor: Bowersmith Race of father white
Birthplace of father (State or foreign country) Africa, Ind.
- Full maiden name of mother Evelyn Mac Feaster
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 Delores C. Page

New Address same

Subscribed and sworn to before me this 3rd day of September, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 7 day of September, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence E. Fike Jr. hereby certify that on the 7 day of September, 1968, at 211 East main, County of Hendricks, State of Indiana, Groom Joe Bowling of Marion County, State of Indiana, and, Bride Delores C. Page of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 7 day of September, 1968.

Signed Clarence E. Fike Jr.

Official Designation Justice of the Peace

11th day of September, 1968

Signed John Gamble 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

529

No. 333
File Book R 30
Sept. 3 - 1968
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated Aug 21-1968
Name of Physician Al. Carl Walsh M.D.

FEMALE
Medical Examination Report Dated 9-3-68
Name of Physician Eli G Coats M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Ted R Volpp
Date of Birth Dec 22 1945
Place of Birth (State or foreign country) Beach Grove Ind.
Residence Address R3 Box 362 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 Military Service
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 E Volpp
Residence of father (if deceased so state) Danville
Occupation of father Inde Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Betty Jane Cook
Residence of mother (if deceased so state) Danville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Ted R Volpp

New Address _____

Subscribed and sworn to before me this 3 day of Sept, 1968
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.

Volpp consent of father attached.

State of Indiana, HENDRICKS } ss:
County of _____

Signed Russell E Volpp Father

Signed Betty J Cook Mother

Subscribed and sworn to before me this 3 day of Sept, 1968
John Hambold, Jr Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of Sept, 1968, authorizing the joining together as husband and wife of Ted R Volpp and Janet M Perkinson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Teal O'Neil Younce, hereby certify that on the 7th day of September, 1968, at Bartlett Chapel Meth Church, County of Hendricks, State of Indiana, one thousand nine hundred and 68, of Hendricks County, State of Indiana, Groom Ted R. Volpp and, Bride Janet M Perkinson were by me united 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 Sept, 1968.

Signed Teal O. Younce
Official Designation Minister
14 day of September, 1968
Signed John Hambold Jr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

MALE
Medical Examined
Name of Physician

ALL QUESTIONS MUST
be answered or pretense shall be

Name *Ted*

Date of Birth

Place of Birth (State or

Residence Address
R3 B

Previous Marital Status

Last Marriage Ended By

Color or Race *W*

Usual Occupation *M*

Date of birth verified by

☐ Other (Specify)

1. Are you now or have

2. Are you under guar

3. Are you now or ha

4. Are you afflicted wi

5. Are you related to t

6. Are you now under

7. Are you now under

8. Are you able to su

9. Are you likely to a

10. Do you have minor

(If yes, answer ques

(a) List their full

Name

(b) Are you supporting or contributing to their 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 F Volpp*

Residence of father (if deceased so state) *Danville*

Occupation of father *Linde* Race of father *W*

Birthplace of father (State or foreign country) *Indiana*

12. Full maiden name of mother *Betty Jane Cook*

Residence of mother (if deceased so state) *Danville*

Occupation of mother *Housewife* Race of mother *W*

Birthplace of mother (State or foreign country) *Indiana*

State of Indiana, *HENDRICKS* } ss: I depose and state the information given in this application is true and correct.

County of

Signed *Ted R Volpp*

New Address

Subscribed and sworn to before me this *3* day of *Sept*, 19*68*

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

Volpp consent of father

attached.

State of Indiana, *HENDRICKS* } ss: I depose and state the information given in this application is true and correct.

County of

Signed *Russell F Volpp* Father

Signed *Betty J. Cook* Mother

Subscribed and sworn to before me this *3* day of *Sept*, 19*68*

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 by written order issued

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the *HENDRICKS* Circuit Court

of Indiana dated the *7* day of *Sept*, 19*68*, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, *Teal O'Neil Younce* hereby certify that on the *7th* day of *September*

one thousand nine hundred and *68* at *Bartlett Chapel Meth Church*, County of *Hendricks*

State of Indiana, Groom *Ted R. Volpp* of *Hendricks* County, State of *Indiana*

and, Bride *Janet M. Perkins* of *Hendricks* County, State of *Indiana*

were by me united 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 *Sept*, 19*68*

Signed *Teal O. Younce*

Official Designation *Minister*

14 day of *September*, 19*68*

Signed *John Gambold Jr* Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

To Whom It May Concern,
I hereby grant permission and
consent to the marriage of my
son, Ted R. Volpp, to Miss Janet
Perkinson.

Russell F. Volpp
Father Sept 3, 1968

FILED

SEP - 4 1968

John Gambold Jr.
CLERK HENDRICKS CIRCUIT COURT
SUPERIOR

529

No. *333*

File *Book R 30*

Sept 3 - 1968
Date of Application

Report Dated *9-3-68*

Li 9 Costs M.D.

of a license to marry by any false statement, representa-

FEMALE APPLICANT

Middle *M* Last *Perkinson*

Day *7* Year *1949*

Country) *Indianapolis*

or R. R. *45 D. Indpls* County *Ind.* State *Ind.*

Married ☒ Number of Previous Marriages

Death ☐ Divorce ☐ Annulment ☐

Negro ☐ Other ☐ (specify)

Birth Cert. ☐ Judicial Decree

is adjudged, diagnosed or considered as:

as a person of unsound mind? No ☒ Yes ☐

transmissible disease? No ☒ Yes ☐

is closer than second cousin? No ☒ Yes ☐

influence of intoxicating liquor? No ☒ Yes ☐

influence of a narcotic drug? No ☒ Yes ☐

Residence of mother (if deceased so state) *Indpls*

Occupation of mother *Housewife* Race of mother *W*

Birthplace of mother (State or foreign country) *Michigan*

State of Indiana, *HENDRICKS* } ss: I depose and state the information given in this application is true and correct.

County of

Signed *Janet Maie Perkins*

New Address

Subscribed and sworn to before me this *3* day of *Sept*, 19*68*

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: I depose and state the information given in this application is true and correct.

County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 334

File 30

HENDRICKS County

Sept 6 1968
Date of Application

MALE

Medical Examination Report Dated Sept 6 1968

Name of Physician David B Haggard

FEMALE

Medical Examination Report Dated Sept 6 1968

Name of Physician David B Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Robert Middle Lynn Last Stayle
Date of Birth Month September Day 28 Year 1950
Place of Birth (State or foreign country) Judges Ind Marion Ind
Residence Address Street or R. R. 1005 Raymond St City Plainfield County Hend Ind State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Mechanic

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John Smith Stayle
Residence of father (if deceased so state) Same
Occupation of father Mechanic Race of father W
Birthplace of father (State or foreign country) Judges Ind
12. Full maiden name of mother Juanita Pope
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) West Baden Ind

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Robert Lynn Stayle

New Address 222 Masten Plainfield

Subscribed and sworn to before me this 6 day of Sept, 1968.
John Gansbold Sr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 attached Father

Signed attached Mother

Subscribed and sworn to before me this 6 day of September 1968
John Gansbold Sr Clerk

FEMALE APPLICANT

Name First Jaye Middle Etta Last Rinehart
Date of Birth Month December Day 21 Year 1951
Place of Birth (State or foreign country) 222 Masten Plainfield Hend Ind
Residence Address Street or R. R. 222 Masten City Plainfield County Hend State Ind
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Prob. License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Orville Rinehart

Residence of father (if deceased so state) Same

Occupation of father Equip. Supt Race of father W

Birthplace of father (State or foreign country) Vincennes - Knox Co.

8. Full maiden name of mother Mable June Strand

Residence of mother (if deceased so state) Same

Occupation of mother House wife Race of mother W

Birthplace of mother (State or foreign country) Vincennes Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Jaye Etta Rinehart

New Address 222 Masten

Subscribed and sworn to before me this 6 day of Sept, 1968
John Gansbold Sr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 attached Father

Signed Mable June Rinehart Mother

Subscribed and sworn to before me this 6 day of September 1968
John Gansbold Sr 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 Superior Court by written order issued Sept 5 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 6th day of Sept, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Robert Lynn Stayle and Jaye Etta Rinehart

I, Corley Bowman hereby certify that on the 7 day of September, 1968, at Plainfield, Hendricks County, State of Indiana, Groom Robert Lynn Stayle and, Bride Jaye Etta Rinehart of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 7 day of September, 1968.

Signed Corley Bowman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September, 1968.

Signed John Gansbold Sr Clerk

HENDRICKS Circuit Court

I, John D. Stayte, hereby give my consent for
my Son, Robert L. Stayte to
marry Jaye Etta Rinehart

John D. Stayte
subscribed and sworn to before me this 6 day of Sept, 1968

Jessie R. Spencer
Notary Public

Residence Address 1005 Raymond St Plainfield Ind Ind.
City Plainfield County Ind State Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Mechanic

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or
home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for
their support? Yes ☐ No ☐

11. Full name of father John Smith Stayte
Residence of father (if deceased so state) Same
Occupation of father Mechanic Race of father W
Birthplace of father (State or foreign country) Indiana Ind
12. Full maiden name of mother Juanita Page
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) West Baden Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Robert Lynn Stayte

New Address 222 Master Plainfield

Subscribed and sworn to before me this 6 day of Sept, 1968.
John Gansbold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 attached Father
Signed attached Mother

Subscribed and sworn to before me this 6th day of September, 1968.
John Gansbold Sr 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 Superior Court by written order issued Sept 5 and filed
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 6th day of Sept, 1968, 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 7 day of September,
one thousand nine hundred and sixty-eight at Plainfield, County of Hendricks,
State of Indiana, Groom Robert Lynn Stayte of Hendricks County, State of Indiana,
and, Bride Jaye Etta Rinehart of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of September, 1968.
Signed Conley Bowman
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September, 1968.
Signed John Gansbold Sr Clerk
HENDRICKS Circuit Court

I, James O. Rinehart Jr., hereby give my consent for
my daughter, Jaye E. Rinehart to
marry Robert Lynn Stayte.

subscribed and sworn to before me this 5th day of Sept., 1968

My Commission Expires
Jan. 16, 1971

James O. Rinehart Jr.
Mina S. Blake
Notary Public

Place of Birth (State or foreign country) Marion Ind
Residence Address 1005 Raymond St Plainfield Ind 46150
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or
home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for
their support? Yes ☐ No ☐

11. Full name of father John Smith Stayte
Residence of father (if deceased so state) same
Occupation of father mechanic Race of father W
Birthplace of father (State or foreign country) Indiana Ind
12. Full maiden name of mother Juanita Pope
Residence of mother (if deceased so state) same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) West Baden Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of in this application is true and correct.

Signed Robert Lynn Stayte
New Address 222 Masten Plainfield

Subscribed and sworn to before me this 6 day of Sept, 1968
John Gaudinold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 attached Father
Signed attached Mother

Subscribed and sworn to before me this 6th day of September, 1968
John Gaudinold Sr 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 Superior Court by written order issued Sept 5 and filed
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 6th day of Sept, 1968, 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 7 day of September,
one thousand nine hundred and sixty-eight at Plainfield, County of Hendricks,
State of Indiana, Groom Robert Lynn Stayte of Hendricks County, State of Indiana
and, Bride Jaye Etta Rinehart of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of September, 1968

Signed Conley Bowman
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 10 day of September, 1968
Signed John Gaudinold Sr Clerk
HENDRICKS Circuit Court

Form 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
Date of Application 7 September 1968

MALE

Medical Examination Report Dated 3 September 1968
Name of Physician M.O. Scamahan M.D.

FEMALE

Medical Examination Report Dated 28 August 1968
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, representa-

MALE APPLICANT

Name Nathan D. Brown
Date of Birth November 21 1940
Place of Birth Bluffton, Ind.
Residence Address Lot 2 Oakhurst MHP B'burg, 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 Computer Prog: Ind. St. Health

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Dr. 12 33 40 188

- 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 DeLoss Edward Brown
Residence of father (if deceased so state) RA Huntington, Ind.
Occupation of father Warehouseman Race of father White
Birthplace of father (State or foreign country) Huntington, Ind.

12. Full maiden name of mother Mary Elizabeth Lucas
Residence of mother (if deceased so state) same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Frankfort, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Nathan D. Brown
New Address Lot 2 Oakhurst MHP B'burg, Hend, Ind.

Subscribed and sworn to before me this 13th day of September, 1968

Clerk John Gaudreault HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 _____, 1968

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County _____ Court by written order issued _____ and filed

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the _____ of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 13th day of September

and _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dennis L. Dodson hereby certify that on the 13th day of September

at Cornuth United M Church County of Hendricks

one thousand nine hundred and 68 of Huntington County, State of Indiana

State of Indiana, Groom Nathan D. Brown of Hendricks County, State of Indiana

and, Bride Brenda Beth Erwood of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

Dated this 13 day of Sept, 1968

Signed Rev. Dennis L. Dodson

Official Designation Minister

Signed John Gaudreault Sr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 336

File B 301c

HENDRICKS County

Sept 7 1968
Date of Application

MALE

Medical Examination Report Dated August 30 1968

Name of Physician James C. Muller

FEMALE

Medical Examination Report Dated Aug 17 1968

Name of Physician Harold S. Burdette

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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
Stephen Patrick Midkiff
Date of Birth Month Day Year
December 25 1945
Place of Birth (State or foreign country)
Indianapolis Marion Ind.
Residence Address Street or R. R. City County State
Apt 9 Colonial Manor Greensburg Decatur Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation School Teacher

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered 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: Baxter B. Midkiff
Residence of father (if deceased so state): 1145 Rochester Duglo
Occupation of father: Public Serv. Race of father: W
Birthplace of father (State or foreign country): Canton Ky.
12. Full maiden name of mother: Mary B. Atkins
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Birds Eye Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks

Signed: x Stephen Patrick Midkiff

New Address: Apt 9 Colonial Manor Greensburg

Subscribed and sworn to before me this 7 day of Sept, 1968.
John Gauld Sr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, Hendricks } ss:
County of: Hendricks

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
_____, Clerk

FEMALE APPLICANT

Name First Middle Last
Kathryn Noran Dowden
Date of Birth Month Day Year
October 12 1947
Place of Birth (State or foreign country)
Indianapolis Marion Ind.
Residence Address Street or R. R. City County State
749 Brookside 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 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 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 Frank Dowden
Residence of father (if deceased so state): Same
Occupation of father: Cater Salesman Race of father: W
Birthplace of father (State or foreign country): Bloomfield Ind.

8. Full maiden name of mother: Esther Jewell Robertson
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): E. St. Louis Mo.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Hendricks

Signed: x Kathryn Noran Dowden

New Address: Apt 9 Col. Manor Greensburg

Subscribed and sworn to before me this 7 day of Sept, 1968.
John Gauld Sr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 12th day of September, 1968, authorizing the joining together as husband and wife of Stephen Patrick Midkiff and Kathryn Noran Dowden. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert J. DeLong, hereby certify that on the 12th day of September, one thousand nine hundred and 68, at Plainfield, County of Hendricks, State of Indiana, Groom Stephen Patrick Midkiff of Marion County, State of Indiana and, Bride Kathryn Noran Dowden of Hendricks County, State of Indiana were by me united 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 September, 1968.

Signed: Robert J. DeLong

Official Designation: Clergyman

20 day of September, 1968

Signed: John Gauld Jr. Clerk

Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 337

File Book 30

Sept 7 1968
Date of Application

MALE

Medical Examination Report Dated 9-4-68

Name of Physician R. W. Korteley MD

FEMALE

Medical Examination Report Dated 9-4-68

Name of Physician R. W. Korteley MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Charles Middle E. Last Adams Jr.
Date of Birth Month June Day 11 Year 1948
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 10 1/2 W. Marion City Marion Ind. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation 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? 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 Charles E. Adams
Residence of father (if deceased so state) 537 Poplar Dr Pittsboro
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Ruth Ann Miller
Residence of mother (if deceased so state) Same
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 Charles E. Adams Jr.

New Address

Subscribed and sworn to before me this 7 day of Sept 1968.
John Gaudbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Attached
Attached

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1968.
Clerk

FEMALE APPLICANT

Name First Alma Middle Frances Last Singleton
Date of Birth Month April Day 29 Year 1948
Place of Birth (State or foreign country) Hendricks Co
Residence Address R R 3 Street or R. R. Hendricks Ind. State Ind.
Maiden Name if Different Box 340 Danville Head Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Inst Operator

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Bassie Singleton
Residence of father (if deceased so state) Same
Occupation of father Retired R. R. Race of father W
Birthplace of father (State or foreign country) Tenn - gauge 6

8. Full maiden name of mother Mary Kathleen Butler
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alma Frances Singleton
New Address

Subscribed and sworn to before me this 7 day of Sept 1968.
John Gaudbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 1968.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 1968, authorizing the joining together as husband and wife of Charles E. Adams Jr and Alma Frances Singleton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ira J. Goodman, hereby certify that on the 11 day of September 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Charles E. Adams Jr of Hendricks County, State of Indiana, and, Bride Alma Frances Singleton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 11 day of September 1968.

Signed Ira J. Goodman

Official Designation Justice of the Peace

13th day of September 1968

Signed John Gaudbold Jr Clerk

Filed and recorded in accordance with the laws of the State of Indiana this

Form Presc
Indiana Sta
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Chap. 126.

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Name

Date of B

Place of Birth (State of

Residence Address

Previous 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

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile?

Of Unsound Mind?

2. Are you under guardianship as a person of unsound mind?

3. Are you now or have you been within five (5) years an inmate of a county asylum or

home for indigent persons?

If answer to 3 is "yes" has the cause of such condition been removed?

4. Are you afflicted with a transmissible disease?

5. Are you related to the bride closer than second cousin?

6. Are you now under the influence of intoxicating liquor?

7. Are you now under the influence of a narcotic drug?

8. Are you able to support a family?

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)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 E. Adams

Residence of father (if deceased so state) 537 Poplar Dr Pittsboro

Occupation of father Truck Driver Race of father W

Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Ruth Ann Miller

Residence of mother (if deceased so state) same

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles E. Adams Jr

New Address

Subscribed and sworn to before me this 7 day of Sept, 1968

John Gaudelot Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary.

attached

attached

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed

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 11 day of September, 1968, authorizing the joining together as husband and wife

of Charles E. Adams Jr and Almeata Frances Singleton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ira J. Goodman hereby certify that on the 11 day of September

one thousand nine hundred and 68 at Plainfield County of Hendricks

State of Indiana, Groom Charles E. Adams Jr of Hendricks County, State of Indiana

and, Bride Almeata J. Singleton of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of September, 1968.

Signed Ira J. Goodman

Official Designation Justice of the Peace, 1968.

Signed John Gaudelot Jr Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of September, 1968.

_____ Clerk

_____ Circuit Court

my son _____,

Charles E. Adams Jr
marry Almeata Frances Singleton

Subscribed and sworn to before me this 7 day of Sept 1968
Charles E. Adams
John Gaudelot Jr
Notary Public

My Commission expires Jan 6, 1969

Residence Address

Street or R. R. R R 3 City Hendricks State Ind.

Maiden Name if Different Box 340 Danville Ind. Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Inst. Operator

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile?

Of Unsound Mind?

2. Are you under guardianship as a person of unsound mind?

3. Are you afflicted with a transmissible disease?

4. Are you related to the groom closer than second cousin?

5. Are you now under the influence of intoxicating liquor?

6. Are you now under the influence of a narcotic drug?

7. Full name of father Bessie Singleton

Residence of father (if deceased so state) same

Occupation of father Retired R. R. Race of father W

Birthplace of father (State or foreign country) Tenn. - Gaudelot

8. Full maiden name of mother Mary Kathleen Butler

Residence of mother (if deceased so state) same

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Almeata Frances Singleton

New Address

Subscribed and sworn to before me this 7 day of Sept, 1968

John Gaudelot Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 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____

_____ Clerk

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Name

Date of Bir

Place of Birth (State or foreign country)

Residence Address Indianapolis Street or R. R. Marion City Marion County Ind. State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Service Station

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 E. Adams

Residence of father (if deceased so state) 537 Poplar Dr Pittsboro

Occupation of father Truck Driver Race of father W

Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Ruth Ann Miller

Residence of mother (if deceased so state) same

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Charles E. Adams Jr.

New Address

Subscribed and sworn to before me this 7 day of Sept, 1968

John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

attached

attached

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County Court by written order issued and filed

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 11 day of September, 1968, authorizing the joining together as husband and wife

of Charles E. Adams Jr and Almeta Frances Singleton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ira J. Goodman hereby certify that on the 11 day of September

one thousand nine hundred and 68 at Plainfield County of Hendricks

State of Indiana, Groom Charles E. Adams Jr of Hendricks County, State of Indiana

and, Bride Almeta J. Singleton of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11 day of September, 1968

Signed Ira J. Goodman

Official Designation Justice of the Peace

13 day of September, 1968

Signed John Gauld Jr Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

I, Ruth Ann Adams

my son Charles E. Adams Jr., hereby give my consent for

marry Almeta Frances Singleton to

Subscribed and sworn to before me this 7 day of Sept, 1968

Charles E. Adams Jr
Notary Public

My Commission expires Jan 6, 1969

Residence Address Hendricks Co Street or R. R. Hendricks City Hendricks County Ind. State Ind.

Maiden Name if Different Box 340 Danville Ind Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Inst Operator

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Bessie Singleton

Residence of father (if deceased so state) same

Occupation of father Retired R. R. Race of father W

Birthplace of father (State or foreign country) Tenn. - Glasgow

8. Full maiden name of mother Mary Kathleen Butler

Residence of mother (if deceased so state) same

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Almeta Frances Singleton

New Address

Subscribed and sworn to before me this 7 day of Sept, 1968

John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed

Signed

Subscribed and sworn to before me this day of 19

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 338
File B vol 30
Date of Application Sept 7 1968

HENDRICKS County

MALE

Medical Examination Report Dated 9-6-68

Name of Physician Fred P. Warburton

FEMALE

Medical Examination Report Dated 9-6-68

Name of Physician Fred P. Warburton 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 James Underwood
Date of Birth November 29 1947
Place of Birth (State or foreign country) Murray Ky.
Residence Address R R 2 Box 169E Plainfield Ind 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 Service Station

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

- Full name of father Wm. David Underwood
Residence of father (if deceased so state) same
Occupation of father Aluminum Setup Race of father W
Birthplace of father (State or foreign country) Perryman Tenn.
- Full maiden name of mother Erin Carolyn McSwain
Residence of mother (if deceased so state) same
Occupation of mother Shipping Cl. - Kiger Race of mother W
Birthplace of mother (State or foreign country) Perryman Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James M. Underwood

New Address 2041 N. Rochester Indpls.

Subscribed and sworn to before me this 7 day of Sept, 1968.
John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 William D. Underwood Father

Signed Mrs. Carolyn Underwood Mother

Subscribed and sworn to before me this 7 day of Sept, 1968.
John Gauld Sr Clerk

FEMALE APPLICANT

Name Margaret Ruth Danner
Date of Birth July 14 1943
Place of Birth (State or foreign country) Bridgeport Marion Ind.
Residence Address 2041 N. Rochester Indpls
Maiden Name if Different Clossey

Previous Marital Status: Never Married ☒ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Sales

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

- Full name of father Harry Edward Clossey
Residence of father (if deceased so state) R 2 Box 688 Indpls
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Bridgeport Marion Ind.
- Full maiden name of mother Ruth Virginia York
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.

Signed Margaret R. Danner

New Address 2041 N. Rochester

Subscribed and sworn to before me this 7 day of Sept, 1968.
John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 September, 1968, authorizing the joining together as husband and wife of James Michael Underwood and Margaret Ruth Danner.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Right Rev. Richard Kavanagh hereby certify that on the 14th day of September, one thousand nine hundred and sixty eight at Indianapolis, County of Marion, State of Indiana, Groom James Michael Underwood of Hendricks County, State of Indiana and, Bride Margaret Ruth Danner 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 September, 1968.

Signed Right Rev. Richard Kavanagh

Official Designation Pastor St. Michael's Church Indianapolis

Signed John Gauld Sr Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of September, 1968.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 939
File Bk. 30
Date of Application Sept. 9, 1968

MALE
Medical Examination Report Dated 9-7-68
Name of Physician Walter Mc Mannis

FEMALE
Medical Examination Report Dated 9-7-68
Name of Physician Walter Mc Mannis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name David Aaron Sparks
Date of Birth April 28 1949
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address RR#3 Box 331 H. 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 Hamilton Harris Co.

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 Elbert Le Roy Sparks
Residence of father (if deceased so state) Same
Occupation of father Heavy Equip. Opr. Race of father W.
Birthplace of father (State or foreign country) Indpls., Ind.
12. Full maiden name of mother Deloris May Acton
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 David Aaron Sparks

New Address _____

Subscribed and sworn to before me this 9 day of Sept., 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 forms Attached

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 Deoris Elizabeth Smith
Date of Birth July 30 1953
Place of Birth (State or foreign country) Greenville, S. Carolina
Residence Address 425 W. St. West Indpls., Marion, Indpls.
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 Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Milton Lamar Smith
Residence of father (if deceased so state) Same
Occupation of father Truck Driver Race of father W.
Birthplace of father (State or foreign country) Thompson
8. Full maiden name of mother Regalia How Ing
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Kokarance, x

State of Indiana, HENDRICKS } ss: I depose and state the information in this application is true and correct.
County of _____

Signed Deoris Elizabeth Smith

New Address _____

Subscribed and sworn to before me this 9 day of Sept., 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 forms Attached

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
in _____ County Superior Court by written order issued 9/9/68
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day waiver: age waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 9th day of September, 1968, authorizing the joining together as husband and wife
of David Aaron Sparks and Deoris Elizabeth 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 9th day of September,
one thousand nine hundred and 68, at The Danville Christian Church, County of Hendricks,
State of Indiana, Groom David Aaron Sparks of Hendricks County, State of Indiana,
and, Bride Deoris Elizabeth 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. _____
Dated this 9th day of September, 1968.

Signed Rev. George A. Harris

Official Designation Minister
9th day of September, 1968

Signed John Gambold Jr
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 939
File Bk. 30
Date of Application Sept. 9, 1968

MALE
Medical Examination Report Dated 9-7-68
Name of Physician Walter McManis

FEMALE
Medical Examination Report Dated 9-7-68
Name of Physician Walter McManis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name David Aaron Sparks
Date of Birth April 28 1949
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address RR# 3 Box 331 H, 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 Hamilton Harris Co.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft Card

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of any narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? No ☒ Yes ☐
9. Are you likely to so continue? No ☒ Yes ☐
10. Do you have minor children from a former marriage?
(If yes, answer questions a, b, c)

(a) List their full names, ages, and places of birth.

Name _____

(b) Are you supporting or contributing to the support of _____

(c) Are you complying with their support? _____

11. Full name of father _____

Residence of father (if deceased) _____

Occupation of father _____

Birthplace of father (State or foreign country) _____

12. Full maiden name of mother _____

Residence of mother (if deceased) _____

Occupation of mother _____

Birthplace of mother (State or foreign country) _____

State of Indiana, _____

County of _____

HENDRICKS

Signed _____

New Address _____

Subscribed and sworn to before me this 9 day of Sept., 1968

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 forms attached

State of Indiana, _____

County of _____

HENDRICKS

Signed _____

Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
in _____ County _____ Court by written order issued 9/9/68
authorizes and directs the issuance of a marriage license to the above named parties. 3 day waiver: 9/9/68

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 9th day of September, 1968, authorizing the joining together as husband and wife of David Aaron Sparks and Doris Elizabeth 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 9th day of September, 1968,
at The Danville Christian Church, County of Hendricks, State of Indiana,
one thousand nine hundred and 68, of Hendricks County, State of Indiana,
State of Indiana, Groom David Aaron Sparks of Marion County, State of Indiana,
and, Bride Doris Elizabeth 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 _____ HENDRICKS
County, _____
Dated this 9th day of September, 1968.

Signed Rev. George A. Harris

Official Designation Minister, 1968

Signed John Gauld Jr. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____

HENDRICKS

Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 339
File Bk. 30
Date of Application Sept. 9, 1968

MALE
Medical Examination Report Dated 9-7-68
Name of Physician Walter Mc Mannis

FEMALE
Medical Examination Report Dated 9-7-68
Name of Physician Walter Mc Mannis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Aaron Sparks
Date of Birth April 28, 1949
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address RR#3 Box 331 H. 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 Hamilton Harris Co.

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 any narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? No ☒ Yes ☐
9. Are you likely to so continue? No ☒ Yes ☐
10. Do you have minor children from a former marriage?
(If yes, answer questions a, b, c)
(a) List their full names, ages, and places of birth.

Name _____

(b) Are you supporting or contributing to the support of _____
(c) Are you complying with their support? E

11. Full name of father _____

Residence of father (if deceased) _____

Occupation of father Dr.

Birthplace of father (State or foreign country) _____

12. Full maiden name of mother _____

Residence of mother (if deceased) _____

Occupation of mother Dr.

Birthplace of mother (State or foreign country) _____

State of Indiana, _____ in this application is true and correct.

County of HENDRICKS

Signed David Aaron Sparks

New Address _____

Subscribed and sworn to before me this 9 day of Sept. 1968

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 forms Attached

State of Indiana, _____ ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1968

Clerk _____

FEMALE APPLICANT

Name Poris Elizabeth Smith
Date of Birth July 30, 1953
Place of Birth (State or foreign country) Greenville, S. Carolina
Residence Address 425 W. St. Street, Indpls., Marion, Indpls.
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 Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

_____ hereby give my consent for

to _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 939
File Bk. 30
Date of Application Sept. 9, 1968

MALE
Medical Examination Report Dated 9-7-68
Name of Physician Walter Mc Mannis

FEMALE
Medical Examination Report Dated 9-7-68
Name of Physician Walter Mc Mannis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name David Aaron Sparks
Date of Birth April 28 1949
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address RR# 3 Box 331 H, 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 Hamilton Harris Co.
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 alcohol? No ☒ Yes ☐
7. Are you now under the influence of drugs? No ☒ Yes ☐
8. Are you able to support a family? No ☒ Yes ☐
9. Are you likely to so continue? No ☒ Yes ☐
10. Do you have minor children from a previous marriage?
(If yes, answer questions a, b, c)
(a) List their full names, ages, and places of birth.

Name _____
Residence of father (if deceased) _____
Occupation of father _____
Birthplace of father (State or foreign country) _____
Full maiden name of mother _____
Residence of mother (if deceased) _____
Occupation of mother _____
Birthplace of mother (State or foreign country) _____

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed David Aaron Sparks

New Address _____
Subscribed and sworn to before me this 9 day of Sept. 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 forms attached

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 issued by the _____ Court by written order of _____
in _____ authorizes and directs the issuance of a marriage license to _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the _____ of Indiana dated the 9th day of September 1968 and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George A. Harris, _____ at _____
one thousand nine hundred and 68 _____
State of Indiana, Groom David Aaron Sparks of _____
and, Bride Doris Elizabeth Smith 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 9th day of September, 1968.
Signed Rev. George A. Harris
Official Designation Minister, 1968.
Signed John Gauld Jr Clerk
_____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form T-M-5
AFFIDAVIT

STATE OF INDIANA } ss:
COUNTY OF marion

Melton L. Smith and Lazalia Smith
NAME
425 N State st Indianapolis Indiana
ADDRESS

Deposes and says upon his (mother) oath that:
That as Father and mother of Doris Elizabeth Smith we do here by give our consent for her to enter in to marriage to David A. Sparks

mother, Mrs. Lazalia Smith
Father, Melton L. Smith
SIGNED

Subscribed and sworn to before me this 9th day of Sept 1968
Henry C. Wilson
NOTARY PUBLIC

My commission expires 12/14/68

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 340

File Book 30

11 September 1968
Date of Application

MALE

Medical Examination Report Dated 6 September 1968
Name of Physician Irving Cohen M.D.

FEMALE

Medical Examination Report Dated 6 September 1968
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 Lawrence E. McMartin
Date of Birth August 8 1947
Place of Birth Wenatchee, Wash.
Residence Address Rt 1 Box 261 Camby, 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 Heavy Equip. Opr. L.G. McMartin Sr.

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 Laverne Glenn McMartin
Residence of father (if deceased so state) Same Camby, Ind.
Occupation of father Owner: Exc. Co. Race of father white
Birthplace of father (State or foreign country) Sareport, Iowa

12. Full maiden name of mother Carol Maxine Johnson
Residence of mother (if deceased so state) Same
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Monrovia, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lawrence E. McMartin
New Address Rt 1, Box 550 Plainfield, Ind.

Subscribed and sworn to before me this 11th day of September, 1968
Clerk John Gambold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Laura Norene Hutchens
Date of Birth March 23 1949
Place of Birth Martinsville, Ind.
Residence Address 301 W. Mill Pkld, 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 Spl. Clerk: Ind. Bell

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 99-020706

- Are you now or have you been adjudged, diagnosed or considered 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 Elmer Graydon Hutchens
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Hendricks, Ind.

8. Full maiden name of mother Cooney Sylvia Isabella
Residence of mother (if deceased so state) 301 Mill Pkld, Ind.
Occupation of mother Cashier: Wiggins Var. 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.

Signed Laura Norene Hutchens
New Address Same

Subscribed and sworn to before me this 11th day of September, 1968
Clerk John Gambold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Superior Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of September, 1968, authorizing the joining together as husband and wife of Lawrence E. McMartin and Laura Norene Hutchens.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Ralph P. Wade hereby certify that on the 21st day of September, one thousand nine hundred and 68 at Friendswood, County of Marion, State of Indiana, Groom Lawrence E. McMartin of Hendricks County, State of Indiana and, Bride Laura Norene Hutchens of Hendricks County, State of Indiana, were by me united 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 September, 1968.

Signed Rev. Ralph P. Wade
Official Designation Pastor - Friendswood Baptist Church
Filed and recorded in accordance with the laws of the State of Indiana this 24th day of September, 1968.
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 341
File Book K 30
Date of Application 12 September 1968

MALE

Medical Examination Report Dated 6 September 1968

Name of Physician A. N. Scudder M.D.

FEMALE

Medical Examination Report Dated 6 September 1968

Name of Physician A. N. Scudder M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Willie Thomas Stark
Date of Birth February 28 1950
Place of Birth (State or foreign country) Franklin Ky.
Residence Address 529 Alpha, 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 Heavy Equip Opr: Sim Goad

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Ky 50-14130

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?
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 Thomas Hinton Stark

Residence of father (if deceased so state) Same B'burg, Ind.

Occupation of father App Service: Srns. Race of father White

Birthplace of father (State or foreign country) Franklin Ky.

12. Full maiden name of mother Ruth Christine Busch

Residence of mother (if deceased so state) Same

Occupation of mother Insp. RCA Race of mother White

Birthplace of mother (State or foreign country) Muhlheim, Germany

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Willie Thomas Stark

New Address 5619 W. 43rd, Indpls.

Subscribed and sworn to before me this 12th day of September, 1968

Clerk John Gambold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed Thomas Hinton Stark Father

Signed Ruth C. Stark Mother

Subscribed and sworn to before me this 12th day of September, 1968

Clerk John Gambold Jr. HENDRICKS Circuit Court

FEMALE APPLICANT

Name Sally Angeline Downing
Date of Birth April 12 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R2 Bx 129 B'burg, 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 IBM: Jan Camp

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 3384

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Richard Eugene Downing

Residence of father (if deceased so state) R2 B'burg, Ind.

Occupation of father Setup: Allison Race of father White

Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Elizabeth Rose Crawford

Residence of mother (if deceased so state) Same

Occupation of mother H/W Race of mother White

Birthplace of mother (State or foreign country) Bedford, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Sally Angeline Downing

New Address Same

Subscribed and sworn to before me this 12th day of September, 1968

Clerk John Gambold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

in _____ County _____ Court by written order issued _____

_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 _____ day of _____, 1968, 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 Twenty-Seventh day of September, 1968, at Brownsburg, County of Hendricks, State of Indiana

one thousand nine hundred and Sixty-eight of Hendricks County, State of Indiana

State of Indiana, Groom Willie T. Stark of Hendricks County, State of Indiana

and, Bride Sally A. Downing of Hendricks County, State of Indiana

were by me united 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 September, 1968

Signed Lester B. Yearick

Official Designation Minister

30th day of September, 1968

Signed John Gambold Jr. HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 342
File Book 30
Date of Application 13 September 1968

MALE

Medical Examination Report Dated 19 August 1968

Name of Physician Raymond D. Rice M.D.

FEMALE

Medical Examination Report Dated 19 August 1968

Name of Physician Raymond D. Rice M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Stephen Allen Hutton
Date of Birth December 6, 1950
Place of Birth Indianapolis, Ind.
Residence Address 8 Locust Dr., P.O. Box 111, 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 Custom Cabinet Wk. CPM Cabinet

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 12/12

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 George Benjamin Hutton
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.

12. Full maiden name of mother Mildred Masdellan
Residence of mother (if deceased so state) same
Occupation of mother vt. opr. W.E. Race of mother white
Birthplace of mother (State or foreign country) Mantizello, Ky.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Stephen Allen Hutton

New Address 1 E Main Apt 5, Clermont

Subscribed and sworn to before me this 13th day of September, 1968
Clerk John G. 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.

Father deceased - Mother gives sole consent

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed Mildred Hutton Mother

Subscribed and sworn to before me this 13th day of September, 1968
Clerk John G. Sandell

FEMALE APPLICANT

Name Nancy Marie Boorman
Date of Birth April 8, 1950
Place of Birth Beech Grove, Ind.
Residence Address 3743 Wiffich, Indpls, Mare, 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: Sont Sue Donut Shop

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Top of 9977709

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Joseph Ezra Boorman
Residence of father (if deceased so state) same Indpls, Ind.

Occupation of father Fleet. Ford Mo. Co. Race of father white

Birthplace of father (State or foreign country) Ky.

8. Full maiden name of mother Mary Cornick

Residence of mother (if deceased so state) same

Occupation of mother H/W. Race of mother white

Birthplace of mother (State or foreign country) Philadelphia, Penn.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Nancy Marie Boorman

New Address same

Subscribed and sworn to before me this 13th day of September, 1968

Clerk John G. 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:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties. Groom go Warr

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the _____ day of _____, 19____ authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ hereby certify that on the _____ day of _____, _____ 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 _____ HENDRICKS County.

Dated this _____ day of _____, 19____

Official Designation _____

Signed _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

_____ HENDRICKS 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. 343
File September 13, 1968

HENDRICKS County

MALE
Medical Examination Report Dated 9-9-68
Name of Physician Irrving Cohen

FEMALE
Medical Examination Report Dated 9-6-68
Name of Physician Irrving 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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name First Tale Middle J Last Burnett
Date of Birth Month August Day 24 Year 1942
Place of Birth (State or foreign country) Clay Township, Ind.
Residence Address RR#2 BX330 Dan. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages One
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Air Force
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <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>Tale Burnett</u>		
Residence of father (if deceased so state) <u>RR#2 BX330 Dan. Ind.</u>		
Occupation of father <u>Farmer</u> Race of father <u>W</u>		
Birthplace of father (State or foreign country) <u>Kentucky</u>		
12. Full maiden name of mother <u>Bernice May Dwyer</u>		
Residence of mother (if deceased so state) <u>RR#2 BX330 Dan. Ind.</u>		
Occupation of mother <u>Housewife</u> Race of mother <u>W</u>		
Birthplace of mother (State or foreign country) <u>Indiana</u>		

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed x J. Burnett
New Address 1002 OMS BX330 Dan. Ind.
Subscribed and sworn to before me this 13 day of Sept, 19 68
John H. Hurd Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 Nancy Middle E. Last Clark
Date of Birth Month January Day 10 Year 1948
Place of Birth (State or foreign country) Marion Co.
Residence Address 509 W. Co. Line Rd. Washington Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Carl P. Clark

Residence of father (if deceased so state) 509 W. Co. Line Rd. Marion Ind.
Occupation of father Maintenance Race of father W
Birthplace of father (State or foreign country) Plainville Ind.
8. Full maiden name of mother Wanda May Voyles
Residence of mother (if deceased so state) 509 W. Co. Line Rd. Marion Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Washington Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed John H. Hurd Jr.
New Address same
Subscribed and sworn to before me this 13 day of Sept, 19 68
John H. Hurd Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of September, 19 68 authorizing the joining together as husband and wife of Tale Burnett and Nancy E. Clark
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ralph E. Ringenberg hereby certify that on the 21 day of September, 19 68, at Marion County, State of Indiana, one thousand nine hundred and sixty-eight of Hendricks County, State of Indiana, State of Indiana, Groom Tale Burnett of Marion County, State of Indiana, and, Bride Nancy Clark of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 21 day of September, 19 68.
Signed Ralph E. Ringenberg
Official Designation Pastor, Grace Missionary Church
Subscribed and sworn to before me this 23 day of September, 19 68.
Signed John H. Hurd 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. 344

File Book 30

Sept. 14 1968
Date of Application

MALE

Medical Examination Report Dated Sept 10 1968
Name of Physician Donald Cheeseman M.D.

FEMALE

Medical Examination Report Dated Sept 10 1968
Name of Physician Donald Cheeseman M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Erwin Leisch
Date of Birth June 11 1937
Place of Birth (State or foreign country) Chicago
Residence Address 3608 E. Columbia Danville Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Teletype Repair

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☒
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Kelly	9	Judges
Karen	7	"
Kristy	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 Erwin Leisch
Residence of father (if deceased so state) Deceased
Occupation of father RR Sales Race of father W
Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Beatrice Martin
Residence of mother (if deceased so state) 302 S. Wayne Danville
Occupation of mother Burger at Block 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 William Erwin Leisch

New Address 3608 E. Columbia Danville

Subscribed and sworn to before me this 14 day of Sept, 1968.
John Gaulbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Melissa R. Hadley
Date of Birth March 24 1946
Place of Birth (State or foreign country) Indianapolis
Residence Address 1002 W. Main Danville Ind
Maiden Name if Different Woodfall
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 Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Charles Raymond Woodfall
Residence of father (if deceased so state) Highland Hight Danville
Occupation of father RR Race of father W
Birthplace of father (State or foreign country) Macon Ill.

8. Full maiden name of mother Margaret Courtney
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indy Ind
Macon Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Melissa R. Hadley

New Address 3608 E. Columbia Danville

Subscribed and sworn to before me this 14 day of Sept, 1968
John Gaulbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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, 1968, authorizing the joining together as husband and wife William Erwin Leisch and Melissa R. Hadley.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, The Rev. Keith L. Kinney hereby certify that on the 3d day of October, one thousand nine hundred and sixty-eight at Brownsburg, County of Hendricks, State of Indiana, Groom William Erwin Leisch of Hendricks County, State of Indiana and, Bride Melissa R. Hadley of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3rd day of October, 1968.

Signed Keith L. Kinney

Official Designation Pastor, Messiah Lutheran Church
21st day of November, 1968

Signed John Gaulbold Jr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 345

File Book 30

Sept. 14 1968
Date of Application

HENDRICKS County

MALE

Medical Examination Report Dated Sept 9 1968

Name of Physician Norman E. Whitney D.O.

FEMALE

Medical Examination Report Dated 9-9-68

Name of Physician Norman E. Whitney D.O.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Stephen David Allen
Date of Birth June 28 1949
Place of Birth Indianapolis
Residence Address RR1 Box 49 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 Gear Cutter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
<u>Glen</u>		
<u>Robert L. Young</u>		

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert L. Young
Residence of father (if deceased so state) RR1 Plainfield
Occupation of father Job Setter Race of father W
Birthplace of father (State or foreign country) Flat Rock N. Carolina
12. Full maiden name of mother Ruth Dean Taylor
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Indigo Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Stephen David Allen
New Address RR1 Box 432 Plainfield
Subscribed and sworn to before me this 14 day of Sept, 1968.
John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed Robert L. Young Father
Signed Ruth Allen Mother
Subscribed and sworn to before me this 14 day of Sept, 1968.
John Gauld Sr Clerk

FEMALE APPLICANT

Name Nancy Ann Dulaney
Date of Birth Sept 11 1950
Place of Birth Sefton Ind
Residence Address Morgan Co. Indiana
Maiden Name if Different 318 Maple Lane Mooresville Morgan Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation File Clerk

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Herbert E. Dulaney
Residence of father (if deceased so state) Mooresville
Occupation of father Job Setter Race of father W
Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Soyce S. Young
Residence of mother (if deceased so state) Same
Occupation of mother House wife 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 Nancy Ann Dulaney
New Address RR1 Box 432 Plainfield
Subscribed and sworn to before me this 14 day of Sept, 1968.
John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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 18th day of September, 1968, authorizing the joining together as husband and wife of Stephen David Allen and Nancy Ann Dulaney.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert L. Young hereby certify that on the 21 day of September, 1968, at Mooresville Christian Church, County of Morgan, one thousand nine hundred and 68 of Hendricks County, State of Indiana, Groom Stephen D. Allen and, Bride Nancy Ann Dulaney of Morgan County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21 day of September, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed Robert L. Young
Official Designation Baptist Minister
25 day of September, 1968.
Signed John Gauld Sr Clerk HENDRICKS Circuit Court

Form 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
14 September 1968
Date of Application

MALE
Medical Examination Report Dated 9 September 1968
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 9 September 1968
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 Stanley Floyd Stout
Date of Birth July 18, 1947
Place of Birth Indianapolis, Ind.
Residence Address 21 Bx 216 Hixton, Ind.
Previous Marital Status: Never Married Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Cable Splicer, Ind. Bell

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 12 30 47 247 Draft

- Are you now or have you been adjudged, diagnosed or considered 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 Floyd Feltz Stout

Residence of father (if deceased so state) RI Hixton, Ind.

Occupation of father Sr. Sr. Mgr. B. B. B. Race of father white

Birthplace of father (State or foreign country) Brookport, Ind.

12. Full maiden name of mother Viola Margaret Cunningham

Residence of mother (if deceased so state) Hixton, Ind.

Occupation of mother H/W. Race of mother white

Birthplace of mother (State or foreign country) Hixton, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given

County of HENDRICKS } in this application is true and correct.

Signed Stanley Stout

New Address 103 Port O. Call Dr., Ind.

Subscribed and sworn to before me this 14th day of September, 1968

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968

Clerk

FEMALE APPLICANT

Name Peggy Jo Pritchett
Date of Birth July 6, 1948
Place of Birth Lebanon, Ind.
Residence Address 132 Bx 171 Danville, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Secy. S/way Methodist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 13/12/41 3/2/4

- Are you now or have you been adjudged, diagnosed or considered 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 Howard Pritchett

Residence of father (if deceased so state) 22 Danville, Ind.

Occupation of father Farmer Race of father white

Birthplace of father (State or foreign country) Hen Co, Ind.

8. Full maiden name of mother Norma Jean Sarrett

Residence of mother (if deceased so state) Same

Occupation of mother H/W. Race of mother white

Birthplace of mother (State or foreign country) Hen Co, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given

County of HENDRICKS } in this application is true and correct.

Signed Peggy Jo Pritchett

New Address Same

Subscribed and sworn to before me this 14th day of September, 1968

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued 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 20th day of September, 1968, authorizing the joining together as husband and wife of Stanley Floyd Stout and Peggy Jo Pritchett. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, James Grottick, hereby certify that on the 4th day of October, one thousand nine hundred and 68, at Speedway, County of Marion, State of Indiana, Groom Stanley Floyd Stout of Hendricks County, State of Indiana, and, Bride Peggy Jo Pritchett of Hendricks County, State of Indiana, were by me united 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 September, 1968.

Signed James Grottick

Official Designation Minister

Signed John G. Grottick Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of October, 1968.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 347File Book 30Date of Application Sept 14 1968

HENDRICKS County

MALE

Medical Examination Report Dated Sept 13 1968Name of Physician Dwight Cohen

FEMALE

Medical Examination Report Dated Sept 13 1968Name of Physician Dwight 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 Steven Carl Raasch
Date of Birth December 14 1947
Place of Birth (State or foreign country) Indiana
Residence Address 210 N. Avon Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation ProgrammerDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for feeble 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

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert Carl Raasch
Residence of father (if deceased so state) Deceased
Occupation of father Refug. Repair Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruth Ellen Danks
Residence of mother (if deceased so state) 355 S. Kenmore Rd. Duff
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 Steven Carl Raasch
New Address 206 Masten Plainfield

Subscribed and sworn to before me this 14 day of Sept, 1968.
John Gambold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Deceased Father
Signed Ruth E. Thompson Mother

Subscribed and sworn to before me this 14 day of Sept, 1968.
John Gambold Sr Clerk

FEMALE APPLICANT

Name Rhonda Lee J Fox
Date of Birth Sept 4 1951
Place of Birth (State or foreign country) Indiana
Residence Address 206 Masten Plainfield Ind.
Maiden Name if Different Plainfield

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation StudentDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Driver License (Renew)

- Are you now or have you been adjudged, diagnosed or considered 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 Everett Lee Fox
Residence of father (if deceased so state) Same
Occupation of father Secur. Water Co. Race of father W
Birthplace of father (State or foreign country) Massachusetts
8. Full maiden name of mother Betty Jane Cordes
Residence of mother (if deceased so state) Same
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Neoga Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Rhonda Lee Fox
New Address 206 Masten Plainfield

Subscribed and sworn to before me this 14 day of Sept, 1968.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Everett Lee Fox Father

Signed Betty Jane Fox Mother

Subscribed and sworn to before me this 14 day of Sept, 1968.
John Gambold Sr Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of September, 1968, authorizing the joining together as husband and wife of Steven Carl Raasch and Rhonda Lee Fox.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Roblin hereby certify that on the 21st day of September, County of Hendricks, State of Indiana, Groom Steven Carl Raasch of Hendricks County, State of Indiana, and, Bride Rhonda Lee Fox of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21 day of Sept, 1968.

Signed Warren A. Roblin
Official Designation Christian Minister
Subscribed and sworn to before me this 24 day of September, 1968.
John Gambold Sr 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 Sept 14 1968

MALE
Medical Examination Report Dated Sept 9 1968
Name of Physician Rene' M. Jacobs

FEMALE
Medical Examination Report Dated Sept 9 1968
Name of Physician Rene' M. Jacobs

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Allen Siddons
Date of Birth August 26 1945
Place of Birth (State or foreign country) Greencastle Putnam Ind.
Residence Address 417 E. Franklin Greencastle Put. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Public Service
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify).....
- Are you now or have you been adjudged, diagnosed or considered 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 Russell Siddons
Residence of father (if deceased so state) Paramount Cal.
Occupation of father..... Race of father.....
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Alice McCloud
Residence of mother (if deceased so state) Paramount Cal.
Occupation of mother Consumer Prod. 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 James Allen Siddons
New Address Coatesville

Subscribed and sworn to before me this 14 day of Sept, 1968
John Gauleald Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT

Name Betty Sue Miles
Date of Birth July 10 1948
Place of Birth (State or foreign country) Pineville Ky.
Residence Address RR 22 Clayton Bond Ind.
Maiden Name if Different.....
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation None
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify).....
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Harold Miles
Residence of father (if deceased so state) Same
Occupation of father Carpenter Race of father W
Birthplace of father (State or foreign country) Knox Co. Ky
8. Full maiden name of mother Troy Gubler
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Knox Co. Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Betty Sue Miles
New Address Coatesville

Subscribed and sworn to before me this 14 day of Sept, 1968
John Gauleald Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 September, 1968, authorizing the joining together as husband and wife James Allen Siddons and Betty Sue Miles.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank Bunn hereby certify that on the 21st day of September, one thousand nine hundred and 68 at Coatesville, County of Hendricks, State of Indiana, Groom James Siddons of Putnam County, State of Indiana and, Bride Betty Miles of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21st day of Sept., 1968.

Signed Frank Bunn
Official Designation Pastor - Christian Church of Coatesville
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of September, 1968.
Signed John Gauleald Jr Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 349
File Book 30
Sept 14 1968
Date of Application

MALE

Medical Examination Report Dated 9/6/68
Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 9/6/68
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 First James Middle Owen Last Gillon
Date of Birth June 18 1943
Place of Birth (State or foreign country) Lebanon Boone Ind.
Residence Address R R 4 Lebanon 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 Grocery 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 now or have you been within five (5) years an inmate of a county 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 Henry Gillon
Residence of father (if deceased so state) 833 W. Dick St Lebanon
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Mobile Ala.

12. Full maiden name of mother Ruth Downs
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother W
Birthplace of mother (State or foreign country) Glasgow Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed James Owen Gillon
New Address R R 4 Lebanon
Subscribed and sworn to before me this 14 day of Sept 1968
John Gausbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968
Clerk

FEMALE APPLICANT

Name First Linda Middle Alice Last Merritt
Date of Birth March 22 1948
Place of Birth (State or foreign country) Lebanon Boone Indiana
Residence Address R R 4 Lebanon Boone Indiana
Maiden Name if Different Patricia Merritt
Previous Marital Status: Never Married ☒ Number of Previous Marriages.
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Walter Raymond Merritt
Residence of father (if deceased so state) Same
Occupation of father Factory Race of father W
Birthplace of father (State or foreign country) Head Co Ind.

8. Full maiden name of mother Alice Elizabeth Merritt
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother W
Birthplace of mother (State or foreign country) Head Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Linda Alice Merritt
New Address R R 4 Lebanon
Subscribed and sworn to before me this 14 day of Sept 1968
John Gausbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1968
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued
County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 1968, authorizing the joining together as husband and wife of James Owen Gillon and Linda Alice Merritt.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Raymond L. Rader hereby certify that on the 20th day of October 1968, at 2:00 o'clock Pm, County of Hendricks, State of Indiana, Groom James Owen Gillon of Boone County, State of Indiana, and Bride Linda Alice Merritt of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21st day of Sept 1968.

Signed Rev. Raymond L. Rader
Official Designation Pastor, 1st Baptist Church, Lebanon Ind.
Signed John Gausbold Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of September 1968

*I give my permission
for Gary L Charles
to get married to
Donna Jane McCammack*

Homer Scales
County of Hendricks
State of Indiana
Subscribed and sworn to before me this
September 14, 1968.
NOTARY PUBLIC, STATE OF INDIANA
MY COMMISSION EXPIRES DEC. 11, 1971
ISSUED THRU NATIONAL NOTARY PUBLIC ASSOCIATION

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation *Assembler*

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered 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: *Homer Charles*
Residence of father (if deceased so state): *Rt 3 Dan Ind*
Occupation of father: *Welder* Race of father: *W*
Birthplace of father (State or foreign country): *Kentucky*
12. Full maiden name of mother: *Mary Ella Paul*
Residence of mother (if deceased so state): *Rt 3 Dan Ind*
Occupation of mother: *Retired* Race of mother: *W*
Birthplace of mother (State or foreign country): *Missouri*

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed: *Gary Lynn Charles*
New Address: *115 S Tennessee St. Apt 5*

Subscribed and sworn to before me this *14* day of *Sept*, 19*68*
John S. Scales Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 consent attached

State of Indiana, } ss:
County of HENDRICKS

Signed: _____ Father
Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
John S. Scales Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 *September*, 19*68*, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, *George A. Harris* hereby certify that on the *21st* day of *September*, one thousand nine hundred and *68* at *The Danville Christian Church*, County of *Hendricks*, State of Indiana, Groom *Gary Lynn Charles* of *Hendricks* County, State of *Indiana* and, Bride *Donna Jane McCammack* of *Hendricks* County, State of *Indiana* were by me united 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 *September*, 19*68*.

Signed: *Rev. George A. Harris*
Official Designation: *Minister*

Filed and recorded in accordance with the laws of the State of Indiana this *23rd* day of *September*, 19*68*.

Signed: *John S. Scales* Clerk
HENDRICKS Circuit Court

MARRIAGE LICENSE

No. *350*

File *Sept 14 1968*

Date of Application

Examination Report Dated *9.13-68*
Physician *Eli A. Coats*

procures the issuance of a license to marry by any false statement, representa-

FEMALE APPLICANT

First *Donna* Middle *Jane* Last *McCammack*
Birth *December* Month *3* Day *1946* Year

of Birth (State or foreign country) *Joseph, Indiana*

Residence Address *364 E. Daniel Road* Street or R.R. *Emel* City *Dan* County *Ind* State

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation *Teletypist*

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: *Howard C. McCammack*
Residence of father (if deceased so state): *364 E. Daniel Road*
Occupation of father: *St. Highway Dept* Race of father: *W*
Birthplace of father (State or foreign country): *Indiana*
- Full maiden name of mother: *Wenon Geneva Spoon*
Residence of mother (if deceased so state): *364 E. Daniel Road*
Occupation of mother: *Sales Lady* Race of mother: *W*
Birthplace of mother (State or foreign country): *Indiana*

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed: *Donna Jane McCammack*
New Address: *same*

Subscribed and sworn to before me this *14* day of *Sept*, 19*68*
John S. Scales Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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

MALE

Medical Examination Report Dated

16 September 1968
Name of Physician Irving Cohen MD

FEMALE

Medical Examination Report Dated

16 September 1968
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, representa-

MALE APPLICANT

Name First Harry Middle L Last Hamlin
Date of Birth December 18 1936
Place of Birth Chesapeake, Ohio
Residence Address 9631 Meledy Ln, Indle, Hendricks, Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Barber
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 14 545-36498 Dev Lic.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Harold William Hamlin
Residence of father (if deceased so state) Pittsburg, Pa
Occupation of father Retired. Race of father white
Birthplace of father (State or foreign country) Chesapeake, Ohio
12. Full maiden name of mother Esta Marie Campbell
Residence of mother (if deceased so state) Decatur
Occupation of mother Race of mother white
Birthplace of mother (State or foreign country) Chesapeake, Ohio

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Harry L Hamlin
New Address 9631 Meledy Ln Indle, Ind.
Subscribed and sworn to before me this 16th day of September, 1968
John Gamble Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 1968
Clerk

FEMALE APPLICANT

Name First Brenda Middle J Last Rivers
Date of Birth September 11 1941
Place of Birth Soliver, Mo.
Residence Address 9631 Meledy Ln, Indle, Hendricks, Ind.
Maiden Name if Different Brenda J. Herbert
Previous Marital Status: Never Married
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) 13 Sept 68 Dev 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 J. D. Herbert
Residence of father (if deceased so state) Yakima, Wash.
Occupation of father Retired. Race of father white
Birthplace of father (State or foreign country) Mooreville, Mo.

8. Full maiden name of mother Maud Audrey Davis
Residence of mother (if deceased so state) Dallas, Texas
Occupation of mother Secy. Race of mother white
Birthplace of mother (State or foreign country) Mooreville, Mo.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Brenda J. Herbert
New Address Same
Subscribed and sworn to before me this 16th day of September, 1968
John Gamble Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 1968
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 20th day of September, 1968, authorizing the joining together as husband and wife of Harry L. Hamlin and Brenda J. Rivers.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary E. Crawley hereby certify that on the 21st day of September, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Harry L. Hamlin of Hendricks County, State of Indiana, and, Bride Brenda Rivers of Hendricks County, State of Indiana, were by me united 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 Sept., 1968.

Signed Mary E. Crawley
Official Designation Justice of Peace
24 day of September, 1968
Signed John Gamble 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. 352
File Book 30
16 September 1968
Date of Application

MALE
Medical Examination Report Dated 11 September 1968
Name of Physician J.D. B. Haggard M.D.

FEMALE
Medical Examination Report Dated 11 September 1968
Name of Physician J.D. B. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name First 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 Technician: RCA

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drafted: 12 8 46 23

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert Marcus Sprinkle

Residence of father (if deceased so state) Galveston, Ind.

Occupation of father Prod Engr. Chrysler Race of father white

Birthplace of father (State or foreign country) Galveston, Ind.

12. Full maiden name of mother Mary Alfretha Wilson

Residence of mother (if deceased so state) Galveston, Ind.

Occupation of mother H/W Race of mother white

Birthplace of mother (State or foreign country) Galveston, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Marcus N. Sprinkle

New Address Apt D 5975 Sylvia Dr. Indpls

Subscribed and sworn to before me this 16th day of September, 1968

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 21 day of Sept 1968, 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. Rollins hereby certify that on the 21st day of September, 1968, at Plainfield, County of Hendricks, State of Indiana, Groom Marcus N. Sprinkle of Hendricks County, State of Indiana, and, Bride Gloria Jean Unger of Hendricks County, State of Indiana, were by me united 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 September, 1968.

Signed Warren A. Rollins

Official Designation Christian Minister

24 day of September, 1968

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____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 353
File Book 30
Date of Application 17 September 1968

MALE

Medical Examination Report Dated 14 September 1968
Name of Physician Elmer L. Koch M.D.

FEMALE

Medical Examination Report Dated 14 September 1968
Name of Physician Elmer L. Koch M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Russell Lloyd Kleiber
Date of Birth March 14 1947
Place of Birth Philadelphia, Pa.
Residence Address R2 Bx 28 Danville, Ind.
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages _____
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐

Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Machinist: T & J Mach Tool
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Draft card

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☒ No ☐ Yes ☐
Of Unsound Mind? ☒ No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? ☒ No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☒ No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? ☒ No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? ☒ No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? ☒ No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? ☒ No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? ☒ No ☐ Yes ☐
8. Are you able to support a family? ☒ Yes ☐ No ☐
9. Are you likely to so continue? ☒ Yes ☐ No ☐
10. Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? ☒ Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? ☒ Yes ☐ No ☐
11. Full name of father George Lawrence Kleiber Sr.
Residence of father (if deceased so state) R2 Danville, Ind.
Occupation of father Welder: S & H. Draw Race of father White
Birthplace of father (State or foreign country) New Albany, Ind.
12. Full maiden name of mother Virginia Elizabeth Kreig
Residence of mother (if deceased so state) Same
Occupation of mother Bookkeeper: Draw Race of mother White
Birthplace of mother (State or foreign country) Madison, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Russell Lloyd Kleiber
New Address 205 E. Main St., B. burg.
Subscribed and sworn to before me this 17th day of September, 1968
Clerk John Gambrell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Karlana Lynn Eggers
Date of Birth February 16 1950
Place of Birth Becksbury, Ind.
Residence Address 45 W. Vermont, B. burg, Ind.
Maiden Name if Different _____

Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages _____
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Ky 113-50-009400

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☒ No ☐ Yes ☐
Of Unsound Mind? ☒ No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? ☒ No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? ☒ No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? ☒ No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? ☒ No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? ☒ No ☐ Yes ☐
7. Full name of father Arley Wayne Eggers
Residence of father (if deceased so state) 45 W. Vermont B. burg, Ind.
Occupation of father Custodian: B. burg sch. Race of father White
Birthplace of father (State or foreign country) Roachdale, Ind.

8. Full maiden name of mother Mildred Louise Feltner
Residence of mother (if deceased so state) Same
Occupation of mother Nurse Aid: HCH Race of mother White
Birthplace of mother (State or foreign country) London, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Karlana Lynn Eggers
New Address Same
Subscribed and sworn to before me this 17th day of September, 1968
Clerk John Gambrell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 21st day of September, 1968, authorizing the joining together as husband and wife
of Russell Lloyd Kleiber and Karlana Lynn Eggers
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James O. Trousdale hereby certify that on the 22 day of September
one thousand nine hundred and 68 at New Winchester County of Hendricks
State of Indiana, Groom Russell Lloyd Kleiber of Hendricks County, State of Indiana
and, Bride Karlana Lynn Eggers of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS
County.
Dated this 22 day of September, 1968.
Signed James O. Trousdale
Official Designation Minister, 1968.
Signed John Gambrell Sr 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. 354
File Book 30
18 September 1968
Date of Application

MALE

Medical Examination Report Dated 17 September 68
Name of Physician Glen W. Baker M.D.

FEMALE

Medical Examination Report Dated 29 August 1968
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 Daniel Eugene Sparger
Date of Birth January 1948
Place of Birth Lafayette, Ind.
Residence Address Rt 12, Linton, 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 BA US Army

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Army ID

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or 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 ☐

List their full names, ages and addresses

Name	Age	Address
Vernon Robert Sparger		
Georgia Alice Collins		

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 Vernon Robert Sparger

Residence of father (if deceased so state) Same Linton, Ind.

Occupation of father laborer: Westinghouse Race of father white

Birthplace of father (State or foreign country) Lafayette, Ind.

Maiden name of mother Georgia Alice Collins

Residence of mother (if deceased so state) Same

Occupation of mother Secy: Westinghouse Race of mother white

Birthplace of mother (State or foreign country) Lafayette, Ind.

I, Daniel E. Sparger, do hereby certify that the information given in this application is true and correct.

Signed Daniel E. Sparger

New Address Ft Riley, Kan.

Subscribed and sworn to before me this 18th day of September, 1968

Clerk John Gaudin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

I, HENDRICKS, do hereby certify that 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 Margorie Ellen Hayes
Date of Birth June 1950
Place of Birth Lafayette, Ind.
Residence Address Linton, 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 Sales clerk: SS Kresge

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 Ralph Alex Hayes

Residence of father (if deceased so state) Linton, Ind.

Occupation of father Ind. Painter: S-W Corp Race of father white

Birthplace of father (State or foreign country) Knox Co., Tenn.

Full maiden name of mother Arletta Lily Hickey

Residence of mother (if deceased so state) Same

Occupation of mother Assembler: Airmotive Race of mother white

Birthplace of mother (State or foreign country) Hendricks, Ind.

I, Margorie Ellen Hayes, do hereby certify that the information given in this application is true and correct.

Signed Margorie Ellen Hayes

New Address Same

Subscribed and sworn to before me this 18th day of September, 1968

Clerk John Gaudin HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

I, HENDRICKS, do hereby certify that 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 _____

LETTER IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court

Indiana dated the 22 day of September, 1968, authorizing the joining together as husband and wife

of Daniel Eugene Sparger and Margorie Ellen Hayes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul E. Whitsett, hereby certify that on the 22nd day of September,

one thousand nine hundred and 68 at Linton, County of Hendricks

State of Indiana, Groom Daniel Eugene Sparger of Hendricks County, State of Indiana

and, Bride Margorie Ellen Hayes of Hendricks County, State of Indiana,

were by me united 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, 1968.

Signed Paul E. Whitsett, Minister

Official Designation The Linton Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of September, 1968.

Signed John Gaudin Clerk

HENDRICKS Circuit Court

HENDRICKS County

No. 201
File Book 30
18 September 1968
Date of Application

MALE
Medical Examination Report Dated 17 September 68
Name of Physician Glen W. Baker M.D.

FEMALE
Medical Examination Report Dated 29 August 1968
Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name *First* **Daniel** *Middle* **Eugene** *Last* **Sparger**

Date of Birth *Month* **January** *Day* **19** *Year* **1948**

Place of Birth (State or foreign country) **Indiana**

Residence Address *Street or R.F.D.* **Rt 1 Elizay,** *City* **Henricks,** *County* **Ind.** *State*

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation **BA 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 ☐

FEMALE APPLICANT

Name ^{First} Marjorie ^{Middle} Ellen ^{Last} Hayes

Date of Birth June ^{Month} 25 ^{Day} 1950 ^{Year}

Place of Birth (State or foreign country) Hebannon, Ind.

Residence Address Lizton, ^{Street or R. R.} Hewicks, ^{City} Ind ^{County} ^{State}

Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Sales clerk: SS Kresge.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Ralph Alex Hayes
Residence of father (if deceased so state): Lizton, Ind.
Occupation of father: Ind. Painter S-W Co. Race of father: white
Birthplace of father (State or foreign country): Knox Co., Tenn

8. Full maiden name of mother: Arletta Lily Hicks
Residence of mother (if deceased so state): same
Occupation of mother: Assembly: Aircraft Eng. Race of mother: white
Birthplace of mother (State or foreign country): Ham. Co. Ind

State of Indiana, } ss: I depose and state the information given
County of Hendricks } in this application is true and correct

Signed Margerie Ellen Hayes
New Address Same.

Subscribed and sworn to before me this 18th day of October, 1961
 Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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____

ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued.....and file.....
reflects the issuance of a marriage license to the above named parties.

MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

a marriage license issued by the clerk of the HENDRICKS Circuit Court

of Indiana dated the 25th day of October, 1968, 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. Wintsett hereby certify that on the 22nd day of September

one thousand nine hundred and 68 at Linton County of Hendrick

State of Indiana, Groom Daniel Eugene Sparger of Heard County, State of Indiana

and, Bride Maryorie Ellen Hayes of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of **HENDRICKS**

County. 22nd St 1st

Dated this 22nd day of September, 1968.
Signed Paul E. Whitsett mini

Signed Will G. W. Nelson, M.D.
Official Designation The State Christian Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of Sept. 1968

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of Sept. 1964
Signed John A. Gifford Clerk

Signed Wm. J. Hendricks Clerk

..... HENDRICKS Circuit Court

Form 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
Sept 18 - 1968
Date of Application

MALE
Medical Examination Report Dated 9-17-68
Name of Physician Fred P Warbinton M.D.

FEMALE
Medical Examination Report Dated 9-17-68
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, represents."

MALE APPLICANT

Name Fred Nave
Date of Birth July 11 1938
Place of Birth (State or foreign country) Indiana
Residence Address 449 W Mill Danville Ind.
Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Iron Worker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Selective Service card

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Selbert Nave

Residence of father (if deceased so state) Danville, Ind.

Occupation of father Iron Worker Race of father W

Birthplace of father (State or foreign country) Virginia

12. Full maiden name of mother Eff Little Mae Pillow

Residence of mother (if deceased so state) Danville, Ind.

Occupation of mother Housewife Race of mother W

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.

County of _____

Signed Fred Nave

New Address _____

Subscribed and sworn to before me this 18 day of Sept., 1968

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 Evelyn Zimmerman
Date of Birth June 2 1938
Place of Birth (State or foreign country) Indiana
Residence Address Roachdale Ind.
Maiden Name if Different Indiana Bop School Plainfield Ind.
Previous Marital Status: Never Married ☒ Divorced ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Maternity Therapist

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) University

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Earl Zimmerman
- Residence of father (if deceased so state) Plainfield
- Occupation of father Superior Dairy Race of father W
- Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Annie Esther Cline
- Residence of mother (if deceased so state) Plainfield
- Occupation of mother Medical Records 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 Evelyn Zimmerman

New Address _____

Subscribed and sworn to before me this 18 day of Sept., 1968

John Gambold, Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

Hendricks County Superior Court by written order issued 9-18-68

in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 days waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____

of Indiana dated the 18 day of September, 1968, 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. Glenn Clark hereby certify that on the 20th day of September

one thousand nine hundred and 68 at Danville, County of Hendricks

State of Indiana, Groom Fred Nave of Hendricks County, State of Indiana

and, Bride Evelyn Zimmerman of Hendricks County, State of Indiana

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 20th day of September, 1968. Signed Rev. Glenn Clark

Official Designation Methodist Minister

23rd day of September, 1968. Clerk

Signed John Gambold, Jr HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 356
File Book 30
18 September 1968
Date of Application

MALE
Medical Examination Report Dated 12 September 1968
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 12 September 1968
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 William C. Marshall
Date of Birth May 12, 1947
Place of Birth Indianapolis, Ind.
Residence Address 5110 W. Chelsea Rd., 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 Barber: Leo Bishop
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Draft Card 12 233 47 167
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Dewey Lester Marshall
Residence of father (if deceased so state) Same Indianapolis, Ind.
Occupation of father Carpenter: RIA Race of father White
Birthplace of father (State or foreign country) Marion Co., Ind.
12. Full maiden name of mother Mary Lee Nichol
Residence of mother (if deceased so state) Same
Occupation of mother Credit: Ayres, Race of mother White
Birthplace of mother (State or foreign country) New Augusta, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed William C. Marshall
New Address 3800 W. Mich Apt 107 Ind.
Subscribed and sworn to before me this 18th day of September, 1968
John Samuel Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT
Name Judith L. Cook
Date of Birth February 16, 1950
Place of Birth Indianapolis, Ind.
Residence Address R3 Bx 201 B'burg, 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 Cashier: Galyas, B'burg.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 1544
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Carl William Cook
Residence of father (if deceased so state) R3 B'burg, Ind.
Occupation of father Supervisor: Redi Mix Race of father White
Birthplace of father (State or foreign country) Marion Co., Ind.
8. Full maiden name of mother Arletta Muriel Tobias
Residence of mother (if deceased so state) 5580 W. 42nd Ind.
Occupation of mother H/W. Race of mother White
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.
County of Hendricks

Signed Judith L. Cook
New Address Same
Subscribed and sworn to before me this 18th day of September, 1968
John Samuel Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Note: Family ch of name from Koch to Cook 15 Feb 1960
Marion Co. X59-66

State of Indiana, Hendricks } ss:
County of Hendricks
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23rd day of September, 1968, authorizing the joining together as husband and wife of William C. Marshall and Judith L. Cook.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald Ricketts hereby certify that on the 28 day of September, one thousand nine hundred and 68 at Indianapolis, County of Marion, State of Indiana, Groom William C. Marshall of Hendricks County, State of Indiana and, Bride Judith L. Cook of Hendricks County, State of Indiana were by me united 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 Sept, 1968.

Signed Ronald Ricketts
Official Designation The Rev.
Filed and recorded in accordance with the laws of the State of Indiana this 1st day of October, 1968.
Signed John Gamble Jr Clerk Hendricks Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 357
File Bk 30
18 Sept. 1968
Date of Application

MALE
Medical Examination Report Dated 9/18/68
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated 9/18/68
Name of Physician David B. Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Phillip Reynolds
Date of Birth March 2, 1946
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 8434 W. 21st St., 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 Link-Belt (Rockville Rd)
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 Gerald Eugene Reynolds
Residence of father (if deceased so state) Same
Occupation of father Link-Belt Race of father W.
Birthplace of father (State or foreign country) Brownstown, Ind.
12. Full maiden name of mother Sera May Thompson
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Missouri

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Phillip Dee Reynolds
New Address 21st St. Indpls.

Subscribed and sworn to before me this 18th day of Sept., 1968
John Sambold, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name Donna Sue Morlan
Date of Birth June 11, 1948
Place of Birth (State or foreign country) Brazil, Ind.
Residence Address 344 N. Carr. Rd., Plainfield, Hendricks, Ind.
Maiden Name if Different Same

Previous Marital Status: Never Married Number of Previous Marriages.

Last Marriage Ended By: Death Divorce Annulment

Color or Race White Negro Other (specify)

Usual Occupation R.C.A. (Rockville Rd.)
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 Paul L. Morlan, Jr.
Residence of father (if deceased so state) Same
Occupation of father Bridgeport Bus Race of father W.
Birthplace of father (State or foreign country) Indpls., Ind.
8. Full maiden name of mother Betty J. Dixon
Residence of mother (if deceased so state) Same
Occupation of mother R.C.A. Race of mother W.
Birthplace of mother (State or foreign country) Brazil, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Donna Sue Morlan
New Address _____

Subscribed and sworn to before me this 18th day of Sept., 1968
John Sambold, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 23 day of Sept. and Donna Sue Morlan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Steven Burris hereby certify that on the 5th day of October
one thousand nine hundred and sixty eight at Indianapolis County of Marion
State of Indiana, Groom Phillip Dee Reynolds of Marion County, State of Indiana
and, Bride Donna Sue Morlan of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 5 day of October, 1968.
Signed J. Steven Burris
Official Designation Elder
10th day of October, 1968.
Signed John Gammon, Sr. 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. 358
File Book K 30
Date of Application 19 September 1968

MALE

Medical Examination Report Dated 7 September 1968

Name of Physician A. N. Scudder M.D.

FEMALE

Medical Examination Report Dated 5 September 1968

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 Paul A. Benham
Date of Birth August 9 1943
Place of Birth Cincinnati, Ohio
Residence Address Joan's Motel 318 Ind. Hwy, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Mgr: Joan's Motel

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Dr. J. D. 12 69 43 18

- Are you now or have you been adjudged, diagnosed or considered 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 Andy Muriel Benham

Residence of father (if deceased so state) Versailles, Ind.

Occupation of father Owner: Hwy. Dr. Race of father white

Birthplace of father (State or foreign country) Versailles Ind.

12. Full maiden name of mother Martha Ione Koelmel

Residence of mother (if deceased so state) San

Occupation of mother Owner: Hwy Dr. Race of mother white

Birthplace of mother (State or foreign country) Butterville, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Paul A. Benham

New Address Joan's Motel, Clermont

Subscribed and sworn to before me this 19th day of September, 1968

Clerk John J. 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 Agnes L. Dove
Date of Birth August 3 1945
Place of Birth White Pigeon, Mich.
Residence Address Joan's Motel 318 Ind. Hwy, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ June 68 Mar. 6.

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Saleslady: Brooks Bakery

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) #78 - 10715

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Oscar Edward Dove

Residence of father (if deceased so state) Ellettsville, Ind.

Occupation of father Fact. Works: The Thor. Race of father white

Birthplace of father (State or foreign country) Hinton, Ind.

8. Full maiden name of mother Ruth Marie Yates

Residence of mother (if deceased so state) San

Occupation of mother Cook: Coral Inn. Race of mother white

Birthplace of mother (State or foreign country) Sullivan, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Agnes L. Dove

New Address Same

Subscribed and sworn to before me this 19th day of September, 1968

Clerk John J. 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 23rd day of September, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Clarence E. Fike Sr. hereby certify that on the 27th day of September,

one thousand nine hundred and sixty eight at Hendricks - Brownsburg, County of Hendricks,

State of Indiana, Groom Paul A. Benham of Riley County, State of Indiana

and, Bride Agnes L. Dove of St. Joseph County, State of Indiana

were by me united 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 September, 1968.

Signed Clarence E. Fike Sr.

Official Designation Justice of the Peace Hendricks Co.

30 day of September, 1968

Signed John Gamble Sr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 359

File Book 30

Sept 21 1968
Date of Application

HENDRICKS

County

MALE

Medical Examination Report Dated Sept 11 1968
Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated Sept 11 1968
Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Joseph William La Roche
Date of Birth May 12 1924
Place of Birth (State or foreign country) Clinton
Residence Address 301 Park St Plainfield Ind
Previous Marital Status: ☐ Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: ☐ Death ☐ Divorce ☒ Annulment ☐
Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Tire Trade Mech.
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:
Of Unsound Mind? ☐ No ☒ Yes
2. Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☒ Yes
If answer to 3 is "yes" has the cause of such condition been removed? ☐ No ☒ Yes
4. Are you afflicted with a transmissible disease? ☐ No ☒ Yes
5. Are you related to the bride closer than second cousin? ☐ No ☒ Yes
6. Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes
7. Are you now under the influence of a narcotic drug? ☐ No ☒ Yes
8. Are you able to support a family? ☐ No ☒ Yes
9. Are you likely to so continue? ☐ 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 Eddie Age 10 1/2 Address 301 Park Plz.

- (b) Are you supporting or contributing to their 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 H. La Roche
Residence of father (if deceased so state) Deceased
Occupation of father Carpenter Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Alma Penna
Residence of mother (if deceased so state) 342 N. Center Plainfield
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Bozyl Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Joseph W. La Roche
New Address 430 Quon Ave Plainfield
Subscribed and sworn to before me this 21 day of Sept, 1968
John Gamewell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Mary Jane La Roche
Date of Birth July 9 1928
Place of Birth (State or foreign country) Gibson County
Residence Address 923 Bostick Ave Danville Ind
Maiden Name if Different Williams
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 File Clerk Ind. Ins. Mar. Ins.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes
Of Unsound Mind? ☐ No ☒ Yes
2. Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes
3. Are you afflicted with a transmissible disease? ☐ No ☒ Yes
4. Are you related to the groom closer than second cousin? ☐ No ☒ Yes
5. Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes
6. Are you now under the influence of a narcotic drug? ☐ No ☒ Yes
7. Full name of father John R Williams
Residence of father (if deceased so state) Princeton R3
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Douglas Mo.
8. Full maiden name of mother Mary D. Morgan
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Adair Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Mary Jane La Roche
New Address 430 Quon Ave Plainfield
Subscribed and sworn to before me this 21 day of Sept, 1968
John Gamewell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 28th day of September, 1968, authorizing the joining together as husband and wife
of Joseph William La Roche and Mary Jane La Roche
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 5th day of October,
one thousand nine hundred and 68, at Plainfield, County of Hendricks,
State of Indiana, Groom Joseph William La Roche of Hendricks County, State of Indiana,
and, Bride Mary Jane La Roche of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 5th day of October, 1968.
Signed Warren A. Robbins
Official Designation Christian Minister
Subscribed and sworn to before me this 8th day of October, 1968.
Signed John Gamewell 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. 360
File Book 30
Date of Application 21 September 1968

MALE

Medical Examination Report Dated 18 September 1968
Name of Physician Elmer L. Koch M.D.

FEMALE

Medical Examination Report Dated 18 September 1968
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 William Eugene Kiger
Date of Birth August 28 1948
Place of Birth Clinton, Ind.
Residence Address Rt 1 Rockville, Parke, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Parke 10 Sept 68

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Bag-man: Ohio Ind. Limb Co.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 22018

- Are you now or have you been adjudged, diagnosed or considered 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 Lambert Washington Kiger
Residence of father (if deceased so state) 31 Rockville, Ind.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Clinton, Ind.
12. Full maiden name of mother Sarah Madeline Taylor
Residence of mother (if deceased so state) Deceased
Occupation of mother — Race of mother white
Birthplace of mother (State or foreign country) Terre Haute, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William Eugene Kiger

New Address _____

Subscribed and sworn to before me this 21st day of September, 1968

Clerk John Gaudelot HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Mother deceased -
Father gives sole consent

State of Indiana, HENDRICKS } ss:

County of _____

Signed Lambert Washington Kiger Father

Signed _____ Mother

Subscribed and sworn to before me this 21st day of September, 1968

Clerk John Gaudelot HENDRICKS Circuit Court

FEMALE APPLICANT

Name Wan Edith Stranger
Date of Birth February 19 1946
Place of Birth Blainfield, Ind.
Residence Address Rt 2 Box 332 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 Baby sitter

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-46-011893

- Are you now or have you been adjudged, diagnosed or considered 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 Charlie Eggen Stranger
Residence of father (if deceased so state) N. Salem, Ind.
Occupation of father Disabled Race of father white
Birthplace of father (State or foreign country) Lee Co., Va.
8. Full maiden name of mother Laura Collins
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) Lee Co., Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wan Edith Stranger

New Address Same

Subscribed and sworn to before me this 21st day of September, 1968

Clerk John Gaudelot HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 25th day of September, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. A. Fielder, hereby certify that on the 5th day of October,

one thousand nine hundred and 68 at Rockville, County of Parke,

State of Indiana, Groom William Eugene Kiger of Parke County, State of Indiana

and, Bride Wan Edith Stranger of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS _____ County.

Dated this 25th day of Sept, 1968.

Signed C. A. Fielder

Official Designation Justice of the Peace

7th day of October, 1968

Signed John Gaudelot 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

557

MALE

Medical Examination Report Dated 16 September 1968
Name of Physician Glenn Baker M.D.

No. 361

File Book 30

Date of Application 21 September 1968

FEMALE

Medical Examination Report Dated 16 September 1968
Name of Physician Glenn Baker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Daniel L. Stombaugh
Date of Birth February 28 1948
Place of Birth Elkhart, Ind.
Residence Address 9950 Broadway Dr. Overland, St. Louis, Mo.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Draftsman: M.C. Dennell-Dog
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☒ Other (Specify) Draft ed. 11 198 48 32

- Are you now or have you been adjudged, diagnosed or considered 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 Daniel Louis Stombaugh
Residence of father (if deceased so state) Bl. Canday, Ill.
Occupation of father Welder Race of father White
Birthplace of father (State or foreign country) Carbondale, Mont.
12. Full maiden name of mother Norma Lee Beck
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Herrick, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Daniel L. Stombaugh
New Address 8424 Rock Plaza Ct. Overland, Mo.
Subscribed and sworn to before me this 21st day of September, 1968
Clerk John Gambold Jr. Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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 18 Sept 1968 attached.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 21st day of September, 1968
Clerk John Gambold Jr.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, _____ and _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27 day of September, 1968, authorizing the joining together as husband and wife of Daniel L. Stombaugh and Paula Sue Grooms.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Louis D. Crouch hereby certify that on the 28th day of September, 1968, at Lexington, County of Hendricks, State of Indiana, Groom Daniel Lee Stombaugh of Hendricks County, State of Indiana and, Bride Paula Sue Grooms of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 28th day of September, 1968.

Signed Louis D. Crouch
Official Designation Methodist Pastor
Date 2nd day of October, 1968
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

557

No. 361
File Book 30
Date of Application 21 September 1968

MALE
Medical Examination Report Dated 16 September 1968
Name of Physician Glenn Baker M.D.

FEMALE
Medical Examination Report Dated 16 September 1968
Name of Physician Glenn Baker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Daniel First L. Middle Stombaugh Last
Date of Birth February 28 Month 1948 Year
Place of Birth Elkhart, Ind. (State or foreign country)
Residence Address 9950 Broadman Dr. Overland, Mo. City Overland State Mo.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Draftsman: M.C. Donnell-Day

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☒ Other (Specify) Draft ed. 11 198 48 32

- Are you now or have you been adjudged, diagnosed or considered 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 Daniel Louis Stombaugh
Residence of father (if deceased so state) RI Courdan, Ill.
Occupation of father Welder Race of father White
Birthplace of father (State or foreign country) Carbondale, Man
12. Full maiden name of mother Norma Lee Beck
Residence of mother (if deceased so state) Saw
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Herrick, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct
County of _____

Signed Daniel L. Stombaugh
New Address 8424 Rock Plaza Ct. Apt C 218
Subscribed and sworn to before me this 21st day of September, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 in contact - born February 18 Sept 1968 attached.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this 21st day of September, 1968
Clerk John Gauld

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT

County _____ authorizes and directs the issuance of a marriage license to _____

RETURN OF MARRIAGE LICENSE

Be It Remembered, there was filed in my office a marriage license of Indiana dated the 27 day of September, 1968

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Louis D. Crouch hereby certify that on the 28th day of September, 1968

at Linton County of Hendricks

one thousand nine hundred and 68 of Shelley County, State of Indiana

State of Indiana, Groom Daniel Lee Stombaugh of Hendricks

and, Bride Paula Sue Grooms of Hendricks

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28th day of September, 1968

Signed Louis D. Crouch Official Designation Methodist Pastor

2nd day of October, 1968

Signed John Gauld Jr Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Witnessed and sworn to before me this 18th day of Sept. 1968.
AP. Gauld, Notary Public
Norma Lee Beck
Daniel L. Stombaugh
Parents of Daniel Lee Stombaugh - Born February 28, 1948, and who is now 20 years old, do hereby give our consent for Daniel Lee Stombaugh to marry Paula Grooms.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 362
File Book 30
Date of Application 21 September 1968

MALE

Medical Examination Report Dated 20 September 1968
Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 20 September 1968
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 George R. Hukill
Date of Birth June 6, 1921
Place of Birth (State or foreign country) Marshall, Ill.
Residence Address 4313 Rockville Rd., Indianapolis, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 39 yrs 46 mos Maria
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck Driver: Cushman Del.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) H 240 - 21246 chaf.

- Are you now or have you been adjudged, diagnosed or considered 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
Robert 18 4313 Rockville Rd.
Joan Kathleen 16

(b) Are you supporting or contributing to their 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 Hukill
Residence of father (if deceased so state) 1317 Spann Ave Indpls
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Marshall, Ill.
12. Full maiden name of mother Elizabeth Manda Gunder
Residence of mother (if deceased so state) Terre Haute, Ind.
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Marshall, Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed George R. Hukill
New Address 4313 Rockville Rd., Indpls
Subscribed and sworn to before me this 21st day of September, 1968
Clerk John Gambrell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Marilyn J. Mason
Date of Birth March 9, 1948
Place of Birth (State or foreign country) Stoomington, Ind.
Residence Address RS Bx 222 Mooresville, Ind.
Maiden Name if Different Marilyn J. Medley
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ 67
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 209267

- Are you now or have you been adjudged, diagnosed or considered 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 Ralph Ellett Medley
Residence of father (if deceased so state) RS, Mooresville Ind.
Occupation of father Elect. U.V. Univ. Race of father white
Birthplace of father (State or foreign country) Terre Haute, Ind.

8. Full maiden name of mother Hazel Lavern McClure
Residence of mother (if deceased so state) Same
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Olney Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Marilyn J. Mason
New Address Same
Subscribed and sworn to before me this 21st day of September, 1968
Clerk John Gambrell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 25th day of September, 1968, authorizing the joining together as husband and wife of George R. Hukill and Marilyn J. Mason.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clyde Williams hereby certify that on the 26 day of September, one thousand nine hundred and Sixty-eight at Greenwood, County of Johnson, State of Indiana, Groom George R. Hukill of Johnson County, State of Indiana and, Bride Marilyn 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 25 day of September, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of September, 1968.

Signed Clyde Williams
Official Designation Justice of Peace
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. 263
File Book 50
Date of Application Sept 23-1968

MALE
Medical Examination Report Dated Sept 21-1968
Name of Physician John P. Callahan M.D.

FEMALE
Medical Examination Report Dated Sept 21-1968
Name of Physician John P. Callahan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents-

MALE APPLICANT

Name John Hawk
Date of Birth July 10 1951
Place of Birth (State or foreign country) Clearfield Pa
Residence Address R 2 Box 222-B Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student

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 John Harry Hawk
Residence of father (if deceased so state) Florida
Occupation of father unknown Race of father W
Birthplace of father (State or foreign country) Pennsylvania

12. Full maiden name of mother Donna Darlene Redden
Residence of mother (if deceased so state) Plainfield Ind.
Occupation of mother Nurse Del. Hosp. Race of mother W
Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed John Hawk

New Address _____

Subscribed and sworn to before me this 23 day of Sept. 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

see attached consent of mother
parents divorced mother has full custody

State of Indiana, HENDRICKS } ss:
County of _____

Signed attached Father

Signed _____ Mother

Subscribed and sworn to before me this 23 day of Sept 1968
John Gambold, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named

Hendricks County Circuit Court by written order issued to clerk
in clerk's office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of September 1968, authorizing the joining together as husband and wife of John Hawk and Wanda Skinner

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 26th day of September

I, William S. Haskett at 38 main mooseville County of Morgan

one thousand nine hundred and sixty-eight of Hendricks County, State of Indiana

State of Indiana, Groom John Hawk of Hendricks County, State of Indiana

and, Bride Wanda Skinner of Hendricks County, State of Indiana

were by me united 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 September, 1968.
Signed William S. Haskett
Official Designation Justice of the Peace
28 day of September 1968
Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

FEMALE APPLICANT

Name Wanda Skinner
Date of Birth July 11 1951
Place of Birth (State or foreign country) Mooreville Ind.
Residence Address R 4 Mooreville Ind.
Maiden Name if Different Mooreville

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) _____

- Are you now or have you been adjudged, diagnosed or considered 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 Skinner
Residence of father (if deceased so state) mooreville
Occupation of father farmer Race of father W
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Ella Mae Rose
Residence of mother (if deceased so state) mooreville
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Wanda Skinner

New Address _____

Subscribed and sworn to before me this 23 day of Sept 1968
John Gambold, Jr. Clerk 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 _____ 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. 263
File Book 50
Date of Application Sept 23-1968

MALE
Medical Examination Report Dated Sept 21-1968
Name of Physician John P. Callahan M.D.

FEMALE
Medical Examination Report Dated Sept 21-1968
Name of Physician John P. Callahan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Raymond Hawk
Date of Birth 10 1951
Place of Birth Clearfield Pa
Residence Address 2-B Plainfield Ind.
Previous Marital Status Never Married Number of Previous Marriages 0
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☒ No ☐ Yes
Of Unsound Mind? ☒ No ☐ Yes
2. Are you under guardianship as a person of unsound mind? ☒ No ☐ Yes
3. Are you afflicted with a transmissible disease? ☒ No ☐ Yes
4. Are you related to the groom closer than second cousin? ☒ No ☐ Yes
5. Are you now under the influence of intoxicating liquor? ☒ No ☐ Yes
6. Are you now under the influence of a narcotic drug? ☒ No ☐ Yes
7. Are you now under the influence of a narcotic drug? ☒ No ☐ Yes
8. Are you now under the influence of a narcotic drug? ☒ No ☐ Yes
9. Are you now under the influence of a narcotic drug? ☒ No ☐ Yes
10. Do you have any children from one or more former marriages? ☒ No ☐ Yes
If yes, give names, ages and addresses (a) _____
(b) _____
(c) _____

11. Full name of father John Harry Hawk
Residence of father (if deceased so state) Florida
Occupation of father unknown Race of father W
Birthplace of father (State or foreign country) Pennsylvania
12. Full name of mother Donna Darlene Redden
Residence of mother (if deceased so state) Plainfield Ind.
Occupation of mother Nurse Vet. Hosp. Race of mother W
Birthplace of mother (State or foreign country) Pennsylvania

FEMALE APPLICANT

Name Wanda Skinner
Date of Birth 11 1951
Place of Birth (State or foreign country) Mooreville Ind.
Residence Address R4 Mooreville Ind.
Maiden Name if Different Mooreville 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 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 James Skinner
Residence of father (if deceased so state) Mooreville
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Ella Mae Rose
Residence of mother (if deceased so state) Mooreville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS } in this application is true and correct.

Signed Wanda Skinner

New Address _____

Subscribed and sworn to before me this 23 day of Sept, 1968
John G. Gamble Notary Public

I, Darlene Hawk, hereby give my consent for
my son John Raymond Hawk to
marry Wanda K. Skinner.

(Parents divorced, mother has full custody.) Darlene Hawk

Subscribed and sworn to before me this 21 day of Sept, 1968

John G. Gamble
Notary Public

Hendricks County Indiana authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife
of John Hawk and Wanda Skinner

and it is further remembered, the following marriage certificate was filed in my office, to-wit:

_____ hereby certify that on the 26th day of September

at 38 Main Mooreville, County of Morgan

of Hendricks County, State of Indiana

of Hendricks County, State of Indiana

and were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

dated this 26th day of September, 1968.

Signed William J. Haskett

Official Designation Justice of the Peace

Signed John G. Gamble Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 363
File Book 50
Sept 23-1968
Date of Application

MALE

Medical Examination Report Dated Sept 21-1968
Name of Physician John P. Callahan M.D.

FEMALE

Medical Examination Report Dated Sept 21-1968
Name of Physician John P. Callahan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Hawk
Date of Birth July 10 1951
Place of Birth (State or foreign country) Clearfield Pa
Residence Address Rt 2 Box 22-B Plainfield Ind.
Previous Marriages None
Last Marriage None
Color or Race White
Usual Occupation None
Date of Birth verified by Birth Cert.
1. Are you now or have you ever been adjudged, diagnosed or considered as:
An Imbecile? No Yes ☐
Of Unsound Mind? No Yes ☐
2. Are you under guardianship as a person of unsound mind? No Yes ☐
3. Are you now or have you ever been an inmate of a county asylum or institution for the insane? No Yes ☐
4. Has any such condition been removed? No Yes ☐
5. Are you afflicted with a transmissible disease? No Yes ☐
6. Are you related to the groom closer than second cousin? No Yes ☐
7. Are you now under the influence of intoxicating liquor? No Yes ☐
8. Are you now under the influence of a narcotic drug? No Yes ☐
9. Are you now under the influence of any other drug? No Yes ☐
10. Do you have one or more former marriages? No Yes ☐
(a) List names and addresses of all persons who have contributed to their support? Yes ☐ No ☐
(b) Are there any court orders or orders issued for you? Yes ☐ No ☐

FEMALE APPLICANT

Name Wanda Skinner
Date of Birth July 11 1951
Place of Birth (State or foreign country) Mooreville Ind.
Residence Address R4 Mooreville Ind.
Maiden Name if Different Mooreville 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 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 James Skinner
Residence of father (if deceased so state) Mooreville
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Ella Mae Rose
Residence of mother (if deceased so state) Mooreville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Wanda Skinner

New Address _____

Subscribed and sworn to before me this 23 day of Sept, 1968
John Gamble, Jr.

I, Mrs. Ella Mae Skinner, hereby give my consent for
my daughter Wanda Kay Skinner
to marry John Hawk

Subscribed and sworn to before me this 21st day of Sept, 1968
My Commission Expires: 10-9-71
Linda L. Elkins
Notary Public
(Linda L. Elkins)

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court

It is Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife
Indiana dated the 26th day of September and Wanda Skinner
John Hawk
It is further remembered, the following marriage certificate was filed in my office, to-wit:
_____ hereby certify that on the 26th day of September,
at 38 Main Mooreville, County of Morgan,
of Hendricks, County, State of Indiana,
and Wanda Skinner, County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County, Indiana, dated this 26th day of September, 1968.
Signed William J. Hackett
Official Designation Justice of the Peace
28 day of September, 1968.
Signed John Gamble, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968.

Form 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 50
Date of Application Sept 23-1968

MALE
Medical Examination Report Dated Sept 21-1968
Name of Physician John P. Callahan M.D.

FEMALE
Medical Examination Report Dated Sept 21-1968
Name of Physician John P. Callahan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Hawk
Date of Birth July 10 1951
Place of Birth (State or foreign country) Clearfield Pa
Residence Address R 2 Box 222-B Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

White ☒ Negro ☐ Other ☐ (specify) _____

Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

Other (Specify) _____

Do you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

Do you now or have you been within five (5) years an inmate of a county asylum or for insane persons? No ☒ Yes ☐

Do you now or have you been within five (5) years an inmate of a county asylum or for insane persons? No ☒ Yes ☐

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Do you now or have you been within five (5) years an inmate of a county asylum or for insane persons? No ☒ Yes ☐

Do you now or have you been within five (5) years an inmate of a county asylum or for insane persons? No ☒ Yes ☐

FEMALE APPLICANT

Name Wanda Skinner
Date of Birth July 11 1951
Place of Birth (State or foreign country) Mooreville Ind.
Residence Address R 4 Mooreville Ind.
Maiden Name if Different Mooreville

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 James Skinner

Residence of father (if deceased so state) Mooreville

Occupation of father Farmer Race of father W

Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Ella Mae Rose

Residence of mother (if deceased so state) Mooreville

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Wanda Skinner

New Address _____

Subscribed and sworn to before me this 23 day of Sept, 1968

John Gamble, Jr.

I, James Skinner, hereby give my consent for
my daughter, Wanda K. Skinner
to marry John Raymond Hawk

Subscribed and sworn to before me this 25 day of Sept, 1968
Paul Allen
Notary Public

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

numbered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife

of 26th day of September and Wanda Skinner

hereby certify that on the 26th day of September

at 38. main Mooreville, County of Morgan

of Hendricks County, State of Indiana

and John Hawk of Hendricks County, State of Indiana

were by me joined in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS

Dated 26th day of September, 1968

Signed William S. Haskett

Official Designation Justice of the Peace

28 day of September, 1968

Signed John Gamble, Jr. Clerk

HENDRICKS

Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 364

File Book 30

Sept. 25 1968
Date of Application

MALE

Medical Examination Report Dated Sept 19 1968
Name of Physician Fred M. Blux M.D.

FEMALE

Medical Examination Report Dated Sept 19 1968
Name of Physician Fred M. Blux M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Ralph Cassel Fry
Date of Birth December 31 1946
Place of Birth (State or foreign country) Crawfordsville Mont Ind.
Residence Address R.R. 1 Roachdale 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 Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Noble Cassel Fry
Residence of father (if deceased so state) R.R. 1 Roachdale Ind.
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) M Indiana
12. Full maiden name of mother Edith Eileen Nichols
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother 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 Ralph Cassel Fry

New Address R.R. 1 Bainbridge

Subscribed and sworn to before me this 25 day of Sept, 1968.
John Gamble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT

Name Ruth Ann Templeman
Date of Birth June 5 1947
Place of Birth (State or foreign country) Greencastle Putnam Co Ind.
Residence Address 145 S. Indiana Danville Hendricks Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Nurse

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Lloyd Thomas Templeman
Residence of father (if deceased so state) 145 S. Ind. Danville
Occupation of father Mechanic Race of father W
Birthplace of father (State or foreign country) Putnam Co Ind.

8. Full maiden name of mother Dorothy Louise Blaydes
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother 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 Ruth Ann Templeman

New Address R.R. 1 Bainbridge

Subscribed and sworn to before me this 25 day of Sept, 1968.
John Gamble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 28 day of September, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Kenneth W. Baldwin hereby certify that on the 29 day of September, 1968, at Parkersburg, County of Montgomery

one thousand nine hundred and 68 State of Indiana, Groom Ralph Cassel Fry of Putnam County, State of Indiana

and, Bride Ruth Ann Templeman of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of September, 1968.

Signed Kenneth W. Baldwin

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of October, 1968.

Signed John Gamble Jr Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 365

File B vol 30

9-25-68
Date of Application

HENDRICKS County

MALE

Medical Examination Report Dated Sept 19 1968

Name of Physician James Black

FEMALE

Medical Examination Report Dated Sept 19 1968

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, representa-

MALE APPLICANT

Name First Larry Middle Wayne Last Myers
Date of Birth Month July Day 7 Year 1947
Place of Birth (State or foreign country) Methodist Hosp
Residence Address Street or R. R. 5349 Quon Road City Judges County Marion 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 Sale Tech.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Full name of father <u>Eldon Oran Myers</u>		
Residence of father (if deceased so state) <u>Same</u>		
Occupation of father <u>Farmer</u>	Race of father <u>W</u>	
Birthplace of father (State or foreign country) <u>Marion Co Ind</u>		
12. Full maiden name of mother <u>Mildred Emma Reiman</u>		
Residence of mother (if deceased so state) <u>Same</u>		
Occupation of mother <u>House wife</u>	Race of mother <u>W</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 Larry Wayne Myers
New Address _____

Subscribed and sworn to before me this 25 day of Sept, 1968
John Gaulhold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Synda Middle Marlene Last Hughes
Date of Birth Month March Day 26 Year 1948
Place of Birth (State or foreign country) Carro
Residence Address Street or R. R. 522 S. Jefferson City Alexander County Del
Maiden Name if Different Brownburg 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 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 John Robert Hughes
Residence of father (if deceased so state) Same
Occupation of father Secu. Eng. Race of father W
Birthplace of father (State or foreign country) Carro
8. Full maiden name of mother Patricia Lee Hall
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother 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.
County of _____

Signed Synda Marlene Hughes
New Address _____

Subscribed and sworn to before me this 25 day of Sept, 1968
John Gaulhold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of Sept, 1968, authorizing the joining together as husband and wife of Larry Wayne Myers and Synda Marlene Hughes.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Howard E. Chatten, hereby certify that on the 5th day of October, at Brownburg, County of Hendricks, one thousand nine hundred and 68, of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 5th day of October, 1968.
Signed Howard E. Chatten
Official Designation Southport Methodist Minister
8th day of October, 1968.
Signed John Gaulhold 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. 366

File Bualc 30

Sept 26 1968
Date of Application

MALE

Medical Examination Report Dated 9-24-68

Name of Physician Fred P. Warburton

FEMALE

Medical Examination Report Dated 9-24-68

Name of Physician Fred P. Warburton

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Donald Leroy Rivers Sr.
Date of Birth Month Day Year
February 23 1938
Place of Birth (State or foreign country)
Marion Co. Indiana
Residence Address Street or R. R. City County State
316 Ellis St. Plainfield Hend Ind
Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Plant Protection - Allison's

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county 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 Leroy Jr	8	9631 Melody Lane
Elizabeth Ann	9	Judiths.
Darren Neal	7 mo.	"

- Are you supporting or contributing to their support? Yes ☒ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Robert William Rivers
Residence of father (if deceased so state) Bailey Dr Judpls.
Occupation of father Serv. Man - H. + Carbond. Race of father W
Birthplace of father (State or foreign country) Shoals Ind.
12. Full maiden name of mother Nova Ellen Stinson
Residence of mother (if deceased so state) Harmony Dr Judpls.
Occupation of mother Waitress Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed x Donald Leroy Rivers Sr.
New Address 316 Ellis St. Plainfield

Subscribed and sworn to before me this 26 day of Sept, 1968.
John Gaudet Sr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name First Middle Last
Sara Lou Witty
Date of Birth Month Day Year
August 16 1945
Place of Birth (State or foreign country)
Beech Grove Marion Ind.
Residence Address Street or R. R. City County State
601 W. Main Plainfield Hend Ind.
Maiden Name if Different Tracy
Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Clerk - Tushman Cleaners

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 Claude F. Tracy
Residence of father (if deceased so state) R1 Bain Bridge
Occupation of father Patrolman Race of father W
Birthplace of father (State or foreign country) Brown Co Ind.

8. Full maiden name of mother Vera Lyle Hash
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) W Virginia

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of Hendricks

Signed x Sara Lou Witty
New Address 316 Ellis St Plainfield

Subscribed and sworn to before me this 26 day of Sept, 1968.
John Gaudet Sr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Hendricks

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 30 day of September, 1968, authorizing the joining together as husband and wife of Donald Leroy Rivers Sr. and Sara Lou Witty.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Conley Bowman hereby certify that on the 3 day of November, one thousand nine hundred and 68, at Plainfield, County of Hendricks, State of Indiana, Groom Donald Leroy Rivers and, Bride Sara Lou Witty of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 3 day of November, 1968.

Signed Conley Bowman

Official Designation Minister
19 day of December, 1968

Signed John Gaudet Sr. Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of December, 1968.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 367
File Book 30
Date of Application 28 September 1968

MALE
Medical Examination Report Dated 23 September 1968
Name of Physician John Ellett Jr MD.

FEMALE
Medical Examination Report Dated 23 September 1968
Name of Physician John Ellett Jr MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Phillip M. Wingler
Date of Birth September 13, 1949
Place of Birth Greencastle, Ind.
Residence Address Px 123 Coatesville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Wagoner, Econ. Electric

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Pr. Lic W 524-49377

- Are you now or have you been adjudged, diagnosed or considered 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 Maurice Edwin Wingler

Residence of father (if deceased so state) Coatesville, Ind.

Occupation of father Agst. Std. Off. Race of father white

Birthplace of father (State or foreign country) Clayton, Ind.

12. Full maiden name of mother Margene Evelyn Mayan

Residence of mother (if deceased so state) same

Occupation of mother H/W. Race of mother white

Birthplace of mother (State or foreign country) Coatesville, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Phillip M. Wingler

New Address Shoreland Apt. 1, P.O. Box 123, Coatesville, Ind.

Subscribed and sworn to before me this 28th day of September, 1968

John J. Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of _____

Signed Maurice Edwin Wingler Father

Signed Margene Evelyn Mayan Mother

Subscribed and sworn to before me this 28th day of September, 1968

John J. Gambrell Clerk

FEMALE APPLICANT

Name Jerry Lynn Bryant
Date of Birth June 10, 1950
Place of Birth Greencastle, Ind.
Residence Address Px 104 Coatesville, 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, Sway Acad. Beauty

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Pr. B 63-50250

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Maurice Gilbert Bryant

Residence of father (if deceased so state) Coatesville, Ind.

Occupation of father Foreman, Alcoa Race of father white

Birthplace of father (State or foreign country) Clayton, Ind.

8. Full maiden name of mother Mary Evelyn Wallace

Residence of mother (if deceased so state) same

Occupation of mother H/W. Race of mother white

Birthplace of mother (State or foreign country) Franklin Twp, Hendricks, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Jerry Lynn Bryant

New Address same

Subscribed and sworn to before me this 28th day of September, 1968

John J. Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

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 _____

of Indiana dated the 2nd day of October, 1968 authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Walter R. Bartholomew hereby certify that on the 12th day of October, 1968

at Coatesville, County of Hendricks, State of Indiana

one thousand nine hundred and 68 Phillip Maurice Wingler of Hendricks County, State of Indiana

and, Bride, Jerry Lynn Bryant of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County, _____

Dated this 12th day of October, 1968.

Signed Walter R. Bartholomew

Official Designation Pastor Coatesville Methodist Church

14th day of October, 1968.

Signed John J. Gambrell Jr Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 368
File Book 30
Date of Application 30 September 1968

MALE
Medical Examination Report Dated 28 September 1968
Name of Physician John E. Hill Jr. MD

FEMALE
Medical Examination Report Dated 25 September 1968
Name of Physician John E. Hill Jr. MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Wendell H. Owens Jr.
Date of Birth October 23, 1948
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address Catoeville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White
Usual Occupation Airman USAF.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-48-074495
Are you now or have you been adjudged, diagnosed or considered 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. name of father Wendell Howard Owens

2. Residence of father (if deceased so state) Catoeville, Ind.

3. Occupation of father laborer Race of father white

4. Birthplace of father (State or foreign country) Hendricks Co., Ind.

5. Full maiden name of mother Ruth Ellen Smith

6. Residence of mother (if deceased so state) Sap.

7. Occupation of mother Secy. Race of mother white

8. 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 Wendell H. Owens Jr.

New Address USAF, Homestead, Fla.

Subscribed and sworn to before me this 30th day of September, 1968.

Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Parents not present

28 Sep 4 1968 at home

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 30th day of September, 1968.

Clerk John Gamble 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

Indiana dated the 5th day of October, 1968, authorizing the joining together as husband and wife

of Wendell H. Owens Jr. and Diana Sue Wingler

and further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marvin M. Byrdwell hereby certify that on the 5th day of October,

one thousand nine hundred and 68 at First Baptist Church, Am. County of Hendricks,

State of Indiana, Groom Wendell H. Owens Jr. of Hendricks County, State of Indiana

and, Bride Diana Sue Wingler of Hendricks County, State of Indiana,

were by me united 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 October, 1968.

Signed Marvin M. Byrdwell

Official Designation Minister, First Baptist, Am.

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of October, 1968.

Signed John Gamble Jr. Clerk

HENDRICKS Circuit Court

FEMALE APPLICANT
Name Diana Sue Wingler
Date of Birth September 23, 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Catoeville, 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 Student. Ind. Bus. College.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 8919

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Sesse Junior Wingler

Residence of father (if deceased so state) Civilis, Ind.

Occupation of father undertaker Race of father white

Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Jean Myers

Residence of mother (if deceased so state) Dunk St. Ind.

Occupation of mother Bookkeeper 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 Diana Sue Wingler

New Address Sap.

Subscribed and sworn to before me this 30th day of September, 1968.

Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

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. 368
File Book 30
30 September 1968
Date of Application

MALE
Medical Examination Report Dated 28 September 1968
Name of Physician Sno Eilat Jr. MD

FEMALE
Medical Examination Report Dated 25 September 1968
Name of Physician Sno Eilat Jr. MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT				FEMALE APPLICANT			
Name	First	Middle	Last	Name	First	Middle	Last
	Wendell	H.	Owens Jr.		Diana	Sue	Wingler
Date of Birth	Month	Day	Year	Date of Birth	Month	Day	Year
	October	29	1948		September	23	1950
Place of Birth	(State or foreign country)			Place of Birth	(State or foreign country)		

September 28, 1968

TO WHOM IT MAY CONCERN:

We, Ruth E. Owens and Wendell H. Owens Sr., the
parents of Wendell H. Owens Jr., age 19, hereby
give our consent for our son to marry Diana
Wingler.

Ruth E. Owens
Ruth E. Owens

Wendell H. Owens Sr.
Wendell H. Owens Sr.

State of Indiana
Hendricks County

Subscribed and sworn before me this 28th day of
September 1968.

Billy E. Lydick
Notary Public

My commission expires October 15, 1971.

FILED

SEP 30 1968

John Gambold Jr.
CLERK HENDRICKS COURT
SUPERIOR

Be it further remembered, the following marriage certificate was filed in my office to wit:
I, Marvin M. Byrdwell hereby certify that on the 5th day of October,
one thousand nine hundred and 68 at First Baptist Church, Amos, County of Hendricks,
State of Indiana, Groom Wendell H. Owens Jr. of Hendricks County, State of Indiana
and, Bride Diana Sue Wingler of Hendricks County, State of Indiana,
were by me united 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 October, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of October, 1968.

Signed Marvin M. Byrdwell Official Designation Minister, First Baptist, Amos
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. 369
File 10-1-68
8th 30
Date of Application

MALE
Medical Examination Report Dated 9-27-68
Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-27-68
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 Harry M. Broderick
Date of Birth February 13 1949
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address 445 Murphy Lane Indianapolis Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Brick Layer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dennis Leone
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Martin William Broderick
Residence of father (if deceased so state) 445 Murphy Lane
Occupation of father Start new newspaper Race of father W
Birthplace of father (State or foreign country) Snags Ind
12. Full maiden name of mother Emelinda Morale
Residence of mother (if deceased so state) 445 Murphy Lane
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Rome Italy

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Harry Broderick
New Address Chateau Village Apt 3 Bldg

Subscribed and sworn to before me this 1 day of October, 1968.
John Hamblett Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Martin W. Broderick Father
Signed _____ Mother

Subscribed and sworn to before me this 1 day of October, 1968.
John Hamblett Jr Clerk

FEMALE APPLICANT

Name Janice Gail Sharp
Date of Birth September 3 1950
Place of Birth (State or foreign country) Snags Indiana
Residence Address Rt 1 Snags Indiana
Maiden Name if Different Patterson Hendricks Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation 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 Paul Herman Sharp
Residence of father (if deceased so state) Rt 1 Patterson Ind
Occupation of father Foreman Race of father W
Birthplace of father (State or foreign country) Allen Indiana
8. Full maiden name of mother Thelma Jean Brown
Residence of mother (if deceased so state) Rt 1 Pittsburg
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 Janice Sharp
New Address same

Subscribed and sworn to before me this 1 day of October, 1968.
John Hamblett Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued _____
County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 5th day of October, 1968, authorizing the joining together as husband and wife of Harry M. Broderick and Janice Gail Sharp.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence E. Fike Jr hereby certify that on the 12th day of October, 1968, at Brownburg County of Hendricks, State of Indiana, one thousand nine hundred and sixty eight of Hendricks County, State of Indiana, and, Bride Janice Gail Sharp of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 12th day of October, 1968.

Signed Clarence E. Fike Jr
Official Designation Justice of the Peace Hendricks Co.
Signed John Hamblett 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. 369

File 10-1-68

HENDRICKS County

MALE
Medical Examination Report Dated 9-27-68
Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-27-68
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 First Harry Middle M. Last Broderick
Date of Birth Month February Day 13 Year 1949
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. 445 Murphy Lane City Bry County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages One

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Brick Layer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. James Leine

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 Martin William Broderick
Residence of father (if deceased so state) 445 Murphy Lane
Occupation of father Start new newspaper
Birthplace of father (State or foreign country) _____

12. Full maiden name of mother _____
Residence of mother (if deceased) _____
Occupation of mother Wife
Birthplace of mother (State or foreign country) _____

State of Indiana, _____
County of, HENDRICKS

Signed X

New Address _____

Subscribed and sworn to before me this _____

John Hamel

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby

signs, state facts which render the con-

State of Indiana, _____

County of, HENDRICKS

Signed X Martin W. Broderick Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of October, 1968.

John Hamel Clerk

FEMALE APPLICANT

Name First Janice Middle Gail Last Sharp
Date of Birth Month September Day 3 Year 1950
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. Rt 1 City Pittsburg County Hendricks State Indiana
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation 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 ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Paul Norman Sharp

Residence of father (if deceased so state) Rt 1 Pittsburg Ind

Occupation of father Farmer Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Thelma Jean Brown

Residence of mother (if deceased so state) Rt 1 Pittsburg

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Indiana

I, Linda Broderick, hereby give
my son, Harry M. Broderick
marry Jan Sharp Linda Broderick

Subscribed and sworn to before me this 1 day of October, 1968

STATE OF INDIANA

HENDRICKS COUNTY

My Commission Expires 11-12-68

Clara C. Poth

Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued _____

in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 5th day of October and Janice Gail Sharp

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 12th day of October

I, Clarence E. Fuke Jr. at Brownsville County of Hendricks

one thousand nine hundred and sixty eight of Hendricks County, State of Indiana

State of Indiana, Groom Harry M. Broderick of Hendricks County, State of Indiana

and, Bride Janice Gail Sharp of Hendricks County, State of Indiana

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, _____ Signed Clarence E. Fuke Jr. _____

Dated this 12th day of October, 1968. Official Designation Judge of the Peace, Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of October, 1968. Signed John Hamel 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. 370

File Book 30

1 October 1968
Date of Application

MALE
Medical Examination Report Dated 30 September 1968
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 30 September 1968
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 William Donnelly
Date of Birth October 19, 1926
Place of Birth Bolton Lancashire England
Residence Address R2 Bx 136 Plainfield, Ind.
Previous Marital Status: Never Married Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Medical Doctor-Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver Lic (60) D-540-88T-000807

- Are you now or have you been adjudged, diagnosed or considered 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 Francis Donnelly
Residence of father (if deceased so state) Deceased
Occupation of father Doctor & Dentist
Birthplace of father (State or foreign country) Bolton, England

12. Full maiden name of mother Mary Ann Childwell
Residence of mother (if deceased so state) Deceased
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Glasgow, Scotland

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William Donnelly

New Address R2 Bx 136, Plainfield, Ind.

Subscribed and sworn to before me this 1st day of October, 1968
Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent 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 1968
Clerk

FEMALE APPLICANT

Name Ruth H. Trager
Date of Birth September 28, 1906
Place of Birth New Orleans, La. (Henry G.)
Residence Address R2 Bx 136 Plainfield, Ind.
Maiden Name if Different Ruth Harriett Trager
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 Practical Nurse

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) T 626-06388 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 afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Albert Trager
Residence of father (if deceased so state) Deceased
Occupation of father Farmer
Birthplace of father (State or foreign country) Ripley Co., Ind.

8. Full maiden name of mother Rella Florence Rhoads
Residence of mother (if deceased so state) Deceased
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Mays, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruth H. Trager

New Address Same

Subscribed and sworn to before me this 1st day of October, 1968
Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent 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 1968
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Circuit Court by written order issued 1 October 1968 and filed in
Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3da Warr.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of October, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Teal O. Younce, hereby certify that on the 1st day of October, 1968, at R2 Plainfield, County of Hendricks, State of Indiana, Groom Dr. William Donnelly, of Hendricks County, State of Indiana, and, Bride Ruth H. Trager, of Hendricks County, State of Indiana, were by me united 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 October, 1968.

Signed Teal O. Younce

Official Designation Minister

2nd day of October, 1968

Signed John Gamble Sr. 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

567

No. 371
File Bk 30
Date of Application 10-1-68

HENDRICKS County

MALE

Medical Examination Report Dated 10-1-68
Name of Physician David Haggard

FEMALE

Medical Examination Report Dated 9-27-68
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Norman Gary Poole
Date of Birth November 8 1946
Place of Birth (State or foreign country) Somerset Kentucky
Residence Address Rt 2 Bx 362 Pittsboro Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation U.S. Navy
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Service I.O. Card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Charles Estle Poole
Residence of father (if deceased so state) Rt 2 Bx 362 Pittsboro
Occupation of father Welder Chrysler Corp Race of father W
Birthplace of father (State or foreign country) Peara Illinois
12. Full maiden name of mother Nellie Pearl Blanton
Residence of mother (if deceased so state) Rt 2 Bx 362 Pittsboro
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Norman Gary Poole

New Address 716 Prospect Ave Indianapolis

Subscribed and sworn to before me this 1 day of October, 1968
John Hammond Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Helen W. Ballou
Date of Birth August 2 1949
Place of Birth (State or foreign country) Evansville Kentucky
Residence Address 2318 Porter St. Bridgeport Indiana
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Accounting Technician
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Corwin Albert Ballou
Residence of father (if deceased so state) 2318 Porter St. Bridgeport
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Kansas

8. Full maiden name of mother Jessie Long
Residence of mother (if deceased so state) 2318 Porter St. Bridgeport
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Helen W. Ballou

New Address same

Subscribed and sworn to before me this 1 day of October, 1968.

John Hammond Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____
County _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 5th day of October, and Helen W. Ballou

Norman Gary Poole and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Billy Garland hereby certify that on the 5th day of October,
at Bridgeport County of Marion

one thousand nine hundred and 68 of Hendricks County, State of Indiana
State of Indiana, Groom Norman G. Poole of Marion County, State of Indiana

and, Bride Helen W. Ballou of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County. _____
Dated this 5th day of October, 1968. Signed Billy Garland

Official Designation Minister _____

Signed John Hammond Jr Clerk _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed _____ Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 372
File Bk. 30
Date of Application Oct. 3, 1968

MALE
Medical Examination Report Dated Sept. 23, 1968
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated Sept. 24, 1968
Name of Physician Betty C. Corry, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Melvin Middle C. Last Weddle
Date of Birth Month Sept. Day 19 Year 1945
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address Street or R. R. City County State
RR #1 Box 79 Brownsburg, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Eng - Ind. Bell
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Marion Lawrence Weddle
Residence of father (if deceased so state) Same
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Brownsburg Ind.
12. Full maiden name of mother Maria Clara Wheeler
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Albion, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Melvin C. Weddle

New Address RR #1, Box 79 Brownsburg, Ind 46012

Subscribed and sworn to before me this 3 day of Oct, 1968
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 First Betty Middle Sue Last Gibson
Date of Birth Month July Day 19 Year 1947
Place of Birth (State or foreign country) Whitesburg, Ky.
Residence Address Street or R. R. City County State
RR #1 Box 232 E Indpls, Hendricks, Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Sec. Goodwill Industries
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Eugene Gibson
Residence of father (if deceased so state) Sacket, Ky. Same
Occupation of father Cherollet Race of father W.
Birthplace of father (State or foreign country) Sacket, Ky.
8. Full maiden name of mother Alta Frances Campbell
Residence of mother (if deceased so state) Same
Occupation of mother Maid Race of mother W.
Birthplace of mother (State or foreign country) Blackey, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Betty S. Gibson

New Address RR #1 Box 141 Brownsburg

Subscribed and sworn to before me this 3 day of Oct, 1968
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
County..... Court by written order issued..... and filed
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Oct, 1968, authorizing the joining together as husband and wife of Melvin C. Weddle and Betty Sue Gibson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler, hereby certify that on the 12th day of October,
one thousand nine hundred and 68 at Brownsburg, Ind., County of Hendricks,
State of Indiana, Groom Melvin C. Weddle of Hendricks County, State of Indiana,
and, Bride Betty Sue Gibson of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 12 day of October, 1968.

Signed Rev. Donald Tyler

Official Designation Baptist Minister
17 day of October, 1968

Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.....

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 373File Bk 30Date of Application
Oct 4-1968**MALE**Medical Examination Report Dated 9-23-68Name of Physician Sammy Cohen**FEMALE**Medical Examination Report Dated 9-20-68Name of Physician John B. Moriarty

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Stephen R. Morrison
Date of Birth July 8, 1941
Place of Birth (State or foreign country) Plainfield, Indiana
Residence Address 207 Anson Avenue, Dept. 9, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Indiana Bell InstallerDate 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 Ray Morrison
Residence of father (if deceased so state) 207 Anson Ave Dept 9 Ind
Occupation of father Maintenance Race of father W
Birthplace of father (State or foreign country) Ind
12. Full maiden name of mother Juanita E. Winsted
Residence of mother (if deceased so state) 207 Anson Ave Dept 9 Ind
Occupation of mother Credit Adv for Race of mother W
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.
County of _____

Signed X Stephen R. MorrisonNew Address 603 W Main Pitt Ind

Subscribed and sworn to before me this 4 day of October, 1968
John Hamhold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Susan K. Swengel
Date of Birth March 21, 1944
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 5235 Camden Dept 9 Ind
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Vitality ClerkDate 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 Lee Swengel
Residence of father (if deceased so state) 5235 Camden Dept 9 Ind
Occupation of father Supervisor Race of father W
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Frances Bernice Smiddy
Residence of mother (if deceased so state) 5235 Camden Dept 9 Ind
Occupation of mother Teacher 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 X Susan K. SwengelNew Address same

Subscribed and sworn to before me this 4 day of October, 1968
John Hamhold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 8th day of October, 1968, authorizing the joining together as husband and wife of Stephen R. Morrison and Susan K. Swengel.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert W. Miller, hereby certify that on the 12th day of October, _____, County of Marion, State of Indiana, Groom Stephen R. Morrison of Marion County, State of Indiana, and, Bride Susan K. Swengel of Marion County, State of Indiana, one thousand nine hundred and 68 were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 12th day of October, 1968.

Signed Robert W. Miller
Official Designation Pastor

Signed John Hamhold 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. 374
File Bk 30
Date of Application Oct. 5, 1968

MALE
Medical Examination Report Dated Sept. 30, 1968
Name of Physician Violet C. Forbes, M.D.

FEMALE
Medical Examination Report Dated Sept. 30, 1968
Name of Physician Violet C. Forbes, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Phillip Andrew McFerran
Date of Birth April 17, 1945
Place of Birth Indpls., Ind.
Residence Address 259 Ind. St., 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 Mechanic

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 Henry Lewis McFerran
Residence of father (if deceased so state) RR#2, Coatesville
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Roachdale, Ind.
12. Full maiden name of mother Josephine Ensminger
Residence of mother (if deceased so state) Same
Occupation of mother Teacher Race of mother W.
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 P. Phillip Andrew McFerran

New Address 259 Indiana St. Plainfield, Ind.

Subscribed and sworn to before me this 5 day of October, 1968
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 Carolyn Ann Lawson
Date of Birth June 22, 1945
Place of Birth Lafayette, Ind.
Residence Address 115 N. East St., Plainfield, Hendricks, 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 Teacher

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 Harry Edward Lawson
Residence of father (if deceased so state) RR#1, Wolcott
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Tipppecanoe Co., Ind.
8. Full maiden name of mother Lena Lewis
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Carter Co., Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn Ann Lawson

New Address.....

Subscribed and sworn to before me this 5 day of Oct., 1968
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
County..... Court by written order issued..... and filed
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5 day of October, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Leoyd S. Walker hereby certify that on the 19th day of October, one thousand nine hundred and 68 at Walcott, County of White, State of Indiana, Groom Phillip Andrew McFerran of Hendricks County, State of Indiana and, Bride Carolyn Ann Lawson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10 day of October, 1968.

Signed Rev. Leoyd S. Walker

Official Designation Pastor - 1st Baptist - Walcott

Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of December, 1968.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 375
File Bask 30
October 5 1968
Date of Application

MALE
Medical Examination Report Dated Oct 1 1968
Name of Physician Dr Elmer Koch

FEMALE
Medical Examination Report Dated 10-1-68
Name of Physician Elmer Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Dallas Middle Wayne Last Wagle
Date of Birth August 30 1939
Place of Birth (State or foreign country) Ohio
Residence Address R R 2 Box 315 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 General Contracting
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) S. S. card
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Cora Wagle		
Elmer Pauline Spurr		

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Cora Wagle
Residence of father (if deceased so state): R R 2 Danville
Occupation of father: Gen. Contract. Race of father: W
Birthplace of father (State or foreign country): Parke Co. Ind.
12. Full maiden name of mother: Elmer Pauline Spurr
Residence of mother (if deceased so state): same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country):

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed Dallas Wayne Wagle
New Address: R R 2 Danville
Subscribed and sworn to before me this 5 day of Oct, 1968.
John Gansbold Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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

FEMALE APPLICANT

Name First Patsy Middle Louise Last Weyant
Date of Birth May 12 1946
Place of Birth (State or foreign country) Ohio
Residence Address R R 2 Box 314 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 Baby Sitter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Charles Henry Weyant
Residence of father (if deceased so state): R R 2 Versailles O.
Occupation of father: Factory Race of father: W
Birthplace of father (State or foreign country): Darke Co. Ohio
8. Full maiden name of mother: Isabelle Manning
Residence of mother (if deceased so state): same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Darke Co. Ohio

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed Patsy Louise Weyant
New Address: R R 2 Danville
Subscribed and sworn to before me this 5 day of Oct, 1968.
John Gansbold Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Court by written order issued _____
County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 9 day of October 1968, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary L. Crawley, hereby certify that on the 7th day of December
one thousand nine hundred and 68 at Plainfield, County of Hendricks,
State of Indiana, Groom Dallas Wayne Wagle of Hendricks County, State of Indiana,
and, Bride Patsy Louise Weyant of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks
County.
Dated this 7 day of Dec, 1968.
Signed Mary L. Crawley
Official Designation Justice of Peace
10th day of December, 1968.
Signed John Gansbold 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. 376
File Book 310
Date of Application 5 October 1968

MALE
Medical Examination Report Dated 30 September 68
Name of Physician D.D. Cheesman M.D.

FEMALE
Medical Examination Report Dated 30 September 68
Name of Physician D.D. Cheesman M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael Leroy Middleton
Date of Birth December 15 1949
Place of Birth Danville, Ill.
Residence Address R3 Bx346A 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 Stockman, Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Draft cd. 12 30 49 434

- Are you now or have you been adjudged, diagnosed or considered 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 Frederick Leroy Middleton
Residence of father (if deceased so state) W. Newton Ind
Occupation of father Labors: Allyn Race of father white
Birthplace of father (State or foreign country) Danville, Ill.
12. Full maiden name of mother Rosamond Lucille Mark
Residence of mother (if deceased so state) R3 Danville, Ind
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Danville, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Leroy Middleton

New Address 305 E. 13th Danville, Ill.

Subscribed and sworn to before me this 5th day of October, 1968
Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Parents divorced mother given custody by ct at Danville, Ill.

State of Indiana, HENDRICKS } ss:

Signed Rosamond Lucille Mark Father

Signed John Gamble Mother

Subscribed and sworn to before me this 5th day of October, 1968
Clerk John Gamble

FEMALE APPLICANT

Name Mary Pearler
Date of Birth June 18 1952
Place of Birth Indianapolis, Ind.
Residence Address 208 W. Tacoma, 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) 6082

- Are you now or have you been adjudged, diagnosed or considered 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 Conard Bradley Pearler
Residence of father (if deceased so state) Saw Indpls, Ind.
Occupation of father Brockman, Vance Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Alice Catherine, Darr
Residence of mother (if deceased so state) Saw
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Champaign, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Pearler

New Address Saw

Subscribed and sworn to before me this 5th day of October, 1968
Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed Conard Bradley Pearler Father

Signed Alice Catherine Pearler Mother

Subscribed and sworn to before me this 5th day of October, 1968
Clerk John Gamble

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of October, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Burford Brock hereby certify that on the 12 day of October, one thousand nine hundred and 68 at Danville, County of Hendricks, State of Indiana, Groom Michael Middleton of Hendricks County, State of Indiana

and, Bride Mary Pearler 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 12 day of October, 1968

Signed Burford Brock

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of October, 1968

Signed John Gamble Clerk

HENDRICKS 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. 377

File Book 30

Oct. 5-1968
Date of Application**MALE**

Medical Examination Report Dated 9-27-68

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 9-27-68

Name of Physician David B. Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Clifford R. Elkins Jr.
Date of Birth June 16 1949
Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address 402 W Main 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 Bridgeport Brass

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 Clifford Ray Elkins Sr.
Residence of father (if deceased so state) 402 W Main Plfd Ind
Occupation of father Insurance Agent Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Baulah Ethel McNeely
Residence of mother (if deceased so state) 402 W Main Plfd Ind
Occupation of mother Ind. Insurance Co. 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 Clifford Ray Elkins Jr.
New Address Rt 1 Box 88F Danville Ind

Subscribed and sworn to before me this 5 day of October, 1968.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Consent of Parents attached

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 Deborah K. Hinderliter
Date of Birth December 22 1949
Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address 4902 Patricia St Indianapolis Ind.
Maiden Name if Different Patricia St. 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 Student Practical Nurse

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 Rudolph Charles Hinderliter
Residence of father (if deceased so state) 4902 Patricia St. Indpls Ind
Occupation of father Supervisor Race of father W
Birthplace of father (State or foreign country) Illinois

8. Full maiden name of mother Donna Lee Dickerson
Residence of mother (if deceased so state) 4902 Patricia St. Indpls Ind
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Deborah K. Hinderliter

New Address Same

Subscribed and sworn to before me this 5 day of October, 1968.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 9 day of October

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Conley Bowman, hereby certify that on the 12 day of November,
at Plainfield, County of Hendricks,
one thousand nine hundred and 68, of Hendricks County, State of Indiana,
State of Indiana, Groom Clifford Elkins Jr. and, Bride Deborah K. Hinderliter 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 12 day of November, 1968.

Signed Conley Bowman
Official Designation Minister
day of December, 1968.
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

MALE
Medical Exa
Name of Ph

ALL QUESTIONS
tion or pretense sh

Name

Date of Birth

Place of Birth (Stat

Residence Address

Previous Marital St

Last Marriage End

Color or Race

Usual Occupation

Date of birth verifie

☐ Other (Specif

1. Are you now or

An Imbecille

Of Unsound

2. Are you under g

3. Are you now or

home for indige

If answer to 3 is

4. Are you afflicted

5. Are you related

6. Are you now un

7. Are you now un

8. Are you able to

9. Are you likely t

10. Do you have min

(If yes, answer c

(a) List their fu

Name

(b) Are you supporting

(c) Are you complying w

their support?

11. Full name of father

Residence of father (if deceased so state) 402 W Main Plfd Ind

Occupation of father Insurance Agent Race of father W

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Paulah Ethel McNeely

Residence of mother (if deceased so state) 402 W Main Plfd Ind

Occupation of mother Ind Insurance Co 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 x Clifford Ray Elkins Jr.

New Address R# BX 58 F Camille O

Subscribed and sworn to before me this 5 day of October, 1968.

John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary.

Consent of Parents attached

State of Indiana, Hendricks } ss:

County of Hendricks }

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County _____ Court by written order issued _____ and filed

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Hendricks Circuit Court

of Indiana dated the 9 day of October, 1968, authorizing the joining together as husband and wife

Clifford R. Elkins Jr. and Deborah K. Hinderliter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Conley Bowman hereby certify that on the 12 day of November,

one thousand nine hundred and 68 at Plainfield, County of Hendricks,

State of Indiana, Groom Clifford Elkins, County, State of Indiana

and, Bride Deborah K. Hinderliter 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 12 day of November, 1968. Signed Conley Bowman

Official Designation Minister

19 day of December, 1968. Clerk

Signed John Gambold Jr. Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

INDIANA

MARRIAGE LICENSE

No. 377

File Book 30

Date of Application Oct. 5-1968

County

FEMALE

Medical Examination Report Dated 9-27-68

Name of Physician David B. Haggard

Whoever procures the issuance of a license to marry by any false statement, representa-

FEMALE APPLICANT

Name First Deborah Middle K Last Hinderliter

Date of Birth December 22 1949

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address 4902 Patricia St Indianapolis Indiana

Maiden Name if Different Patricia St. Jacobsma

Previous 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 Practical Nurse

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:

An Imbecille? 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 Rudolph Charles Hinderliter

Residence of father (if deceased so state) 4902 Patricia St. Indianapolis Ind

Occupation of father Supervisor Race of father W

Birthplace of father (State or foreign country) Illinois

Full maiden name of mother Donna Lee Dickerson

Residence of mother (if deceased so state) 4902 Patricia St. Indianapolis Ind

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Ohio

State of Indiana, Hendricks } ss: I depose and state the information given

County of Hendricks } in this application is true and correct.

Signed x Deborah K. Hinderliter

New Address Same

Subscribed and sworn to before me this 5 day of October, 1968.

John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

County of Hendricks }

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 378

File Book 30

October 5 1968
Date of Application

MALE

Medical Examination Report Dated Oct. 4 1968

Name of Physician Elmer Koch M.D.

FEMALE

Medical Examination Report Dated Oct 4 1968

Name of Physician Elmer Koch M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Robert Middle Gene Last Hollingsworth
Date of Birth April 16 1947
Place of Birth (State or foreign country) Danville Ind.
Residence Address 1307 Wright St. Judges 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 Marine Corps.

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 Benjamin Franklin Hollingsworth
Residence of father (if deceased so state) 1307 Wright Judges
Occupation of father Deceased Race of father W
Birthplace of father (State or foreign country) Vermillion Co Ind.
12. Full maiden name of mother Ada Elizabeth Owens
Residence of mother (if deceased so state) 1307 Wright Judges
Occupation of mother Sales Woman Race of mother W
Birthplace of mother (State or foreign country) Vermillion Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed *Robert Gene Hollingsworth

New Address _____

Subscribed and sworn to before me this 5 day of Oct 1968
John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Judy Middle Faye Last Burton
Date of Birth September 9 1952
Place of Birth (State or foreign country) Judges Marion Ind.
Residence Address 461 Hawley Dr Danville Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) 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 ☐

7. Full name of father Elbert Glenn Burton
Residence of father (if deceased so state) 461 Hawley Dr Danville
Occupation of father Welder Race of father W
Birthplace of father (State or foreign country) Wayne Co Ky
8. Full maiden name of mother Lora Hazel Deaton
Residence of mother (if deceased so state) same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) _____

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed *Judy Faye Burton

New Address _____

Subscribed and sworn to before me this 5 day of Oct 1968

John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Elbert G Burton Father

Signed Lora Burton Mother

Subscribed and sworn to before me this 5 day of Oct 1968

John Gauld Sr Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Superior Court by written order issued Oct 5 1968 and filed in
Clerk's _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of October 1968 authorizing the joining together as husband and wife

Be it further remembered the following marriage certificate was filed in my office, to-wit:
Robert Gene Hollingsworth and Judy Faye Burton

I, George A. Harris hereby certify that on the 1st day of October 1968 at The Danville Christian Church, County of Hendricks,

State of Indiana, Groom Robert Gene Hollingsworth of Marion County, State of Indiana and, Bride Judy Faye Burton of Hendricks County, State of Indiana

were by me united 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 October 1968.

Signed Rev. George A. Harris

Official Designation Minister 8th day of October 1968

Signed John Gauld Sr 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. 379

File Book 30

Oct 5 1968
Date of Application

MALE

Medical Examination Report Dated 10-1-68

Name of Physician James Black MD

FEMALE

Medical Examination Report Dated 10-1-68

Name of Physician James Black MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Richard Middle Lee Last Sparks
Date of Birth Month 6 Day 1947
Place of Birth (State or foreign country) Indiana
Residence Address Beech Grove City Jud.
R 18 Box 142 Zuggs 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 Tape Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) 7 D Card

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Charles Wm. Sparks		
Truda Gertrude Hennigman		

(b) Are you supporting or contributing to their 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 Wm. Sparks
Residence of father (if deceased so state) Deceased
Occupation of father Deceased Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Truda Gertrude Hennigman
Residence of mother (if deceased so state) Deceased
Occupation of mother Sink Belt Race of mother W
Birthplace of mother (State or foreign country) Marion Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Richard Lee Sparks
New Address 223 E. Main Brownburg
Subscribed and sworn to before me this 5 day of Oct 1968
John Gaulsord Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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

FEMALE APPLICANT

Name First Linda Middle Susan Last Olar
Date of Birth Month December Day 27 Year 1948
Place of Birth (State or foreign country) Indiana
Residence Address R 3 Box 652 D Brownsburg Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Bank Teller
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Apr Lic 0460-48507

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Joseph Benjamin Olar
Residence of father (if deceased so state) Same
Occupation of father Const. Supt. Race of father W
Birthplace of father (State or foreign country) Penn.

8. Full maiden name of mother Jessie Lee Moore
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Virginia
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Linda Susan Olar
New Address Same
Subscribed and sworn to before me this 5 day of Oct 1968
John Gaulsord Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 Court by written order issued _____ and filed _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.
in _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of October 1968, authorizing the joining together as husband and wife Richard Lee Sparks and Linda Susan Olar

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. The Reverend Keith L. Kerney hereby certify that on the 12th day of October, 1968, at Brownsburg, County of Hendricks, State of Indiana, Groom Richard Lee Sparks of Hendricks County, State of Indiana, and, Bride Linda Susan Olar of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 12th day of October, 1968.
Signed Keith L. Kerney
Official Designation Pastor, Methodist Lutheran Church, Brownsburg, Ind.
21 day of November, 1968
Signed John Gaulsord 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. 380
File Book 30
Oct 5 1968
Date of Application

MALE

Medical Examination Report Dated Oct 2 1968
Name of Physician Fred P. Warlinton M.D.

FEMALE

Medical Examination Report Dated Oct 2 1968
Name of Physician Fred P. Warlinton M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Perry Middle Willard Last Potter
Date of Birth April 4 1946
Place of Birth (State or foreign country) Petersburg Ky
Residence Address Street or R. R. City County State
RR 2 Box 141 Judges Hnd. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Works at Chevrolet

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Perry Potter
Residence of father (if deceased so state) Box 54 Jackson Ky
Occupation of father Miner Race of father W
Birthplace of father (State or foreign country) Jackson Ky.
12. Full maiden name of mother Soda Mae Bowden
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Poley Ky.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed x Perry Willard Potter

New Address RR 2 Box 141 Judges

Subscribed and sworn to before me this 5 day of Oct 1968.
John Gamble Sr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Betty Middle Jo Last Burton
Date of Birth July 25 1949
Place of Birth (State or foreign country) Russell Co Ky
Residence Address Street or R. R. City County State
3446 Clover Dr Judges Hnd. Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Rca

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Dewey Burton
Residence of father (if deceased so state) RR 2 Box 250 Russell Spring Ky
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Russell Co Ky
8. Full maiden name of mother Laura Brackett
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Russell Co Ky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Betty Jo Burton

New Address RR 2 Box 141 Judges Ind.

Subscribed and sworn to before me this 5 day of Oct 1968.
John Gamble Sr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 9 day of October, 1968, authorizing the joining together as husband and wife of Perry Willard Potter and Betty Jo Burton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William Lee Shoulders hereby certify that on the 11th day of Oct. 1968 at 3446 Clover Drive, County of Hendricks, State of Indiana, Groom Perry Willard Potter of Hendricks County, State of Indiana and, Bride Betty Jo Burton of Hendricks County, State of Indiana were by me united 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 Oct. 1968.

Signed William Lee Shoulders

Official Designation Ordained Baptist Minister

16th day of October 1968

Signed John Gamble Sr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 381
File Book 30
Oct 7 1968
Date of Application

MALE
Medical Examination Report Dated 9-26-68
Name of Physician Ritchie Coons MD

FEMALE
Medical Examination Report Dated 9-26-68
Name of Physician Ritchie Coons MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Roadway Worker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Frank E. Barnhart
Residence of father (if deceased so state) Deceased
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Montgomery Ind.
12. Full maiden name of mother Opal Lucile Broach
Residence of mother (if deceased so state) North Salem
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Mont. Co. Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed x Jerry Dean Barnhart

New Address 220 N. Mickey apt D Judge

Subscribed and sworn to before me this 7th day of Oct, 1968
John Gaudelot Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Beauty Operator

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Carl James Hicks
Residence of father (if deceased so state) North Salem
Occupation of father Factory Worker Race of father W
Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Audra Olive Wall
Residence of mother (if deceased so state) Same
Occupation of mother Factory Worker Race of mother W
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 x Linda Kay Hicks

New Address 220 N. Mickey Judge

Subscribed and sworn to before me this 7th day of October, 1968
John Gaudelot Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 11th day of October, 1968, authorizing the joining together as husband and wife of Jerry Dean Barnhart and Linda Kay Hicks.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 13th day of October, 1968, County of Putnam, I, Ray Bouton, at Roachdale, County, State of Indiana, of Hendricks, County, State of Indiana, and, Bride Linda Kay Hicks of Hendricks, County, State of Indiana, were by me united 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, 1968. Signed Ray Bouton
Official Designation Christian Minister, 1968

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of October, 1968. Signed John Gaudelot Jr Clerk Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 382
File Book 30
October 7 1968
Date of Application

MALE
Medical Examination Report Dated 10-4-68
Name of Physician Dr M. O. Scamahorn

FEMALE
Medical Examination Report Dated 10-4-68
Name of Physician Dr M. O. Scamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name First 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 Farmer - 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: Charles B. Phillips
Residence of father (if deceased so state): R.R. 1 Mooresville
Occupation of father: Truck Dr. Farmer Race of father: W
Birthplace of father (State or foreign country): Morgan Co Ind
12. Full maiden name of mother: Hazel J. McElroy
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Tazewell Co Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: Signed x Alan Robert Phillips
New Address: _____

Subscribed and sworn to before me this 7 day of Oct, 1968.
John Gamble Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 x Charles B. Phillips Father
Signed x Hazel J. Phillips Mother
Subscribed and sworn to before me this 7 day of Oct, 1968.
John Gamble Sr Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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, 1968, authorizing the joining together as husband and wife of Glen Robert Phillips and Karen Lee James
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert B. Diffie, hereby certify that on the Eleventh day of October, one thousand nine hundred and sixty-eight, at Indianapolis, County of Marion, State of Indiana, Groom: Glen Robert Phillips of Hendricks County, State of Indiana, and, Bride: Karen Lee James 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 October, 1968.

Signed: Robert B. Diffie
Official Designation: Baptist Minister
Signed: John Gamble Sr Clerk
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 16th day of October, 1968.

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Typist - Secy
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: Jerry Milton James
Residence of father (if deceased so state): Same
Occupation of father: Deceased Race of father: W
Birthplace of father (State or foreign country): Vermillion Co Ind
8. Full maiden name of mother: Marian Jean Hauchin
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Vermillion Co Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: Signed x Karen Lee James
New Address: _____

Subscribed and sworn to before me this 7 day of Oct, 1968.
John Gamble Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of: Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 383
File Book 30
October 7 1968
Date of Application

MALE
Medical Examination Report Dated Oct 2 1968
Name of Physician Dr M O Scamahorn

FEMALE
Medical Examination Report Dated Sept 11 1968
Name of Physician Dr 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, represents-

MALE APPLICANT
Name First Thomas Middle Lee Last Smith
Date of Birth Month February Day 14 Year 1947
Place of Birth (State or foreign country) Methodist Hosp.
Residence Address R R Street or R. R. Pottsboro City Hend. Co. Ind. State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Armed Services
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
Lee Smith		Pottsboro Ind.
Farmer		
Birthplace of father (State or foreign country)		Hend. Co. Ind.

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Lee Smith
Residence of father (if deceased so state) Pottsboro Ind.
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Hend. Co. Ind.
12. Full maiden name of mother June Sylvestra Hale
Residence of mother (if deceased so state) Same
Occupation of mother Grocery 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 Hendricks
Signed x Thomas Lee Smith
New Address

Subscribed and sworn to before me this 7 day of October, 1968
John Gauld Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 1968
Clerk

FEMALE APPLICANT
Name First Joyce Middle Elaine Last English
Date of Birth Month June Day 7 Year 1948
Place of Birth (State or foreign country) Methodist Hospital
Residence Address Pottsboro City Hend. Co. Ind. State
Maiden Name if Different 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 IBM
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 Herman Eugene English
Residence of father (if deceased so state) Same
Occupation of father Mill Supt. Race of father W
Birthplace of father (State or foreign country) Hend. Co. Ind.

8. Full maiden name of mother Lilian Stogstill
Residence of mother (if deceased so state) Same
Occupation of mother House wife 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 x Joyce Elaine English
New Address Same

Subscribed and sworn to before me this 7 day of Oct, 1968
John Gauld Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 1968
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and filed in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 11th day of October, 1968, authorizing the joining together as husband and wife of Thomas Lee Smith and Joyce Elaine English
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Raymond R. Ohauer hereby certify that on the 13th day of October, 1968, at Pottsboro, Hendricks County, State of Indiana, one thousand nine hundred and 68, of Hendricks County, State of Indiana, Groom Thomas Lee Smith and, Bride Joyce Elaine English were by me united 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, 1968.
Signed Raymond R. Ohauer
Official Designation Minister of the Gospel
15 day of October, 1968
Signed John Gauld Jr Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of October, 1968
Signed John Gauld Jr Clerk Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 384
File Book 30
9 October 1968
Date of Application

MALE
Medical Examination Report Dated 9 October 1968
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 9 October 1968
Name of Physician Elmer L. Koch M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name First Middle Last
Harold D. Cates
Date of Birth Month Day Year
March 16 1926
Place of Birth (State or foreign country)
Providence, Ky.
Residence Address Street or R. R. City County State
Apt 1 303 E Main Pkwy, Hend, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
62 Evansville
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Contractor: Self.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) ☒ chawlfour C 330-26136
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☒
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Sharon Sue 19
Pamela Jo 15

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father: Welby Cates.
Residence of father (if deceased so state): Deceased.
Occupation of father: — Race of father: white
Birthplace of father (State or foreign country): Providence, Ky.
12. Full maiden name of mother: Nora Ray Gamber
Residence of mother (if deceased so state): Evansville, Ind.
Occupation of mother: Retired. Race of mother: white
Birthplace of mother (State or foreign country): Providence, Ky.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed Harold D. Cates
New Address: Apt 1 303 E Main Pkwy Hend, Ind.

Subscribed and sworn to before me this 9th day of October, 1968.
John Gamberdell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name First Middle Last
Edith Jane Highfield
Date of Birth Month Day Year
October 6 1918
Place of Birth (State or foreign country)
Ind.
Residence Address Street or R. R. City County State
Apt 3 303 E Main Pkwy, Hend, Ind.
Maiden Name if Different Edith Jane Atkins.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☒ Divorce ☒ Annulment ☐
Hend. 61
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secy: Manpower.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Era Ray Atkins.
Residence of father (if deceased so state): Deceased.
Occupation of father: — Race of father: white
Birthplace of father (State or foreign country): Amg, Ind.

8. Full maiden name of mother: Freda Ruth Reeves.
Residence of mother (if deceased so state): Apt 2 303 E Main Pkwy, Hend, Ind.
Occupation of mother: Retired. Race of mother: white
Birthplace of mother (State or foreign country): Harmony, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed Edith Jane Highfield

New Address: Sam.
Subscribed and sworn to before me this 9th day of October, 1968.

John Gamberdell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued 10 October 1968 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3da Warr.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 10th day of October, 1968, authorizing the joining together as husband and wife of Harold D. Cates and Edith Jane Highfield.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence E. Fuke Jr. hereby certify that on the 12th day of October, 1968, at Brownsburg, Indiana, Groom Harold D. Cates of Vanenburg, Indiana, and, Bride Edith Jane Highfield of Hendricks, Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 12th day of October, 1968.

Signed Clarence E. Fuke Jr.
Official Designation Lincoln Township Justice 32d
Filed and recorded in accordance with the laws of the State of Indiana this 15th day of October, 1968.
Signed John Gamberdell Jr. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 385
File Book 30
Date of Application 14 October 1968

MALE

Medical Examination Report Dated 7 October 1968
Name of Physician Elmer L. Koch M.D.

FEMALE

Medical Examination Report Dated 7 October 1968
Name of Physician Elmer L. Koch M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Ronald First Carter Middle Lee Last
Date of Birth December 13 Month 1944 Day 1944 Year
Place of Birth (State or foreign country) Annalong, Co. Down, N. Ireland
Residence Address 809 S. Lincoln St., Bloomington, Monroe Street or R. St. City Bloomington County Monroe 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 Mgr. Local Finance - Bloomington
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) American Citizen
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Hester Hulien Carter
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Scottsville, Ky.
12. Full maiden name of mother Vera Elizabeth Chambers
Residence of mother (if deceased so state) Annalong, N. Ireland
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) Scottsville, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Ronald Carter
New Address 809 S. Lincoln St., Bloomington
Subscribed and sworn to before me this 14th day of October, 1968
Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Darlene First S. Middle Flynn Last
Date of Birth November 19 Month 1949 Day 1949 Year
Place of Birth (State or foreign country) Glendale, Ohio
Residence Address 630 Hawley Dr., Drills, Ind. Street or R. Dr. City Drills County Ind. State Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secy. Kings Sch. Equip.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 134-49-484
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Earl Flynn
Residence of father (if deceased so state) Same Drills, Ind.
Occupation of father Sol setter: Allstate Race of father White
Birthplace of father (State or foreign country) Bedford, Ind.
8. Full maiden name of mother Mildred Jean Burton
Residence of mother (if deceased so state) Same
Occupation of mother clerk: Danners Race of mother White
Birthplace of mother (State or foreign country) Somerset, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Darlene S. Flynn
New Address Same
Subscribed and sworn to before me this 14th day of October, 1968
Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of October, 1968, authorizing the joining together as husband and wife of Ronald Carter and Darlene S. Flynn
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, James I. Shackley, hereby certify that on the 20 day of October, 1968, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 68 of Bloomington, Monroe County, State of Indiana, Groom Ronald Carter and, Bride Darlene S. Flynn of Danville, Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 20 day of Oct., 1968. Signed James I. Shackley
Official Designation Minister, 1968.
Signed John Gamble 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. 386

File Book 30

Oct. 14 1968
Date of Application

MALE
Medical Examination Report Dated 10-7-68
Name of Physician B. J. Matthews MD

FEMALE
Medical Examination Report Dated 10-7-68
Name of Physician B. J. Matthews MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Donald Eugene Bolding
Date of Birth Month Day Year
December 09 1950
Place of Birth (State or foreign country)
Jackson Co. Tenn.
Residence Address Street or R. R. City County State
R 3 Box 331C 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 Construction Worker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

Other (Specify) Drivers License

or have you been adjudged, diagnosed or considered as:

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 ☐

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No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

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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 ☐

FEMALE APPLICANT

Name First Middle Last
Karen Sue Robling
Date of Birth Month Day Year
November 20 1950
Place of Birth (State or foreign country)
Washington Ind.
Residence Address Street or R. R. City County State
4068 E. 16th Juds 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 Cashier

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: Paul Robling

Residence of father (if deceased so state): 4068 E. 16th Juds Marion Ind.

Occupation of father: Board Health Race of father: W.

Birthplace of father (State or foreign country): Glen Indiana

8. Full maiden name of mother: Nancy DeLores Hamm

Residence of mother (if deceased so state): same

Occupation of mother: Housewife Race of mother: W.

Birthplace of mother (State or foreign country): Glen Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of: HENDRICKS

Signed: Karen Sue Robling

New Address: Box 3113C Danville

Subscribed and sworn to before me this 14 day of Oct, 1968

John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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: Nancy D. Robling Father

Signed: Nancy D. Robling Mother

Subscribed and sworn to before me this 14 day of Oct, 1968

John Gauld Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
Grand mother is legal guardian

State of Indiana, HENDRICKS } ss:

County of: HENDRICKS

Signed: Emma F. Brumby Sr Grandmother

Signed: Emma F. Brumby Sr Grandmother

Subscribed and sworn to before me this 14 day of Oct, 1968

John Gauld Sr Clerk HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of October, 1968, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lake M. Greene hereby certify that on the 19 day of October

one thousand nine hundred and 68 at Indianapolis, County of Marion

State of Indiana, Groom: Donald Eugene Bolding of Hendricks County, State of Indiana

and, Bride: Karen Sue Robling 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 19 day of October, 1968

Signed: Lake M. Greene

Official Designation: Justice of the Peace

Signed: John Gauld Sr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of October, 1968

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 386

File Book 30

Oct. 14 1968
Date of Application

MALE
Medical Examination Report Dated 10-7-68
Name of Physician B. J. Matthews MD

FEMALE
Medical Examination Report Dated 10-7-68
Name of Physician B. J. Matthews MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Donald Eugene Bolding
Date of Birth Month Day Year
December 9 1950
Place of Birth (State or foreign country)
Jackson Co. Tenn.
Residence Address Street or R. R. City County State
R 3 Box 331C 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 Construction Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

FEMALE APPLICANT

Name First Middle Last
Karen Sue Robling
Date of Birth Month Day Year
November 20 1950
Place of Birth (State or foreign country)
Washington Ind.
Residence Address Street or R. R. City County State
4068 E. 16th Judgels 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 Cashier
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 Paul Robling
Residence of father (if deceased so state) 4068 E. 16th Judgels
Occupation of father Board Health Race of father W.
Birthplace of father (State or foreign country) Greger Indiana
8. Full maiden name of mother Nancy Delores Hamm
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Greger Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Karen Sue Robling

New Address Box 3113C Danville

Subscribed and sworn to before me this 14 day of Oct, 1968
John Gamble Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Nancy D. Robling Father

Signed Nancy D. Robling Mother

Subscribed and sworn to before me this 14 day of Oct, 1968
John Gamble Jr Clerk

ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and filed directs the issuance of a marriage license to the above named parties.

MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1968, authorizing the joining together as husband and wife of Donald Eugene Bolding and Karen Sue Robling.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lake M. Greene hereby certify that on the 19 day of October, 1968, at Indianapolis, County of Marion, State of Indiana, Groom Donald Eugene Bolding of Hendricks County, State of Indiana and, Bride Karen Sue Robling 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 19 day of October, 1968.

Signed Lake M. Greene
Official Designation Justice of the Peace
22 day of October, 1968
Signed John Gamble Jr Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of October, 1968.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 387
File Bk 30
Date of Application 14 Oct, 1968

MALE

Medical Examination Report Dated Oct. 8, 1968
Name of Physician Joseph O. Glora M.D.

FEMALE

Medical Examination Report Dated Oct. 8, 1968
Name of Physician Joseph O. Glora, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First William Middle Rayborn Last
Date of Birth 12/2/1948
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 46 S. La Cade St., 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 Goodwill Industries
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 Wm. Lafayette Rayborn
Residence of father (if deceased so state) Same
Occupation of father Bridge Paper Co. Race of father W.
Birthplace of father (State or foreign country) Indpls., Ind.
12. Full maiden name of mother Ann Virginia Minton
Residence of mother (if deceased so state) Same
Occupation of mother Casa Rhodes School Race of mother W.
Birthplace of mother (State or foreign country) Indpls., Marion, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Res. William Rayborn
136 Cleveland New Address Rm 18 Box 247, Indpls.
Subscribed and sworn to before me this 14 day of Oct, 1968
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.
Fathers Notarized consent to be attached

State of Indiana, HENDRICKS } ss:
County of

Signed Ann V. Rayborn Mother
Signed John V. Rayborn Father
Subscribed and sworn to before me this 14 day of Oct, 1968
John Gambold, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued

in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of October, 1968, authorizing the joining together as husband and wife of Res. William Rayborn and Marjorie Ellen Plaster

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Frank Bunn hereby certify that on the 19th day of October, 1968, at North Salem, County of Hendricks, State of Indiana, one thousand nine hundred and 68 of Marion, County, State of Indiana, and, Bride Marjorie Plaster of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 18 day of October, 1968. Signed Frank Bunn Minister

Official Designation 23 day of October, 1968. Signed John Gambold Jr Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of October, 1968. Signed John Gambold Jr Clerk

MALE
Medical
Name of

ALL QUESTIONS
tion or pretense shall

Name William Rayborn
Date of Birth March 29 1944
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address 66 S. La Cede St. 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 Goodwill Industries
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Wm. Lafayette Rayborn
Residence of father (if deceased so state) Same
Occupation of father Bridge Paper Co. Race of father W.
Birthplace of father (State or foreign country) Indpls., Ind.
12. Full maiden name of mother Ann Virginia Miller
Residence of mother (if deceased so state) Same
Occupation of mother Home School 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 Ray William Rayborn
New Address RR#18 Box 267, Indpls.
Subscribed and sworn to before me this 14 day of Oct., 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Father Notarized consent to be attached

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed Ann V. Rayborn Mother
Subscribed and sworn to before me this 14 day of Oct., 1968
John Gambold, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____
in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court, 1968, authorizing the joining together as husband and wife of Indiana dated the 18 day of October, 1968, and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Frank Bunn, hereby certify that on the 19th day of October, 1968, at North Salem, County of Hendricks, State of Indiana, one thousand nine hundred and 68, of Marion, County, State of Indiana, and, Bride Marjorie Plasters of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County _____
Dated this 18 day of October, 1968

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968
Signed Frank Bunn Minister
John Gambold, Jr. Clerk
HENDRICKS Circuit Court

I, Wm L Rayborn, hereby give my consent for my son Rex William Rayborn to marry Margaret Ellen Plasters

Subscribed and sworn to before me this 14th day of Oct., 1968

John Gambold, Jr. Notary Public
11-13-70

Name Marjorie Ellen Plasters
Date of Birth March 29 1944
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address North Salem, Hendricks, 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 Goodwill Industries
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Hall Clayton Plaster
Residence of father (if deceased so state) Same
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Hendricks

8. Full maiden name of mother Mary Violet Morgan
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Washington Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Marjorie Ellen Plasters
New Address _____
Subscribed and sworn to before me this 14 day of Oct., 1968
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 _____, 1968
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. 388
File Book 30
Oct 14-1968
Date of Application

MALE

Medical Examination Report Dated 10-2-68
Name of Physician Walter Mc Mannis MD

FEMALE

Medical Examination Report Dated 10-2-68
Name of Physician Walter Mc Mannis MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name George Edward Carroll
Date of Birth March 3 1945
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R 3 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 Factory

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 Rufus Nathaniel Carroll
Residence of father (if deceased so state) Danville
Occupation of father Maintenance Race of father W
Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Lena Daisy Thomas
Residence of mother (if deceased so state) Danville
Occupation of mother Partick Board Race of mother W
Birthplace of mother (State or foreign country) New Mexico

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....
Signed George Edward Carroll

New Address.....

Subscribed and sworn to before me this 14 day of Oct, 1968
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 Sharon Ann Stewart
Date of Birth Oct 17 1948
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address R 1 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 Danners

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 Alfred Wayne Stewart
Residence of father (if deceased so state) North Salem
Occupation of father Self Employed Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mapie Russell
Residence of mother (if deceased so state) North Salem
Occupation of mother Housewife Race of mother W
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.
County of.....

Signed Sharon Ann Stewart

New Address.....

Subscribed and sworn to before me this 14 day of Oct, 1968
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 18 day of October, 1968, authorizing the joining together as husband and wife of George Edward Carroll and Sharon Ann Stewart.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George A. Harris hereby certify that on the 18th day of October,
one thousand nine hundred and 68 at the Danville Christian Church County of Hendricks,
State of Indiana, Groom George Edward Carroll of Hendricks County, State of Indiana
and, Bride Sharon Ann Stewart of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 18th day of October, 1968.

Signed Rev. George A. Harris

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21st 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

No. 389
File Bk. 30
13 Oct. 1968
Date of Application

MALE
Medical Examination Report Dated Oct. 14, 1968
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated Oct. 14, 1968
Name of Physician James Black, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name George H. Booker
Date of Birth Oct. 26 1921
Place of Birth (State or foreign country) Roachdale, Ind.
Residence Address 1031 Logan, Brownsburg, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Factory Allison
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Clarence Booker		Roachdale, Ind.
Mary Edith Blackiter		Putnam Co., Ind.

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clarence Booker
Residence of father (if deceased so state) Roachdale, Ind.
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) Putnam Co., Ind.
12. Full maiden name of mother Mary Edith Blackiter
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother 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.
County of _____
Signed George H. Booker
New Address Same

Subscribed and sworn to before me this 13 day of Oct., 1968
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 Opal
Date of Birth Oct. 28 1926
Place of Birth (State or foreign country) Roachdale, Ind.
Residence Address 5660 E. 30. Indpls., Marion, Ind.
Maiden Name if Different Scott
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Factory - Richardson & Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Charlie Finis Scott
Residence of father (if deceased so state) North Salem
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Celina, Tenn. Hay Co.
8. Full maiden name of mother Annabell Davis
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Celina, Tenn. Clay Co.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Opal Booker
New Address _____

Subscribed and sworn to before me this 13 day of October, 1968
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court _____
of Indiana dated the 19th day of October, 1968, authorizing the joining together as husband and wife
of George H. Booker and Opal Booker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence E. Fuke Jr. hereby certify that on the 19th day of October,
one thousand nine hundred and sixty eight at Brownsburg, County of Hendricks,
State of Indiana, Groom George H. Booker of Hendricks County, State of Indiana,
and, Bride Opal B. Booker of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 19th day of October, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed Clarence E. Fuke Jr. _____
Official Designation Justice of the Peace
John Gambold, Jr. Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 390

File BK 30

HENDRICKS County

10-17-68

Date of Application

MALE

Medical Examination Report Dated 10-5-68

Name of Physician Loren H. Martin

FEMALE

Medical Examination Report Dated 10-5-68

Name of Physician Loren H. Martin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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
May H. Safewright
Date of Birth Month Day Year
March 3 1925
Place of Birth (State or foreign country) Rushville Indiana
Residence Address Street or R. R. City County State
Rt 1 Clayton Hendricks Indiana

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Superintendent of Materials + Salesman

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
Sherman Safewright 15 Rt 1 Hendricks Ind.

- Are you supporting or contributing to their support? Yes ☒ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Sherman W. Safewright
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Canada
12. Full maiden name of mother Edna M. Palmer
Residence of mother (if deceased so state) Morgan St. Rushville Ind.
Occupation of mother unemployed 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 _____ in this application is true and correct.

Signed: x May Safewright

New Address: unknown

Subscribed and sworn to before me this 22 day of October, 1968.
John D. Amick Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Middle Last
Opal D. Basham
Date of Birth Month Day Year
March 11 1947
Place of Birth (State or foreign country) Beck Grove Indiana
Residence Address Street or R. R. City County State
840 S Maple Indianapolis Marion Indiana

Maiden Name if Different _____

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1Last 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 Charles Homer Basham
Residence of father (if deceased so state) 842 S Maple Indianapolis Ind.
Occupation of father Lin. Bell Co. Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Bonnie L. Gostager
Residence of mother (if deceased so state) 842 S Maple Indianapolis Ind.
Occupation of mother unemployed Race of mother W
Birthplace of mother (State or foreign country) Chicago Ill.

State of Indiana, Hendricks } ss: I depose and state the information given
County of _____ in this application is true and correct.

Signed: x Opal Basham

New Address: unknown

Subscribed and sworn to before me this 17 day of October, 1968.
John D. Amick Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued 10-17-68 and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties. 3 da. 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 17 day of October, 1968, 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. George G. Kimsey hereby certify that on the 19th day of October, one thousand nine hundred and 68 at Indianapolis, County of Marion, State of Indiana, Groom May H. Safewright of Hendricks County, State of Indiana, and, Bride Opal D. Basham of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 19th day of October, 1968.

Signed: Geo. G. Kimsey

Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of October, 1968.

Signed: John D. Amick Jr. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 391
File Book 30
Date of Application 17 October 1968

MALE
Medical Examination Report Dated 7 Oct 1968
Name of Physician M.O. Scamahorn M.D.

FEMALE
Medical Examination Report Dated 7 October 1968
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, representa-

MALE APPLICANT

Name Rick First Gibbons Middle Lee Last
Date of Birth October 3 Year 1945
Place of Birth Troy, Ohio
Residence Address 111 Lincoln B'burg, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Dec 67
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Machining Opr: Allison
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Draft cd 123045 194
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county 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 Dawn Age 2yr. 11 mo. Address 111 Lincoln B'burg
(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father W. L. Gibson
Residence of father (if deceased so state) 319 School B'burg, Ind.
Occupation of father Pr. Egr. Allison Race of father white
Birthplace of father (State or foreign country) Riqua, Ohio
12. Full maiden name of mother Ruth Naomi Idings
Residence of mother (if deceased so state) same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) W. Milton, Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Rick Gibbons
New Address 111 Lincoln Ave, B'burg
Subscribed and sworn to before me this 17th day of October, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Marcia First Hiner Middle Lee Last
Date of Birth April 20 Year 1949
Place of Birth Indianapolis, Ind.
Residence Address 132 Bx 198 P.H.D., Ind.
Maiden Name if Different
Previous 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: Jno Deere
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Draft cd 123045 194
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father James Gerald Hiner
Residence of father (if deceased so state) B2 P.H.D., Ind.
Occupation of father Centennial Allison of father white
Birthplace of father (State or foreign country)

8. Full maiden name of mother Ruby Evelyn McDowell
Residence of mother (if deceased so state) same
Occupation of mother H/W. 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 Marcia Hiner
New Address same
Subscribed and sworn to before me this 17th day of October, 1968
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.
in _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ authorizing the joining together as husband and wife of Indiana dated the 23 day of October, 1968
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wm O Harris hereby certify that on the 27th day of October,
one thousand nine hundred and 68 at The Ben Davis Christian Ch. County of Maion
State of Indiana, Groom Rick Gibbons of Hendricks County, State of Indiana
and, Bride Marcia Hiner of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. Dated this 23rd day of October, 1968

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed Wm O Harris
Official Designation Minister, 1968
Signed John G. Anderson Jr
Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 392
File Book 30
Oct 18 1968
Date of Application

MALE
Medical Examination Report Dated Oct 16 1968
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated Oct 16 1968
Name of Physician Eli M. Coats M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Steven William Ellis
Date of Birth May 19 1951
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address 122 N. West St. Plainfield 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 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 ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert Thomas Ellis
Residence of father (if deceased so state) 228 Shaw Plainfield
Occupation of father Parts Super. Race of father W
Birthplace of father (State or foreign country) Indiana Ind.
12. Full maiden name of mother Patricia Ann Downs
Residence of mother (if deceased so state) Florida
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Clarendale Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed William Steven Ellis
New Address 645 Vestal Lane Plainfield

Subscribed and sworn to before me this 18 day of Oct, 1968.
John Gamble Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Legal Guardian

State of Indiana, } ss:
County of HENDRICKS

Signed Clarimonde Phillips

Subscribed and sworn to before me this 18 day of Oct, 1968.
John Gamble 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 Oct 18 1968 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of October, 1968, authorizing the joining together as husband and wife William Steven Ellis and Susan Barbara Lucarelli.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ira J. Goodman hereby certify that on the 18 day of October, one thousand nine hundred and 68 at Plainfield, County of Hendricks, State of Indiana, Groom Steven Ellis of Hendricks County, State of Indiana and, Bride Susan Lucarelli of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 18 day of October, 1968.

Signed Ira J. Goodman

Official Designation _____

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of October, 1968.

Signed John Gamble Clerk
HENDRICKS Circuit Court

Form Pre
Indiana State
Health under Authority
Chap. 126, Ind. Acts 1905

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File Bank 30Oct 19 1968
Date of Application

MALE

Medical Examination Report Dated October 4 1968Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated October 4 1968Name 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 Wayne Benham
Date of Birth October 20 1948
Place of Birth (State or foreign country) Batesville Ind.
Residence Address 137 Lincoln Ave. 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 Carmy HoodDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) S.S. 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
Chancy Benham		

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert Edward Newman
Residence of father (if deceased so state) Versailles Ind.
Occupation of father Lincoln Buyer Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Ruth Powers
Residence of mother (if deceased so state) Same
Occupation of mother Restaurant Owner 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 David Wayne BenhamNew Address 210 W. Main Danville

Subscribed and sworn to before me this 19 day of Oct, 1968
John Gaudelot Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

attached

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Valerie Sue Newman
Date of Birth December 18 1949
Place of Birth (State or foreign country) Charleston W. Va.
Residence Address RR 2 Zionsville Ind.
Maiden Name if Different Borne Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation StudentDate 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 Robert Edward Newman
Residence of father (if deceased so state) Zionsville Ind.
Occupation of father Gen. Construct. Race of father W
Birthplace of father (State or foreign country) W. Va.

8. Full maiden name of mother Virginia Mae Pittman
Residence of mother (if deceased so state) Same
Occupation of mother Cook Race of mother W
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 Valerie Sue NewmanNew Address 210 W. Main DanvilleSubscribed and sworn to before me this 19 day of Oct, 1968John Gaudelot Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 23rd day of October, 1968, authorizing the joining together as husband and wife David Wayne Benham and Valerie Sue Newman. Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George A. Harris hereby certify that on the 4th day of November, 1968, at The Danville Christian Church, County of Hendricks, State of Indiana, Groom David Wayne Benham of Hendricks County, State of Indiana, and, Bride Valerie Sue Newman 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 4th day of November, 1968.

Signed Rev. George A. HarrisOfficial Designation MinisterSigned John Gaudelot ClerkHENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of November, 1968.

Form Presc
Indiana Sta
Health und
Chap. 126, 1

APPLICATION FOR MARRIAGE LICENSE

We the parents of David Benham age 19, hereby give our consent
for this marriage.

MAI
Medi
Examination Report Dated
Name of Physician James B. B. B.

FEMALE
Medical Examination Report Dated
Name of Physician Ruth Benham
Ruth Benham

ALL QUESTIONS MUST BE ANSWERED. Check
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Name

Date of Bi

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State of

County

HENDRICKS

Signed

Address

Subscri

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary

attached

State of Indiana,

County of

HENDRICKS

Signed

Father

Signed

Mother

Subscribed and sworn to before me this

day of

19

Clerk

State of Indiana,

County of

HENDRICKS

Signed

Father

Signed

Mother

Subscribed and sworn to before me this

day of

19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County

Court by written order issued

and filed

in

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

HENDRICKS

Circuit Court

of Indiana dated the

23rd

day of

October

1968,

authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, George A. Harris

hereby certify that on the

4th

day of

November

one thousand nine hundred and

68

at The Danville Christian Church, County of Hendricks,

State of Indiana, Groom David Wayne Benham of Hendricks

County, State of Indiana

and, Bride Valerie Sue Newman 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

Dated this

4th

day of

November

1968.

Signed

Rev. George A. Harris

Official Designation

Minister

Filed and recorded in accordance with the laws of the State of Indiana this

6th

day of

November

1968.

Signed

John Gamble Jr.

Clerk

HENDRICKS

Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 396
File Bk 30
10-19-68
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 10-18-68
Name of Physician Allen Baker

FEMALE
Medical Examination Report Dated 10-18-68
Name of Physician Allen Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name James E. Smith
Date of Birth March 22 1931
Place of Birth (State or foreign country) Indiana
Residence Address RR #1, Owen County, Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Photographer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Temporary Driving Permit

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☒
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
James A. Smith	12	R.R. 2, Cambridge, Indiana
Randall Lee Smith	11	
Steven Joe Smith	4	

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Walter C. Smith
Residence of father (if deceased so state) Bohling Hill, Ind.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Cora Okey
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 in this application is true and correct.

Signed James E. Smith
New Address RR #1, Owen County, Ind.

Subscribed and sworn to before me this 19 day of October, 1968.
John Hamboldt Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Mary Alice Nelson
Date of Birth February 15 1915
Place of Birth (State or foreign country) Indiana
Residence Address 512 Poplar Dr., Owen County, Indiana
Maiden Name if Different Fish

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 Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driving 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 Lawrence D. Kirk
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Alta Pearl Brown
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 in this application is true and correct.

Signed Mary Alice Nelson
New Address same

Subscribed and sworn to before me this 19 day of October, 1968.
John Hamboldt Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued _____
_____ County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1968, authorizing the joining together as husband and wife of Indiana dated the 23 day of October and Mary Alice Nelson

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, David A. Harker hereby certify that on the 25th day of October, 1968, County of Hendricks, State of Indiana, Groom James E. Smith of Putnam County, State of Indiana and, Bride Mary Alice Nelson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 25th day of October, 1968.
Signed David A. Harker
Official Designation Minister, Rutledge Christian Church, 1968.
Signed John Hamboldt 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. 396
File Book 30
19 October 1968
Date of Application

MALE
Medical Examination Report Dated 25 September 1968
Name of Physician Alvin D. Schaaf M.D.

FEMALE
Medical Examination Report Dated 25 September 1968
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 Wilbur E. Norwood
Date of Birth December 16, 1930
Place of Birth Huntington, Ind.
Residence Address 151 S. Main St., Huntington, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
571 Huntington, Ind. 68 Beane
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Const. Supt. Williams-Beck
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dries Inc. 11630-30-496

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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
Donald Eugene Norwood	38	Huntington, Ind.
Retired		Wabash, Ind.
12a		Fuhrer
Residence of mother (if deceased so state)		Deceased
Occupation of mother		White
Birthplace of mother (State or foreign country)		Beane, 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 Eugene Norwood
Residence of father (if deceased so state): 388 Huntington, Ind.
Occupation of father: Retired Race of father: White
Birthplace of father (State or foreign country): Wabash, Ind.
12. Full maiden name of mother: 12a Fuhrer
Residence of mother (if deceased so state): Deceased
Occupation of mother: — Race of mother: White
Birthplace of mother (State or foreign country): Beane, Ind.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Wilbur E. Norwood
New Address 112 Ladoga, Ind.
Subscribed and sworn to before me this 19th day of October, 1968
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
County Court by written order issued 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 23rd day of October, 1968, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, T. A. Robinson hereby certify that on the 26th day of October,
one thousand nine hundred and 68 at Beane, County of Beane
State of Indiana, Groom Wilbur E. Norwood of Hendricks County, State of Indiana
and, Bride Louise R. 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 23rd day of October, 1968.

Signed T. A. Robinson
Official Designation Justice of the Peace
Filed and recorded in accordance with the laws of the State of Indiana this 13th day of November, 1968.
Signed John Gansbold Jr Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Louise R. Williams
Date of Birth February 1, 1936
Place of Birth Jefferson Co., Ky.
Residence Address 323x26A Ladoga, Mart. Ind.
Maiden Name if Different Louise Renfrow
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
323x26A, Ky 65
Color or Race White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife

- Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. L. C. W 452-549-734-086
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
 4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
 5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Fred Renfrow
Residence of father (if deceased so state): Deceased
Occupation of father: — Race of father: White
Birthplace of father (State or foreign country): Butler Co., Ky.
8. Full maiden name of mother: Eva Renfrow
Residence of mother (if deceased so state): 2305 Rockford, Louisville, Ky.
Occupation of mother: H/W Race of mother: White
Birthplace of mother (State or foreign country): Ohio Co., Ky.

State of Indiana, } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Louise R. Williams
New Address 19th S. Ladoga
Subscribed and sworn to before me this 19th day of October, 1968
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, } 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. 397
File 0130
Date of Application 10-19-68

MALE

Medical Examination Report Dated 10-16-68
Name of Physician Robert K. Vitay

FEMALE

Medical Examination Report Dated 10-16-68
Name of Physician Robert K. Vitay

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First William Middle C. Last Parks
Date of Birth Month March Day 9 Year 1926
Place of Birth (State or foreign country) Claytons Indiana
Residence Address Street or R. R. Claytons Indiana
City County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or
home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(a) List their full names, ages and addresses
Charles Day 19 } Claytons Ind.
Charles Terry 10 }
Wanda Lail 10 }
Richard William 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 Williams Earl Parks
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lula Mae Dickerson
Residence of mother (if deceased so state) Claytons Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given
County of _____ in this application is true and correct.

Signed x William C. Parks
New Address Claytons Ind.

Subscribed and sworn to before me this 19 day of Oct. 1968
John Gambell Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

FEMALE APPLICANT

Name First Peggy Middle M. Last Slattery
Date of Birth Month September Day 26 Year 1929
Place of Birth (State or foreign country) Claytons Indiana
Residence Address Street or R. R. Claytons Indiana
City County State
Maiden Name if Different Southett
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Clerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Albert David Southett
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Jane Nelson
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 _____ in this application is true and correct.

Signed x Peggy M. Slattery
New Address same

Subscribed and sworn to before me this 19 day of Oct. 1968
John Gambell Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
_____ Court by written order issued _____ and filed
_____ County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 26 day of October, 1968, authorizing the joining together as husband and wife
of William C. Parks and Peggy M. Slattery

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, M. S. Rogers, hereby certify that on the 2nd day of November
at Indianapolis, County of Marion

one thousand nine hundred and 68, of Hendricks County, State of Indiana
State of Indiana, Groom William C. Parks of Marion County, State of Indiana
and, Bride Peggy M. Slattery

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks
County.

Dated this 2nd day of November, 1968. Signed M. S. Rogers
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of November, 1968.
Signed John Gambell Jr Clerk Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 398
File Book 30
Date of Application 19 October 1968

MALE
Medical Examination Report Dated 19 October 1968
Name of Physician A. M. Scudder M.D.

FEMALE
Medical Examination Report Dated 19 October 1968
Name of Physician A. M. 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 Edgar R. Hand
Date of Birth October 13, 1940
Place of Birth Pittsboro, Ind.
Residence Address Lizton, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Carpenter: Everett Handred
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Charles L 530-40053
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Emerald Arthur Hand
Residence of father (if deceased so state) Lizton, Ind.
Occupation of father Custodian, Liz. HS. Race of father white
Birthplace of father (State or foreign country) Brownsburg, Ind.
12. Full maiden name of mother Adelpha Marie Tharpe
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ 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.
County of _____

Signed Edgar R. Hand
New Address 244 E Main St, Drift
Subscribed and sworn to before me this 19th day of October, 1968
Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Maureen Lucille Pirylo
Date of Birth October 24, 1947
Place of Birth Minneapolis, Minn.
Residence Address 244 E Main Danville, Hendricks, Ind.
Maiden Name if Different Maureen L. Moore
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 Assembler: RCA
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 1072
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Henry Moore
Residence of father (if deceased so state) Hightstown, N.J.
Occupation of father Super. Treat. times Race of father white
Birthplace of father (State or foreign country) Minneapolis, Minn.
8. Full maiden name of mother Lucille Mary Culhan
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Minneapolis, Minn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Maureen Lucille Pirylo
New Address Same
Subscribed and sworn to before me this 19th day of October, 1968
Clerk John Gamble HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
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 19 October 1968 and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties. 3da Warr

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 19th day of October, 1968, authorizing the joining together as husband and wife of Edgar R. Hand and Maureen Lucille Pirylo.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence E. Duke Jr. hereby certify that on the 19th day of October, one thousand nine hundred and sixty eight at Brownsburg, County of Hendricks, State of Indiana, Groom Edgar R. Hand of Hendricks County, State of Indiana and, Bride Maureen Lucille Pirylo of Hendricks County, State of Indiana were by me united 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 October, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1968.

Signed Clarence E. Duke Jr.
Official Designation Lincoln Township Justice of the Peace
Signed John Gamble Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 399
File BK 30
10-24-68
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 10-23-68
Name of Physician Wm Arbuckle

FEMALE
Medical Examination Report Dated 10-23-68
Name of Physician Wm Arbuckle

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Ray Whitaker
Date of Birth March 23 1930
Place of Birth (State or foreign country) Dayton Ohio
Residence Address BX 191 R#2 Danville Hendricks Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Employed at Danvers 5410 Store Danville

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Alton B. Whitaker Jr.
Residence of father (if deceased so state) BX 191 R#2 Danville Ind
Occupation of father Mill Foreman Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Charlotte Louise Solomon
Residence of mother (if deceased so state) BX 191 R#2 Danville
Occupation of mother Payroll Personnel Race of mother W
Birthplace of mother (State or foreign country) Dayton Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Norman Ray Whitaker

New Address BX 191 R#2 Danville Ind

Subscribed and sworn to before me this 24 day of Oct, 1968.
John Paulick Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this 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 X Alton B. Whitaker Jr. Father
Signed Charlotte Whitaker Mother

Subscribed and sworn to before me this 24 day of October, 1968.
John Paulick Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, and filed _____ Court by written order issued _____
County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 29th day of October, 1968, authorizing the joining together as husband and wife of Norman Ray Whitaker and Rita May Blair.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. Alan Brockman hereby certify that on the 2nd day of November, 1968, at Knights town, County of Hendricks, State of Indiana, one thousand nine hundred and sixty eight of Hendricks County, State of Indiana, and, Bride Rita M. Blair of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 2nd day of November, 1968.

Signed C. Alan Brockman
Official Designation Minister
Date 5th day of November, 1968.
Signed John Paulick 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. 400
File Bk 30
10-26-68
Date of Application

MALE
Medical Examination Report Dated 10-22-68
Name of Physician Eleanor H. Deal, M.D.

FEMALE
Medical Examination Report Dated 10-22-68
Name of Physician Eleanor H. Deal, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Jeffory L. Smith
Date of Birth Jan. 23 1946
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address RR #8, Box 341C, 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 General Motors
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 Amos L. Smith
Residence of father (if deceased so state) Same
Occupation of father Carpenter Race of father W.
Birthplace of father (State or foreign country) Blue Springs, Ky.
12. Full maiden name of mother Anna Lois Judd
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Covington, Ky.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Jeffory L. Smith
New Address 4925 W. 15th Spedway Ind.
Subscribed and sworn to before me this 26 day of Oct., 1968
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 Judith K. Miller
Date of Birth Oct. 27 1945
Place of Birth (State or foreign country) Olney, Ill.
Residence Address 4925 West 15th, Spedway, Marion, 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 La Rue Carter Memorial Hospital
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 Ralph H. Miller
Residence of father (if deceased so state) Olney, Ill.
Occupation of father Carpenter Race of father W.
Birthplace of father (State or foreign country) The Bend, Ill.
8. Full maiden name of mother Ester M. Kinder
Residence of mother (if deceased so state) Olney, Ill.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) The Bend, Ill.
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Judith K. Miller
New Address 4925 W. 15th Spedway Ind.
Subscribed and sworn to before me this 26 day of Oct., 1968
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 31 day of October, 1968, authorizing the joining together as husband and wife of Jeffory L. Smith and Judith K. Miller.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald E. Riggs, hereby certify that on the Second day of November, one thousand nine hundred and 68, at Indianapolis, County of Marion, State of Indiana, Groom Jeffory L. Smith of Hendricks County, State of Indiana, and, Bride Judith K. Miller of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this Second day of November, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of November, 1968.

Signed Donald E. Riggs
Official Designation Minister
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 401

File Book 30

Oct 26 1968
Date of Application

MALE

Medical Examination Report Dated 10-15-68

Name of Physician A. N. Scudder

FEMALE

Medical Examination Report Dated 10-15-68

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, representa-

MALE APPLICANT

Name First Middle Last
Merrill B. Brunner
Date of Birth Month Day Year
October 11 1948
Place of Birth (State or foreign country)
Crawfordsville
Residence Address Street or R. R. City County State
110 Franklin Brownburg Ind. 2nd.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Make Eng. Parts
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree
☒ Other (Specify) S.S. Card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <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 Walter Donald Brunner
Residence of father (if deceased so state) RR 2 Box 28 Jamestown
Occupation of father Carpenter Race of father W
Birthplace of father (State or foreign country) Ingalls Ind.
12. Full maiden name of mother Alma Marie Eaglin
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Dupes Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed x Merrill B. Brunner
New Address 110 Franklin apt 9 Brownburg
Subscribed and sworn to before me this 26 day of Oct 1968
John Gaudreault Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 x Walter D. Brunner Father
Signed x Alma Marie Brunner Mother
Subscribed and sworn to before me this 26 day of Oct 1968
John Gaudreault Jr Clerk

FEMALE APPLICANT

Name First Middle Last
Sandra Marie Hensley
Date of Birth Month Day Year
July 17 1949
Place of Birth (State or foreign country)
Betchfield
Residence Address RR 1 Street or R. R. City County State
Brownburg Ind. 2nd.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Typist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered 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 William S. Hensley
Residence of father (if deceased so state) RR 1 Brownburg
Occupation of father Mechanic Race of father W
Birthplace of father (State or foreign country) Liberty, Tenn.
8. Full maiden name of mother Mary J. Vieira
Residence of mother (if deceased so state) Same
Occupation of mother Cleaners - part time Race of mother W
Birthplace of mother (State or foreign country) Winter, Calif.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed x Sandra Marie Hensley
New Address 110 Franklin B'burg
Subscribed and sworn to before me this 26 day of Oct 1968
John Gaudreault Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____ 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of October 1968, authorizing the joining together as husband and wife of Merrill B. Brunner and Sandra Marie Hensley.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick hereby certify that on the 2nd day of November one thousand nine hundred and sixty-eight at Brownburg County of Hendricks State of Indiana, Groom Merrill B. Brunner of Hendricks County, State of Indiana and, Bride Sandra M. Hensley of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 2nd day of November 1968.
Signed Lester B. Yearick
Official Designation Minister
8th day of November 1968.
Signed John Gaudreault 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. 402
File Book 30
10-29-68
Date of Application

MALE

Medical Examination Report Dated 10-26-68
Name of Physician A. H. Sudder M.D.

FEMALE

Medical Examination Report Dated 10-26-68
Name of Physician A. H. Sudder M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Richard Middle K. Last Henline
Date of Birth Month July Day 23 Year 1930
Place of Birth (State or foreign country) Logansport, Ind.
Residence Address P.O. Box 32, Brownsville, Ind.
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Indiana Gas

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Joseph W.	8	same as father
David K.	6	father

- 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: Raymond Ray Henline
Residence of father (if deceased so state): Cicero Ind.
Occupation of father: Retired Race of father: W
Birthplace of father (State or foreign country): Huntington Co Ind.
12. Full maiden name of mother: Cora Hinely
Residence of mother (if deceased so state): deceased
Occupation of mother: Race of mother: W
Birthplace of mother (State or foreign country): Huntington Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: Richard K. Henline

New Address: 315 N. Green Brownsville

Subscribed and sworn to before me this 29 day of Oct, 1968.

John Gamble, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Betty Middle J. Last Vaughn
Date of Birth Month January Day 2 Year 1929
Place of Birth (State or foreign country) Washington
Residence Address 4740 Cotton Judges Marion Ind.
Maiden Name if Different Healy

Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Western Electric

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Hugh Healy
Residence of father (if deceased so state): Evansville Ind.
Occupation of father: Race of father: W
Birthplace of father (State or foreign country): Daviess Co Ind.

8. Full maiden name of mother: Margaret Brown
Residence of mother (if deceased so state): Washington Ind.
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Daviess Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: Betty J. Vaughn

New Address: 315 N. Green Brownsville

Subscribed and sworn to before me this 29 day of Oct, 1968.

John Gamble, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 29 day of October, 1968, authorizing the joining together as husband and wife of Richard K. Henline and Betty J. Vaughn.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence E. Fulke Jr. hereby certify that on the 4th day of November, one thousand nine hundred and Sixty eight, at Brownsville, County of Hendricks, State of Indiana, Groom: Richard K. Henline of Hendricks County, State of Indiana, and, Bride: Betty J. Vaughn of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 4th day of November, 1968.

Signed: Clarence E. Fulke Jr.

Official Designation: Lincoln Twp. Justice of the Peace

8th day of November, 1968.

Signed: John Gamble, Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 403
File Book 30
Date of Application 30 October 1968

MALE
Medical Examination Report Dated 25 October 1968
Name of Physician M.O. Scamahan M.D.

FEMALE
Medical Examination Report Dated 25 October 1968
Name of Physician M.O. Scamahan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Samuel F. Hatcher Jr.
Date of Birth November 25, 1948
Place of Birth Lebanon, Ind.
Residence Address 47 N. G. Line Rd., Clermont, Marion, Ind.
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages _____
Last Marriage Ended _____
Color or Race _____
Usual Occupation B
Date of birth verified by _____
☒ Other (Specify) _____
1. Are you now or have you ever been an imbecile?
2. Are you under guardianship?
3. Are you now or have you ever been home for indigent?
4. Are you afflicted with any mental disease?
5. Are you related to any person who is an imbecile?
6. Are you now under any legal disability?
7. Are you now under any legal restraint?
8. Are you able to support yourself?
9. Are you likely to support yourself?
10. Do you have minor children?
(If yes, answer question (a) List their full names

FEMALE APPLICANT
Name Patricia A. Heagy
Date of Birth March 17, 1952
Place of Birth Lebanon, Ind.
Residence Address Pittsboro, Hendricks, Ind.
Maiden Name if Different _____

State of Indiana
County of Hendricks

We, Raymond L. Heagy and Ruth E. Heagy, parents of Patricia Ann Heagy, age 16, hereby consent to the marriage of Patricia Ann Heagy to Samuel F. Hatcher, Jr. of Marion County, Indiana. We further state that we reside in Hendricks County, Indiana.

Raymond L. Heagy
Raymond L. Heagy, Father

Ruth E. Heagy
Ruth E. Heagy, Mother

Sworn and subscribed to this 29 day of October, 1968, in Pittsboro, Hendricks County, Indiana.

Chester V. Parker
Chester V. Parker, Notary

My commission expires January 6, 1969.

FILED

OCT 30 1968

John Gambold Jr.
CLERK HENDRICKS COUNTY SUPERIOR

New
Subscribed and sworn to
John Gambold Jr.
CONSENT OF PARENTS
We, the parents, of the above named persons, state facts which
dated
State of Indiana, _____
County of _____
Signed _____
Signed _____
Subscribed and sworn to

COMPLETE IF
in _____

Be
of Indiana dated _____
Be it further rem
I, _____

one thousand nine hundred and sixty eight
State of Indiana, Groom Samuel F. Hatcher Jr. of Hendricks County, State of Indiana
and, Bride Patricia A. Heagy of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this Fifteenth day of November, 19 68.

Signed David A. Harber
Official Designation Minister, Pittsboro Christian Church
day of November, 19 68
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 _____.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 403
File Book 30
Date of Application 30 October 1968

MALE
Medical Examination Report Dated 25 October 1968
Name of Physician M.O. Scamahan M.D.

FEMALE
Medical Examination Report Dated 25 October 1968
Name of Physician M.O. Scamahan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Samuel F. Hatcher Jr.
Date of Birth November 25 1948
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address 47 N. G. Lane Rd., Clermont, Marion, Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death
Color or Race White ☒ Negro
Usual Occupation Baker
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. H.C.

FEMALE APPLICANT
Name Patricia A. Heagy
Date of Birth March 17 1952
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address Pittsburg, Ind.
Maiden Name If Different

- Are you now or have you been adjudged an imbecile?
- Are you under guardianship as to person?
- Are you now or have you been adjudged insane?
- Are you afflicted with a transmissible disease?
- Are you related to the bride or groom?
- Are you now under the influence of intoxicating liquors?
- Are you now under the influence of narcotic drugs?
- Are you able to support a family?
- Are you likely to so continue?
- Do you have minor children from a former marriage?

(a) List their full names, ages, and residences.
Name
(b) Are you supporting or contributing to the support of the bride or groom?
(c) Are you complying with the laws of the State of Indiana regarding the support of the bride or groom?
11. Full name of father: Samuel F. Hatcher Sr.
Residence of father (if deceased):
Occupation of father:
Birthplace of father (State or foreign country):
12. Full maiden name of mother:
Residence of mother (if deceased):
Occupation of mother:
Birthplace of mother (State or foreign country):

State of Indiana, HENDRICKS
County of
Signed
New Address
Subscribed and sworn to before me
John F. Hatcher

CONSENT OF PARENTS, PARTIES
We, the parents, of this applicant, do hereby consent to the marriage of the above named parties, and we sign, state facts which render the consent valid.
dated 23 October 1968
State of Indiana, HENDRICKS
County of
Signed
Signed
Subscribed and sworn to before me
COMPLETE IF MARRIED
in

Be It Remembered that on this 23 day of October, 1968, at Lebanon, State of Indiana, I, David A. Harber, Minister of the Gospel, of the said State of Indiana, Groom, and, Bride, Patricia A. Heagy, were by me united 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 October, 1968.

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of November, 1968.
Signed John F. Hatcher Jr. Clerk
HENDRICKS Circuit Court

We Samuel F. Hatcher, Sr. and Virginia L. Hatcher, the parents of Samuel F. Hatcher, Jr., give consent to the marriage of Samuel F. Hatcher, Jr. to Patricia A. Heagy.

FILED

OCT 30 1968

John F. Hatcher Jr.
CLERK HENDRICKS COUNTY SUPERIOR

Samuel F. Hatcher Sr.
Samuel F. Hatcher, Sr.
Virginia L. Hatcher
Virginia L. Hatcher

State of Indiana
County of Marion
Subscribed and Sworn to me
this 23 day of October 1968.

David A. Harber
Notary Public

6-25-71
My commission expires

County, State of Indiana, HENDRICKS
Signed David A. Harber
Official Designation Minister, Pittsburg Christian Church
day of November, 1968.
Signed John F. Hatcher Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 404
File BK 30
Date of Application 10-30-68

MALE
Medical Examination Report Dated 10-29-68
Name of Physician Allen Balser

FEMALE
Medical Examination Report Dated 10-29-68
Name of Physician Allen Balser

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Albert B. Nordmeyer
Date of Birth December 5 1917
Place of Birth (State or foreign country) Cincinnati Ohio
Residence Address 218 BX 139 Snaps, Hendricks Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Chauffeur License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
1		
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 Albert Bernard Nordmeyer
Residence of father (if deceased so state) deceased
Occupation of father mechanic Race of father w
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Carey Meyer
Residence of mother (if deceased so state) deceased
Occupation of mother housewife Race of mother w
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed x Albert B. Nordmeyer
New Address R#18 BX 139 Snaps.

Subscribed and sworn to before me this 30 day of October, 1968
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 Thelma A. Firth
Date of Birth December 3 1913
Place of Birth (State or foreign country) Louisville Kentucky
Residence Address 2469 Madison St. Cincinnati Ohio
Maiden Name if Different Miller
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 Office worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Operator License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Edas Miller
Residence of father (if deceased so state) deceased
Occupation of father Coal miner Race of father w
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Clara Belle Hardin
Residence of mother (if deceased so state) deceased
Occupation of mother Housewife Race of mother w
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed x Thelma A Firth
New Address same

Subscribed and sworn to before me this 30 day of October, 1968
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 4 day of November, 1968, authorizing the joining together as husband and wife of Albert B. Nordmeyer and Thelma A. Firth
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence A. Hendrickson hereby certify that on the 6 day of Nov, one thousand nine hundred and 68 at Ludlow Ind, County of Marion, State of Indiana, Groom Albert B. Nordmeyer of Marion County, State of Ind. and, Bride Thelma A. Firth of Hamilton County, State of Ohio were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 6 day of Nov, 1968.

Signed Clarence W. Hendrickson
Official Designation Justice of Peace
Filed and recorded in accordance with the laws of the State of Indiana this 8th day of November, 1968.
Signed John Gambold Jr Clerk HENDRICKS Circuit Court