

Form 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 31  
10-14-69  
Date of Application

## MALE

Medical Examination Report Dated 10-4-69

Name of Physician Leon Ryack M.D.

## FEMALE

Medical Examination Report Dated 10-4-69

Name of Physician Leon Ryack M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Frank Lyon  
Date of Birth Month Day Year  
4 5 1942  
Place of Birth (State or foreign country)  
Lincoln Nebraska  
Residence Address Street or R. R. City County State  
52 West 4th St. 4th Boston Suffolk 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 Musician

Date of birth 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: Bernard Frank Lyon  
Residence of father (if deceased so state): 255 E. Utah St. Okla Springs  
Occupation of father: Mechanic Race of father: white  
Birthplace of father (State or foreign country): Montana  
12. Full maiden name of mother: Ida Emily Menard  
Residence of mother (if deceased so state): same  
Occupation of mother: Housewife Race of mother: white  
Birthplace of mother (State or foreign country): Iowa

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

New Address

Subscribed and sworn to before me this 17th day of Oct, 1969  
John Hambel Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1969  
Clerk

## FEMALE APPLICANT

Name First Middle Last  
Sandra Lee Johnston  
Date of Birth Month Day Year  
7 18 1947  
Place of Birth (State or foreign country)  
Butler Penn  
Residence Address Street or R. R. City County State  
431 Thorne Dr Brownsburg Hendricks 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 Postcard Writer

Date of birth 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 D Johnston  
Residence of father (if deceased so state): same  
Occupation of father: Mechanic Race of father: white  
Birthplace of father (State or foreign country): Penn
- Full maiden name of mother: Berge Althea Henry  
Residence of mother (if deceased so state): same  
Occupation of mother: Housewife Race of mother: white  
Birthplace of mother (State or foreign country): Penn

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

Signed: Sandra Lee Johnston

New Address

Subscribed and sworn to before me this 17th day of Oct, 1969  
John Hambel Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 1969  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Court by written order issued 10-17-69 and filed  
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Waiver

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of October, 1969, authorizing the joining together as husband and wife of Bernard Frank Lyon and Sandra Lee Johnston.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearick hereby certify that on the 19th day of October, one thousand nine hundred and sixty-nine, at Brownsburg, County of Indiana, State of Indiana, Groom Bernard Frank Lyon of Suffolk County, State of Massachusetts and, Bride Sandra Lee Johnston of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 22nd day of October, 1969.

Signed: Lester B. Yearick

Official Designation: Clergyman

23 day of October, 1969

Signed: John Hambel Jr. Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of October, 1969



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 397

File Book 31

10-18-69

Date of Application

MALE

Medical Examination Report Dated 10-17-69

Name of Physician Glen Baker, M.D.

FEMALE

Medical Examination Report Dated 10-17-69

Name of Physician Glen 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-

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

MALE APPLICANT

Name First Charles Middle W. Last Parker  
Date of Birth Month 2 Day 22 Year 1935  
Place of Birth (State or foreign country) Monter  
Residence Address Street or R. R. 1034 S. Lynn City Indianapolis State Indiana  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☐ Negro ☐ Other ☐ (specify) Caucasian 1967  
Usual Occupation Warehouse - Midwest Food Center  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) P626-35102 - Unrevoked 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  
Harris Parker 6 Downing, California  
Michael Charles Parker 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 Cecil J. Parker  
Residence of father (if deceased so state) same  
Occupation of father Mechanic Race of father white  
Birthplace of father (State or foreign country) Arkansas  
12. Full maiden name of mother Lola May McWhorter  
Residence of mother (if deceased so state) same  
Occupation of mother housewife Race of mother white  
Birthplace of mother (State or foreign country) Arkansas

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

Signed Charles W. Parker  
New Address RR 3 Box 83 Danville

Subscribed and sworn to before me this 18 day of October, 1969  
John Hancock Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

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

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

FEMALE APPLICANT

Name First Betty Middle L. Last Carey  
Date of Birth Month 1 Day 10 Year 1934  
Place of Birth (State or foreign country) Brownsburg  
Residence Address R#3 Box 83 City Indianapolis State Indiana  
Maiden Name if Different Sandusky  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☐ Negro ☐ Other ☐ (specify) 1968  
Usual Occupation Sec - Area Community School  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) T500-34050 - Unrevoked 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 Sylvester Earl Sandusky  
Residence of father (if deceased so state) deceased  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Indiana  
8. Full maiden name of mother Velma Carey  
Residence of mother (if deceased so state) deceased  
Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Indiana

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

Signed Betty L. Carey  
New Address RR 3 Box 83 Danville, Ind.

Subscribed and sworn to before me this 18 day of October, 1969  
John Hancock Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day 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 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 October, 1969, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Charles W. Parker and Betty L. Carey

1, \_\_\_\_\_ hereby certify that on the 24th day of October, 1969, at Madison, County of Jefferson, State of Indiana

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

State of Indiana, Groom Charles W. Parker of \_\_\_\_\_

and, Bride Betty L. Carey 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 24th day of October, 1969. Signed Malcolm Shields  
Official Designation 38a day of October, 1969 Clerk  
Signed \_\_\_\_\_ Hendricks Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 398  
File Book 31  
Date of Application October 18, 1969

MALE  
Medical Examination Report Dated October 16, 1969  
Name of Physician P. A. Beardsley, Jr.

FEMALE  
Medical Examination Report Dated Oct. 13, 1969  
Name of Physician Carl L. 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 George Ellis Stone  
Date of Birth June 29 1947  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. #1 Michigantown City Clinton State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher - Clinton Cent. H.S.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver's license

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

Name Age Address

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

11. Full name of father George Ellis Stone, Sr.  
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 Carnella Kessinger  
Residence of mother (if deceased so state) 136 Vine - Plainfield  
Occupation of mother unemployed Race of mother W  
Birthplace of mother (State or foreign country) West Virginia

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

Signed George Ellis Stone

New Address R.R. #1 Michigantown

Subscribed and sworn to before me this 18 day of October, 1969.  
Clerk John G. Gault HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:  
County of HENDRICKS

Signed..... Father

Signed..... Mother

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

Clerk.....

FEMALE APPLICANT

Name Rebecca Ann Shrum  
Date of Birth April 7 1949  
Place of Birth (State or foreign country) Indiana  
Residence Address 411 So. Carr City Plainfield 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 - 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 Warren Millerson Shrum, Sr.

Residence of father (if deceased so state) same

Occupation of father livestock broker Race of father W

Birthplace of father (State or foreign country) Missouri

8. Full maiden name of mother Maryann Elizabeth Robertson

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

Signed Rebecca Ann Shrum

New Address R.R. #1 Michigantown

Subscribed and sworn to before me this..... day of October, 1969

Clerk John G. Gault HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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..... Court by written order issued..... and filed  
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court  
of Indiana dated the 22nd day of October, 1969, 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 25th day of October

one thousand nine hundred and 69 at Plainfield, County of Hendricks

State of Indiana, Groom George Ellis Stone of Clinton County, State of Indiana

and, Bride Rebecca Ann Shrum of Hendricks County, State of Indiana

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

Dated this 25th day of October, 1969

Signed Robert F. DeLong

Official Designation Clergyman

Signed John G. Gault Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of October, 1969



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 399  
File Book 31  
10-20-69  
Date of Application

MALE  
Medical Examination Report Dated 10-14-69  
Name of Physician Dr. Irving Cohen

FEMALE  
Medical Examination Report Dated 10-14-69  
Name of Physician Dr. 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, representa-

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

MALE APPLICANT

Name First Howard Middle McDonnell Last Leach  
Date of Birth Month 1 Day 24 Year 1913  
Place of Birth (State or foreign country) Greenwood  
Residence Address 427 Avon Ave Street or R. R. Plainfield City Indiana State Indiana  
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☐ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Sales Work - Roschnick Co.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Dr. Irving Cohen 200-12064
- 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 William Howard Leach Age (19) Address Same as above

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

11. Full name of father Larry Everett Leach  
Residence of father (if deceased so state) 3136 Sterling Ave Indianapolis  
Occupation of father Retired Race of father White  
Birthplace of father (State or foreign country) Greenwood, Mo.  
12. Full maiden name of mother Mary Jane Stevenson  
Residence of mother (if deceased so state) deceased  
Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Greenwood, Mo.

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

Signed Howard McDonnell Leach

New Address \_\_\_\_\_

Subscribed and sworn to before me this 20th day of Oct, 1969  
John Lambard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:  
County of HENDRICKS

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

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

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

FEMALE APPLICANT

Name First Janice Middle Irene Last Coulter  
Date of Birth Month 5 Day 13 Year 1913  
Place of Birth (State or foreign country) Salem  
Residence Address 444 Pickens Street or R. R. Plainfield City Indiana State Indiana  
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 Clerk - Public Service

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

☐ Other (Specify) Dr. Irving Cohen 436-13313

- 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 Ray La Miller  
Residence of father (if deceased so state) deceased

Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_

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

8. Full maiden name of mother Hannie Sullivan

Residence of mother (if deceased so state) deceased

Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_

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

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

Signed Janice Irene Coulter

New Address \_\_\_\_\_

Subscribed and sworn to before me this 20th day of Oct, 1969  
John Lambard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:  
County of HENDRICKS

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

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ 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 24th day of October, 1969, 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 25th day of October

one thousand nine hundred and 69 at Plainfield County of Hendricks

State of Indiana, Groom Howard Mc Donnell Leach of Hendricks County, State of Indiana

and, Bride Janice Irene Coulter of Hendricks County, State of Indiana

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, 1969. Signed Warren A. Robbins  
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of October, 1969.  
Signed John Lambard Jr. Clerk  
HENDRICKS Circuit Court



Form 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 Book 31  
21 October 1969  
Date of Application

MALE  
Medical Examination Report Dated 13 October 1969  
Name of Physician Chester C. Conway MD

FEMALE  
Medical Examination Report Dated 3 October 1969  
Name of Physician Chester C. Conway MD

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

MALE APPLICANT

Name Allen Gossett  
Date of Birth April 12 1934  
Place of Birth (State or foreign country) Wash. Top. Hauls, Ind.  
Residence Address R8 Bx 394 Inpls, Hauls, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Hamilton 10-9-64

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

Usual Occupation Offset Printer Blue Cross

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

☒ Other (Specify) Spec. Lic. C 230-34172

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

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

11. Full name of father Harriet Okey Gossett  
Residence of father (if deceased so state) same  
Occupation of father Retired Race of father white  
Birthplace of father (State or foreign country) Wash Top Hauls, Ind.  
12. Full maiden name of mother Mary Leona Denny  
Residence of mother (if deceased so state) same  
Occupation of mother Retired Sdk Bldg Race of mother white  
Birthplace of mother (State or foreign country) Wash Top Hauls, Ind.

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

Signed Allen Gossett  
New Address 3001 E N. York, Inpls, Ind.  
Subscribed and sworn to before me this 21st day of October, 1969  
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

FEMALE APPLICANT

Name Carolyn R. Flora  
Date of Birth March 25 1933  
Place of Birth (State or foreign country) Seymour, Ind.  
Residence Address 3001 E N. York, Inpls, Ind.  
Maiden Name if Different Carolyn Rosema Von Fange

Previous Marital Status: Never Married ☐ Number of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
March 1964

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

Usual Occupation Nurse And

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

☐ Other (Specify) 33-009827

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

Residence of father (if deceased so state) 2030 Keystone, Inpls.  
Occupation of father Maintenance Lutherans Race of father white  
Birthplace of father (State or foreign country) Seymour, Ind.

8. Full maiden name of mother Anna Belle Skinner

Residence of mother (if deceased so state) same

Occupation of mother H/W. Race of mother white

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

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

Signed Carolyn R. Flora  
New Address same  
Subscribed and sworn to before me this 21st day of October, 1969  
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 25th day of October, 1969, authorizing the joining together as husband and wife

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

I, Fred J. Graham, hereby certify that on the 25th day of October, at Danville, County of Hendricks, State of Indiana, Groom Allen Gossett and, Bride Carolyn R. Flora 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 25th day of October, 1969.

Signed Fred J. Graham  
Official Designation Justice Peace  
Filed and recorded in accordance with the laws of the State of Indiana this 27th day of October, 1969.

Signed John Samuels Clerk  
HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 401  
File Book 31  
Date of Application 10-22-69

## MALE

Medical Examination Report Dated 10-21-69

Name of Physician Dr David B. Haggard

## FEMALE

Medical Examination Report Dated 10-21-69

Name of Physician Dr 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 Lee Moore  
Date of Birth 4 16 1945  
Place of Birth (State or foreign country) Indianapolis  
Residence Address 118 E. Main 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 Truck Driver - Waffle House

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

☐ Other (Specify) Selective Service Registration

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to do 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 Amos Hedgcock Moore  
Residence of father (if deceased so state) Box 383 Pennington, N.C.  
Occupation of father  Carpenter Race of father white  
Birthplace of father (State or foreign country) Virginia  
12. Full maiden name of mother Mary Louise Poland  
Residence of mother (if deceased so state) 626 Rowlett, N.Y. Ind.  
Occupation of mother Secretary Race of mother white  
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Ronald Lee Moore

New Address 118 E Main St. Plainfield, Ind.

Subscribed and sworn to before me this 22nd day of October, 1969.  
John H. Haggard Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 Mary Marilyn Carr  
Date of Birth April 10 1951  
Place of Birth (State or foreign country) Indianapolis  
Residence Address 301 1/2 W Main Plainfield Hendricks Ind.  
Maiden Name if Different 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 Unemployed

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

☐ Other (Specify) Driver's License 4223

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Smith Thomas Carr  
Residence of father (if deceased so state) Indianapolis, Ind.  
Occupation of father Doctor Race of father white  
Birthplace of father (State or foreign country) Virginia

8. Full maiden name of mother Janice Lee Smith  
Residence of mother (if deceased so state) same as above (daughter)  
Occupation of mother unemployed Race of mother white  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Mary Marilyn Carr

New Address 118 E Main Plainfield

Subscribed and sworn to before me this 22nd day of October, 1969.  
John H. Haggard Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:  
County of HENDRICKS

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

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

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

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

HENDRICKS County Court by written order issued 23 Oct 1969 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3da Wm.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We do Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 23rd day of October, 1969, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_  
I, Ira J. Godwin hereby certify that on the 25 day of October, 1969, at Plainfield County of Hendricks, State of Indiana

one thousand nine hundred and 69 of Hendricks County, State of Indiana

State of Indiana, Groom Ronald L. Moore of Hendricks County, State of Indiana

and, Bride Marilyn Carr of Hendricks County, State of Indiana

were by me united 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 October, 1969. Signed Ira J. Godwin  
Official Designation Justice of the Peace  
25th day of October 1969 Clerk  
Signed John H. Haggard 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 31  
10-25-69  
Date of Application

MALE  
Medical Examination Report Dated 10-14-69  
Name of Physician Irving Cohen

FEMALE  
Medical Examination Report Dated 10-14-69  
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 Stephen Edward Daily  
Date of Birth 2 13 1947  
Place of Birth (State or foreign country) Capika Kanary  
Residence Address 526 Lawndale Off 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 Fire Inspector

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

☐ Other (Specify) Driver's License D400-47093

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

Name	Age	Address

- (b) Are you supporting or contributing to their 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 E. Daily  
Residence of father (if deceased so state) 119 S. Elm, Off. Ind.  
Occupation of father Seaman Race of father white  
Birthplace of father (State or foreign country) Ind.

12. Full maiden name of mother Norah Britton  
Residence of mother (if deceased so state) same  
Occupation of mother Clerk Race of mother white  
Birthplace of mother (State or foreign country) Scranton, Kansas

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

Signed Stephen E. Daily  
New Address 526 Lawndale Plainfield

Subscribed and sworn to before me this 25th day of Oct, 1969.  
John Sambock Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Margaret Harris  
Date of Birth 6 14 1947  
Place of Birth (State or foreign country) Jacksonville Florida  
Residence Address 603 Shivers Plainfield Hendricks 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 Reg Nurse

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

☐ Other (Specify) Driver's License H620-47254

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

7. Full name of father Marjorie K. Harris

Residence of father (if deceased so state) same

Occupation of father Self-employed Race of father white

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

8. Full maiden name of mother Sallie Betty Peters

Residence of mother (if deceased so state) same

Occupation of mother Housewife Race of mother white

Birthplace of mother (State or foreign country) Philadelphia Pa.

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

Signed Susan M. Harris

New Address 526 Lawndale Plainfield

Subscribed and sworn to before me this 25th day of Oct, 1969

John Sambock Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1969, authorizing the joining together as husband and wife

of Stephen Edward Daily and Susan Margaret Harris  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Robbins hereby certify that on the 1st day of Nov

one thousand nine hundred and sixty-nine at Plainfield, County of Hendricks, State of Indiana, Groom Stephen Edward Daily of Hendricks County, State of Indiana

and, Bride Susan Margaret 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 1st day of Nov, 1969.  
Signed Warren A. Robbins  
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of Nov, 1969.  
Signed John Sambock Jr. Clerk HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 403  
File Book 37  
Date of Application 10-25-69

MALE

Medical Examination Report Dated 10-25-69

Name of Physician \_\_\_\_\_

FEMALE

Medical Examination Report Dated \_\_\_\_\_

Name of Physician \_\_\_\_\_

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

## MALE APPLICANT

Name Stanley M. Perry  
Date of Birth 5th 11 1950  
Place of Birth (State or foreign country) Indiana  
Residence Address 2002 S. Vincennes Indpls Marion Indiana  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Marine

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

☐ Other (Specify) I.D. Service - Marine

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Stanley Wilburn Perry  
Residence of father (if deceased so state) same  
Occupation of father Expeditor - Travel Agent Race of father white  
Birthplace of father (State or foreign country) Lyonsville - Ky  
12. Full maiden name of mother Wassie Edgingbelle Fisher  
Residence of mother (if deceased so state) same  
Occupation of mother Beautician Race of mother white  
Birthplace of mother (State or foreign country) Honett, Ala.

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

Signed Stanley M. Perry

New Address \_\_\_\_\_

Subscribed and sworn to before me this 25th day of October, 1969.  
John Embard Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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: \_\_\_\_\_

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

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

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

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

## FEMALE APPLICANT

Name Deborah Kay Fisher  
Date of Birth 5th 12 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address Lot 131 Oakhurst Tract B Bury Hendricks Ind. Indpls Marion 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 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 ☐
- Full name of father Garvin Herbert Fisher  
Residence of father (if deceased so state) unknown  
Occupation of father Painter Race of father white  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Imogene Opal Otis Newlin  
Residence of mother (if deceased so state) same as daughter  
Occupation of mother Penner Race of mother white  
Birthplace of mother (State or foreign country) Orleans Indiana

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

Signed Deborah Kay Fisher

New Address \_\_\_\_\_

Subscribed and sworn to before me this 25th day of October, 1969.  
John Embard Jr. Clerk HENDRICKS

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Parents Consent Attached

State of Indiana, HENDRICKS ss: \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ Court by written order issued 10-24-69 and filed in Clerk's Office \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Waiver

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 25th day of October, 1969, authorizing the joining together as husband and wife of Stanley M. Perry and Deborah Kay Fisher.

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

I, Jon T. Luna hereby certify that on the 25th day of October, \_\_\_\_\_, County of Indpls.

at Marion \_\_\_\_\_, County, State of Indiana.

one thousand nine hundred and 69 of Hendricks \_\_\_\_\_, County, State of Indiana.

State of Indiana, Groom Stanley M. Perry \_\_\_\_\_, County, State of Indiana.

and, Bride Deborah Kay Fisher \_\_\_\_\_, County, State of Indiana.

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_, \_\_\_\_\_, 1969.

Dated this 25th day of Oct., 1969. Signed Jon T. Luna \_\_\_\_\_, 1969.  
Official Designation Minister of the Gospel \_\_\_\_\_, 1969.  
\_\_\_\_\_, Clerk  
Signed \_\_\_\_\_ HENDRICKS Circuit Court

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



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 403  
File Book 31  
Date of Application 10-25-69

HENDRICKS County

MALE  
Medical Examination Report Dated 10-25-69  
Name of Physician \_\_\_\_\_

FEMALE  
Medical Examination Report Dated \_\_\_\_\_  
Name of Physician \_\_\_\_\_

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

## MALE APPLICANT

Name Stanley M. Perry  
Date of Birth 5 Month 1950  
Place of Birth (State or foreign country) Indiana  
Residence Address 2002 S. Vinewood City Indianapolis County Marion 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 Marine

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

☐ Other (Specify) I.D. Service - Marine

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Stanley Wilburn Perry  
Residence of father (if deceased so state) same  
Occupation of father Expeditor - Government Race of father white  
Birthplace of father (State or foreign country) Scottsboro - Ky  
12. Full maiden name of mother Wassie Edgabelle Parker  
Residence of mother (if deceased so state) same  
Occupation of mother Resident Race of mother white  
Birthplace of mother (State or foreign country) Henrett, Ala.

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

## FEMALE APPLICANT

Name Deborah Kay Fisher  
Date of Birth 12 Month 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address Set 131 Oakhurst Road Ct Bury Indianapolis Ind. City Indianapolis County Marion 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 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 Erwin Norbert Fisher  
Residence of father (if deceased so state) unknown  
Occupation of father Painter Race of father white  
Birthplace of father (State or foreign country) Indiana  
8. Full maiden name of mother Imogene Opal Otis Newlin  
Residence of mother (if deceased so state) same as daughter  
Occupation of mother Teacher Race of mother white  
Birthplace of mother (State or foreign country) Orleans Indiana

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

Signed Deborah Kay Fisher

New Address \_\_\_\_\_

Subscribed and sworn to before me this 25th day of October, 1969.

John Hamilton HENDRICKS

New

Subscribed and sworn to

John Dan

CONSENT OF PARENT

We, the parents, of the

signs, state facts which

Parents

State of Indiana,

County of H

Sign

Sign

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

\_\_\_\_\_ Clerk

I, Imogene Opal Otis Newlin the mother of Deborah Kay Fisher hereby give my consent for my daughter to marry Stanley M. Perry.

I further state that due to a divorce June 23, 1961, I have full custody of my daughter Deborah Kay Fisher.

Signed before me this 22nd day of Oct  
Notary For Hendricks  
State of Indiana  
Robert Hamilton  
My Commission Expires 1-19-73

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 10-24-69 and filed in Clerk office \_\_\_\_\_ County Hendricks authorizes and directs the issuance of a marriage license to the above named parties. 3 Day 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 \_\_\_\_\_, 1969, authorizing the joining together as husband and wife of Indiana dated the 25th day of October and Deborah Kay Fisher

Be it further remembered the following marriage certificate was filed in my office, to-wit:  
I, Stanley M. Perry and Deborah Kay Fisher  
Ray T. Luna hereby certify that on the 25th day of October

at Marion County of Indpls.  
one thousand nine hundred and 69 at Marion County, State of Indiana  
State of Indiana, Groom Stanley M. Perry of Hendricks County, State of Indiana  
and, Bride Deborah Kay Fisher of \_\_\_\_\_ County, State of \_\_\_\_\_

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 25th day of Oct., 1969. Signed Ray T. Luna  
Official Designation Minister of the Gospel  
30th day of October, 1969. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Signed \_\_\_\_\_ HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 403  
File Book 31  
Date of Application 10-25-69

HENDRICKS County

MALE  
Medical Examination Report Dated 10-25-69  
Name of Physician \_\_\_\_\_

FEMALE  
Medical Examination Report Dated \_\_\_\_\_  
Name of Physician \_\_\_\_\_

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

## MALE APPLICANT

Name Stanley M. Perry  
Date of Birth 5 5 1950  
Place of Birth (State or foreign country) Indiana  
Residence Address 2002 S. Vinewood Indpls Marion Indiana  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Marines

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

☐ Other (Specify) I.D. Service - Marine

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Stanley Wilburn Perry  
Residence of father (if deceased so state) same  
Occupation of father Expeditor - Sawmill Race of father white  
Birthplace of father (State or foreign country) Logansport - Ind  
12. Full maiden name of mother Dacie Edggsbelle Fisher  
Residence of mother (if deceased so state) same  
Occupation of mother Teacher Race of mother white  
Birthplace of mother Indpls

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

New

Subscribed and sworn to

CONSENT OF PARENTS

We, the parents, of the

signs, state facts which

Parents

State of Indiana, \_\_\_\_\_

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

Signed \_\_\_\_\_

Signed \_\_\_\_\_

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

Clerk

## FEMALE APPLICANT

Name Deborah Kay Fisher  
Date of Birth 12 5 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address Lot 131 Oakhurst Tract Ct B'burg Indiana Ind.  
Maiden Name if Different \_\_\_\_\_

Previous 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 Erwin Robert Fisher  
Residence of father (if deceased so state) unknown  
Occupation of father Painter Race of father white  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Imogene Opal Otis Newlin  
Residence of mother (if deceased so state) same as daughter  
Occupation of mother Teacher Race of mother white  
Birthplace of mother (State or foreign country) Greensburg Indiana

State of Indiana, \_\_\_\_\_ 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 25th day of October, 1969.

We Stanley W. Perry & Dacie B. Perry the parents of Stanley M. Perry  
hereby give our consent for our son to marry Deborah K. Fisher

Subscribed and sworn before me this 22nd day of Oct. 1969  
My Commission expires 6-18-73  
Notary Public

Signed \_\_\_\_\_

Signed \_\_\_\_\_

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

Clerk

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

Clerk

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

HENDRICKS County \_\_\_\_\_ Court by written order issued 10-24-69 and filed

in Clerk 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

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

of Indiana dated the 25th day of October, 1969, authorizing the joining together as husband and wife

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

I, Jerry T. Luna hereby certify that on the 25th day of October, 1969, at \_\_\_\_\_ County of Indpls,

one thousand nine hundred and 69 of Marion County, State of Indiana,

State of Indiana, Groom Stanley M. Perry of Hendricks County, State of Indiana,

and, Bride Deborah Kay Fisher of \_\_\_\_\_ County, State of \_\_\_\_\_

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

Dated this 25th day of Oct., 1969. Signed Jerry T. Luna  
Official Designation Minister of the Gospel  
30th day of October, 1969. Clerk

Signed \_\_\_\_\_ 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. 404  
File BOOK 31  
Date of Application 25 October 1969

MALE  
Medical Examination Report Dated 24 Oct 1969  
Name of Physician Irray Cohen

FEMALE  
Medical Examination Report Dated 24 Oct 1969  
Name of Physician Irray 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 Lynn Manning  
Date of Birth September 16, 1950  
Place of Birth Beech Grove, Ind.  
Residence Address 2856 Medallion Dr., Indianapolis, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White  
Usual Occupation Asst Mgr. Galyas  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

(b) Are you supporting or contributing to their 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 Dale Manning Sr.  
Residence of father (if deceased so state) Same Indianapolis, Ind.  
Occupation of father Engineer, Penn. Gen. Race of father White  
Birthplace of father (State or foreign country) Ind., Ind.  
12. Full maiden name of mother Mary Lou Ashinger  
Residence of mother (if deceased so state) Same Indianapolis, Ind.  
Occupation of mother W/W. Race of mother White  
Birthplace of mother (State or foreign country) Ind., Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Steven Lynn Manning  
New Address 1337 E. Raymond Pk., P.O. Box 25, Indianapolis, Ind.  
Subscribed and sworn to before me this 25th day of October, 1969  
Clerk John Samblak HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS ss: \_\_\_\_\_  
County of \_\_\_\_\_  
Signed James D. Manning Jr. Father  
Signed Mary Lou Manning Mother  
Subscribed and sworn to before me this 25th day of October, 1969  
Clerk John Samblak

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 29 day of October, 1969, authorizing the joining together as husband and wife of Steven Lynn Manning and Patricia Sue Williams  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Edward Randall hereby certify that on the 8th day of November, one thousand nine hundred and 69 at Plainfield, County of Hendricks, State of Indiana, Groom Steven Lynn Manning of Hendricks County, State of Indiana and, Bride Patricia Sue 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 8th day of November, 1969.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1969.

FEMALE APPLICANT  
Name Patricia Sue Williams  
Date of Birth June 29, 1952  
Place of Birth Ind., Ind.  
Residence Address 1337 E. Raymond Pk., P.O. Box 25, Indianapolis, Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White  
Usual Occupation Student: PHS Senior  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) 6420
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 Lee Williams  
Residence of father (if deceased so state) Same P.O. Box 25, Ind.  
Occupation of father Owner, Williams App. Race of father White  
Birthplace of father (State or foreign country) Martinsville, W. Va.  
8. Full maiden name of mother Martha Ellen Lewis  
Residence of mother (if deceased so state) Same  
Occupation of mother Stahly, William Race of mother White  
Birthplace of mother (State or foreign country) Cass Co., Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Patricia Sue Williams  
New Address Same  
Subscribed and sworn to before me this 25th day of October, 1969  
Clerk John Samblak HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: \_\_\_\_\_  
County of \_\_\_\_\_  
Signed Albert L. Williams Father  
Signed Martha E. Williams Mother  
Subscribed and sworn to before me this 25th day of October, 1969  
Clerk John Samblak



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 405  
File Book 31  
Date of Application OCT 27, 1969

MALE  
Medical Examination Report Dated 10-25-69  
Name of Physician Dr. G. N. Scudder

FEMALE  
Medical Examination Report Dated 10-25-69  
Name of Physician Dr. G. 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 Middle Last  
Donald J. P. Wilson  
Date of Birth Month Day Year  
1 15 1950  
Place of Birth (State or foreign country) Port St. John, BC, Canada  
Residence Address Street or R. R. City County State  
523 Barstow Dr. 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 Medic - Air Force

Date of birth 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 Francis M. J. Wilson  
Residence of father (if deceased so state) Same  
Occupation of father Auto Mechanic Race of father white  
Birthplace of father (State or foreign country) England  
12. Full maiden name of mother Marquette M. Wesley  
Residence of mother (if deceased so state) Same  
Occupation of mother Cook Race of mother white  
Birthplace of mother (State or foreign country) British Columbia Canada

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

New Address

Subscribed and sworn to before me this 27 day of Oct, 1969.  
John Embree Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby 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 x Francis M. J. Wilson Father  
Signed x Marquette M. Wesley Mother  
Subscribed and sworn to before me this 27th day of Oct, 1969.  
John Embree Jr. Clerk

## FEMALE APPLICANT

Name First Middle Last  
Deborah P. Puckett  
Date of Birth Month Day Year  
10 26 1951  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. City County State  
416 School Street Brownsburg Hendricks 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 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 Paul Ernest Puckett  
Residence of father (if deceased so state) Same  
Occupation of father Driver Race of father white  
Birthplace of father (State or foreign country) Clay Co. Indiana

8. Full maiden name of mother Opal Louise Miller  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Clay Co. Indiana

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

New Address

Subscribed and sworn to before me this 27th day of Oct, 1969.  
John Embree Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS 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 October, 1969, authorizing the joining together as husband and wife of Donald F. P. Wilson and Deborah P. Puckett.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, \_\_\_\_\_ hereby certify that on the 1st day of Nov, 1969, at \_\_\_\_\_ County of \_\_\_\_\_ State of Indiana, Groom Donald F. P. Wilson and Bride Deborah P. Puckett 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 1st day of Nov, 1969.  
Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1969.  
Signed \_\_\_\_\_ HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 406  
File Book 31  
Date of Application 27 October 1969

MALE

Medical Examination Report Dated 24 October 1969  
Name of Physician Sas. Black MD

FEMALE

Medical Examination Report Dated 24 October 1969  
Name of Physician Sas. Black MD

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

MALE APPLICANT

Name Wayne Russell Brunes  
Date of Birth December 25 1942  
Place of Birth Indpls. Ind.  
Residence Address Rt 1 Bibury, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Grinder, Allison

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

☐ Other (Specify) See 12 30 42 297

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Gordon Cecil Brunes  
Residence of father (if deceased so state) Rt 1 Bibury, Ind.  
Occupation of father Farmer Race of father White  
Birthplace of father (State or foreign country) Danville, Ind.  
12. Full maiden name of mother Donna Marie Morrison  
Residence of mother (if deceased so state) Sano  
Occupation of mother H/W Race of mother White  
Birthplace of mother (State or foreign country) Ladoga, Ind.

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

Signed Wayne Russell Brunes  
New Address 230 S. Green St. Bibury, Ind.  
Subscribed and sworn to before me this 27th day of October, 1969.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

FEMALE APPLICANT

Name Beverly Carole Gilliatt  
Date of Birth October 22 1948  
Place of Birth Orange Co. Greenfield, N.H.  
Residence Address 230 S. Green St. Bibury, Ind.  
Maiden Name if Different.....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sealy Opr - by Sharon

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

☐ Other (Specify) See 12 30 42 297

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Herchel Monroe Gilliatt  
Residence of father (if deceased so state) Rt 2 Enslin, Ind.  
Occupation of father Farmer Race of father White  
Birthplace of father (State or foreign country) Orange Co. N.H.  
8. Full maiden name of mother Myrie Lucille Holland  
Residence of mother (if deceased so state) Sano  
Occupation of mother H/W Race of mother White  
Birthplace of mother (State or foreign country) Earl Park, Ill.

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

Signed Beverly Carole Gilliatt  
New Address Sano  
Subscribed and sworn to before me this 27th day of October, 1969.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1969, authorizing the joining together as husband and wife

of Wayne Russell Brunes and Beverly Carole Gilliatt  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Raymond S. Rader hereby certify that on the 1st day of November, one thousand nine hundred and sixty-nine at Linton, County of Hendricks, State of Indiana, Groom Wayne Russell Brunes of Hendricks County, State of Indiana and, Bride Beverly Carole Gilliatt of Hendricks County, State of Indiana were by me united 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 November, 1969.  
Signed Rev. Raymond S. Rader  
Official Designation Pastor, Mt. Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of November, 1969.  
Signed John Lombard Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 407  
File Book 31  
27 October 1969  
Date of Application

MALE  
Medical Examination Report Dated 10-27-69  
Name of Physician Lloyd Perry M.D.

FEMALE  
Medical Examination Report Dated 10-27-69  
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, representa-

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

MALE APPLICANT

Name First Middle Last  
Eddie Robert Helty  
Date of Birth Month Day Year  
April 2, 1948  
Place of Birth (State or foreign country)  
Marionville, Indiana  
Residence Address Street or R. R. City County State  
Box 63, Cartersburg, 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 General Finance  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Reserve M.C. Card A670521  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Dale L. Helty  
Residence of father (if deceased so state) Box 63, Cartersburg, Ind.  
Occupation of father Milkman Race of father White  
Birthplace of father (State or foreign country) Hall, Indiana  
12. Full maiden name of mother Thelma Imogene Wright  
Residence of mother (if deceased so state) Box 63, Cartersburg, Ind.  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Flatrock, Illinois

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

Signed Eddie Robert Helty

New Address

Subscribed and sworn to before me this 27th day of October, 1969.  
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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  
Virginia Mae Atta  
Date of Birth Month Day Year  
May 27, 1947  
Place of Birth (State or foreign country)  
Indianapolis, Indiana  
Residence Address Street or R. R. City County State  
R.R. #3, Box 140, Indianapolis Hendricks, Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Bookkeeper - Indiana National Bank  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Temporary Driver's Permit 6114249  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the 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 Ray Atta  
Residence of father (if deceased so state) 2052 Armstrong, Cartersville, Ind.  
Occupation of father Truck Driver Race of father White  
Birthplace of father (State or foreign country) Washington, Ind.  
8. Full maiden name of mother Della Mae Lynch  
Residence of mother (if deceased so state) 2052 Armstrong, Cartersville, Ind.  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Oden, Indiana

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

Signed Virginia Mae Atta

New Address

Subscribed and sworn to before me this 27th day of October, 1969.  
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_  
Hendricks 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 31st day of October, 1969, authorizing the joining together as husband and wife  
of Eddie Robert Helty and Virginia Mae Atta  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Paul S. Hopwood, hereby certify that on the first day of November, 1969, at Cartersburg, County of Hendricks,  
one thousand nine hundred and sixty nine, of Hendricks County, State of Indiana,  
State of Indiana, Groom Eddie Robert Helty of Hendricks County, State of Indiana,  
and, Bride Virginia Mae Atta of Hendricks County, State of Indiana,  
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 October, 1969.

Signed Paul S. Hopwood  
Official Designation Minister  
7th day of November, 1969  
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. 408  
File Book 31  
10-28-69  
Date of Application

MALE  
Medical Examination Report Dated 10-23-69  
Name of Physician George Keenan M.D.

FEMALE  
Medical Examination Report Dated 10-23-69  
Name of Physician George Keenan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Keith Jacob  
Date of Birth 8 27 1944  
Place of Birth (State or foreign country) Fort Monroe Va.  
Residence Address 514 Memorial St. Buckeye North Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☐ Negro ☐ Other ☐ (specify) White  
Usual Occupation Product Mgr - Standard Stone  
Date of birth 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 Keith Albert Jacob  
Residence of father (if deceased so state) same  
Occupation of father Comm. Artist Race of father white  
Birthplace of father (State or foreign country) Indiana, Ind.  
12. Full maiden name of mother Virginia Grace DeHolt  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Indiana, Ind.

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

Subscribed and sworn to before me this 28th day of Oct, 1969  
John Lamborn Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Gloria Jean Harding  
Date of Birth 9 7 1947  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 118 Dunlap Plainfield Hendricks Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☐ Negro ☐ Other ☐ (specify) White  
Usual Occupation Hostess for A.R.A.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Full name of father James Lester Harding  
Residence of father (if deceased so state) deceased  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Greensburg Indiana

8. Full maiden name of mother Etta Mae Worley  
Residence of mother (if deceased so state) same as above  
Occupation of mother Hostess - A.R.A. Race of mother white  
Birthplace of mother (State or foreign country) Burgess, Ky.

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

Signed Gloria Jean Harding  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 28th day of Oct, 1969  
John Lamborn Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of November, 1969, authorizing the joining together as husband and wife of David Keith Jacob and Gloria Jean Harding. Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Clinton O. Hale hereby certify that on the 8th day of November, one thousand nine hundred and 69, at Indianapolis, County of Marian, State of Indiana, Groom David Keith Jacob of Marian County, State of Indiana, and Bride Gloria Jean Harding of Hendricks County, State of Indiana, were by me united 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, 1969.

Signed Clinton O. Hale  
Official Designation Minister  
Signed John Lamborn 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. 409  
File Book 31  
Date of Application 10-29-69

## MALE

Medical Examination Report Dated 10-15-69  
Name of Physician Clarence S. Rock M.D.

## FEMALE

Medical Examination Report Dated 10-15-69  
Name of Physician Clarence S. Rock M.D.

ALL QUESTIONS 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 A. Tubbs  
Date of Birth April 29 1948  
Place of Birth (State or foreign country) Indiana  
Residence Address 441 Hawley Dr. Danville Ind.  
Previous Marital Status: ☒ Never Married ☐ Divorce ☐ Annulment

Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment

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

Usual Occupation Assembly Worker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree None

☐ Other (Specify) \_\_\_\_\_

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

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

Name	Age	Address

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

11. Full name of father James Munit Tubbs  
Residence of father (if deceased so state) 441 Hawley Dr. Danville Ind.  
Occupation of father Disputa Officer Race of father    
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Alta May Mingo  
Residence of mother (if deceased so state) 441 Hawley Dr. Danville Ind.  
Occupation of mother Housewife Race of mother    
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 Stephen A. Tubbs

New Address 441 Hawley Dr. Danville Ind.

Subscribed and sworn to before me this 29 day of Oct, 1969

John Garfield Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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

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

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

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

\_\_\_\_\_ Clerk

## FEMALE APPLICANT

Name June D. Bailey  
Date of Birth June 11 1947  
Place of Birth (State or foreign country) Indiana  
Residence Address 441 Hawley Dr. Danville Ind.  
Maiden Name if Different June D. Smith  
Previous Marital Status: ☒ Never Married ☐ Divorce ☐ Annulment

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 None

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? ☐ No ☐ Yes
- Are you under guardianship as a person of unsound mind? ☐ No ☐ Yes
- Are you afflicted with a transmissible disease? ☐ No ☐ Yes
- Are you related to the groom closer than second cousin? ☐ No ☐ Yes
- Are you now under the influence of intoxicating liquor? ☐ No ☐ Yes
- Are you now under the influence of a narcotic drug? ☐ No ☐ Yes
- Full name of father Orval W. Smith  
Residence of father (if deceased so state) 441 W. Main St. Ellettsburg, Ky.  
Occupation of father Painter Race of father    
Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Pauline Worth  
Residence of mother (if deceased so state) 441 W. Main St. Ellettsburg, Ky.  
Occupation of mother Housewife Race of mother    
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 June D. Bailey

New Address 441 Hawley Dr. Danville Ind.

Subscribed and sworn to before me this 29 day of Oct, 1969

John Garfield Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day 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 10/30/69 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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County, Indiana, dated the 30th day of October, 1969, authorizing the joining together as husband and wife of Stephen A. Tubbs and June D. Bailey

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

I, Rev. Steven A. Edwards hereby certify that on the 2nd day of November

at Laurel Church County of Hendricks

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

State of Indiana, Groom Stephen A. Tubbs and, Bride June D. Bailey

were by me united 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, 1969

Signed Rev. Steven A. Edwards

Official Designation Minister, 1969

Signed John Garfield Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of November, 1969



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 410  
File Book 31  
29 October 1969  
Date of Application

## MALE

Medical Examination Report Dated 27 October 1969  
Name of Physician John Cowan - MD

## FEMALE

Medical Examination Report Dated 27 October 1969  
Name of Physician John Cowan 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 A. Venable  
Date of Birth May 1949  
Place of Birth St. Vincent, Ind.  
Residence Address R2 Bx 212, 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 Factory labor. Union Labor

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

☐ Other (Specify) 4773

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Deward Andrew Venable  
Residence of father (if deceased so state) Same P.O. Box, Ind.  
Occupation of father Ret. Army Race of father White  
Birthplace of father (State or foreign country) Goldendale, Wash.

12. Full maiden name of mother Mary Alice Pratt  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Sametown, Ind.

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

Signed Timothy A. Venable

New Address R2 Bx 212 Plainfield, Ind.

Subscribed and sworn to before me this 29th day of October, 1969  
Clerk John Samblat HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Deward A. Venable Father

Signed Mary Alice Venable Mother

Subscribed and sworn to before me this 29th day of October, 1969  
Clerk John Samblat 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 10-30-69 and filed Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Waiver

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of Oct, 1969, authorizing the joining together as husband and wife

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

I, Zeal O'Neil Younce hereby certify that on the 1st day of November, one thousand nine hundred and 69, at Avon, County of Hendricks, State of Indiana, Groom Timothy A. Venable of Hendricks County, State of Indiana and, Bride Sabra Y. Phillips of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 1st day of November, 1969.

Signed Zeal O'Younce

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of November, 1969.

Signed John Samblat Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 410  
File Book 31  
Date of Application 29 October 1969

MALE  
Medical Examination Report Dated 27 October 1969  
Name of Physician John Cowan - MD

FEMALE  
Medical Examination Report Dated 27 October 1969  
Name of Physician John Cowan 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 A. Venable  
Date of Birth May 1949  
Place of Birth St. Vincent, Ind.  
Residence Address R2 Bx 212, Plainfield, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White  
Usual Occupation Factory labor. Union Laborer  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) A773

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Deward Andrew Venable  
Residence of father (if deceased so state) Same P.O. Box, Ind.  
Occupation of father Retired Army Sgt. Race of father White  
Birthplace of father (State or foreign country) Goldendale, Wash.  
12. Full maiden name of mother Mary Alice Pratt  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Samestown, W.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Timothy A. Venable  
New Address R2 Bx 212 Plainfield, Ind.  
Subscribed and sworn to before me this 29th day of October, 1969

FEMALE APPLICANT  
Name Sabra Y. Phillips  
Date of Birth September 3, 1953  
Place of Birth Beech Grove, Ind.  
Residence Address R1 Bx 136-35, Duick, 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. Aron Junior  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Morris Emit Phillips  
Residence of father (if deceased so state) Same Duick, Ind.  
Occupation of father Lathe op. Allen Race of father White  
Birthplace of father (State or foreign country) Hawes, Ind.  
8. Full maiden name of mother Melba Dean Napier  
Residence of mother (if deceased so state) Same  
Occupation of mother Elct Assy. Bldg. Appr. Race of mother White  
Birthplace of mother (State or foreign country) Red Boiling Springs, Tenn

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Sabra Y. Phillips  
New Address Same  
Subscribed and sworn to before me this 29th day of October, 1969

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Sabra Y. Phillips  
New Address Same  
Subscribed and sworn to before me this 29th day of October, 1969

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Sabra Y. Phillips  
New Address Same  
Subscribed and sworn to before me this 29th day of October, 1969

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

Melba Dean Phillips, hereby give my consent for my Daughter, Sabra Yvette Phillips to marry Timothy Venable.

Melba Dean Phillips  
subscribed and sworn to before me this 29 day of Oct. 1969

Ruth Bartley  
Notary Public

My Commission expires June 11, 1972

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Zeal O'Neil Younce, hereby certify that on the 1st day of November, one thousand nine hundred and 69, at Avon, County of Hendricks, State of Indiana, Groom Timothy A. Venable of Hendricks County, State of Indiana, and, Bride Sabra Y. Phillips of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 1st day of November, 1969.

Filed and recorded in accordance with the laws of the State of Indiana this 7th day of November, 1969.  
Signed Zeal O'Younce  
Official Designation Minister  
Signed John G. Gault  
Clerk  
HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 411  
File Book 31  
Date of Application 29 October 1969

MALE  
Medical Examination Report Dated October 28, 1969  
Name of Physician N. N. Drummy

FEMALE  
Medical Examination Report Dated October 28, 1969  
Name of Physician N. N. Drummy

ALL QUESTIONS 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 Barry Lee Walker  
Date of Birth September 16, 1949  
Place of Birth (State or foreign country) Putnam County Hospital, Greencastle Putnam Ind.  
Residence Address R.R. #1, Box 318, Clayton Hendricks Indiana  
Previous Marital Status: ☒ Never Married ☐ Divorced ☐ Annulment ☐ 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 Robert Thomas Walker  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) Greenville, Ind.  
12. Full maiden name of mother Hilma Jean Parrish  
Residence of mother (if deceased so state) Bellefonte, Ind.  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Belle Union, Ind.

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

Signed Gary Lee Walker

New Address Greenville, Indiana

Subscribed and sworn to before me this 29th day of October, 1969.  
Clerk John Samuels HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Father is deceased

State of Indiana, HENDRICKS } ss:

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

Signed Wilma Jean Walker Mother

Subscribed and sworn to before me this 29th day of October, 1969.  
Clerk John Samuels HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued \_\_\_\_\_ and filed \_\_\_\_\_  
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 30th day of October, 1969, authorizing the joining together as husband and wife of Gary Lee Walker and Joyce Ellen Phillips.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Walter R. Bartholomew, hereby certify that on the 1st day of November, 1969, at \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_, one thousand nine hundred and sixty-nine years of age, \_\_\_\_\_ County, State of \_\_\_\_\_, and, Bride Joyce Ellen Phillips, \_\_\_\_\_ 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, \_\_\_\_\_, Indiana.

Dated this 1st day of Nov, 1969.  
Signed Walter R. Bartholomew  
Official Designation Methodist Minister  
Clerk John Samuels HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1969.

## FEMALE APPLICANT

Name Joyce Ellen Phillips  
Date of Birth August 28, 1949  
Place of Birth (State or foreign country) Putnam County Hosp., Greencastle Ind.  
Residence Address Post Office Box 63, Amo, Indiana  
Maiden Name if Different Amo, Indiana

Previous Marital Status: ☒ Never Married ☐ Divorced ☐ Annulment ☐ 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 afflicted with a transmissible disease? ☐ No ☒ Yes
- Are you related to the groom closer than second cousin? ☐ No ☒ 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 Virgil Phillips  
Residence of father (if deceased so state) Amo, Ind.  
Occupation of father Aluminum Indpls. Race of father White  
Birthplace of father (State or foreign country) Fillmore, Ind.
- Full maiden name of mother Marian Elmaerguson  
Residence of mother (if deceased so state) Amo, Indiana  
Occupation of mother Secretary Race of mother White  
Birthplace of mother (State or foreign country) Amo, Indiana

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

Signed Joyce Ellen Phillips

New Address Greenville, Indiana

Subscribed and sworn to before me this 29th day of October, 1969.  
Clerk John Samuels HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 412  
File Book 31  
31 October 69  
Date of Application

MALE  
Medical Examination Report Dated 10-17-69  
Name of Physician James Black

FEMALE  
Medical Examination Report Dated 10-17-69  
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 John Riley Travoli  
Date of Birth October 5 1947  
Place of Birth (State or foreign country) St. Louis, Missouri  
Residence Address R.R.#4, Marshall, Illinois  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Electronic Technician - R.C.A.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father John Riley Travoli  
Residence of father (if deceased so state) R.R.#4, Marshall, Ill.  
Occupation of father Stillman (Chemist) Race of father White  
Birthplace of father (State or foreign country) Marshall, Illinois  
12. Full maiden name of mother Maida Davis  
Residence of mother (if deceased so state) R.R.#4, Marshall, Illinois  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Macaraw, Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed John Riley Travoli  
New Address 620 Williams Dr Apt. E, Brownburg  
Subscribed and sworn to before me this 31st day of October, 1969  
Clerk John Samuels HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

Name Jo Ann Lee Rothgerber  
Date of Birth December 14 1950  
Place of Birth (State or foreign country) Oaktown, Indiana  
Residence Address R.R.#1, Box 158, Ligon, 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 Secretary, American States Insurance  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Eugene Michael Rothgerber  
Residence of father (if deceased so state) R.R.#1, Box 158, Ligon, Ind.  
Occupation of father Farmer Race of father White  
Birthplace of father (State or foreign country) Illinois  
8. Full maiden name of mother Josephine Mize  
Residence of mother (if deceased so state) R.R.#1, Box 158, Ligon, Ind.  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Oaktown, Indiana

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

Signed Jo Ann Lee Rothgerber  
New Address 620 Williams Dr Apt. E, Brownburg  
Subscribed and sworn to before me this 31st day of October, 1969  
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of November, 1969, authorizing the joining together as husband and wife of John Riley Travoli and Jo Ann Lee Rothgerber.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Louis D. Crouch hereby certify that on the 8th day of November, one thousand nine hundred and 69 at Ligon, County of Hendricks, State of Indiana, Groom John Riley Travoli of Clark County, State of Illinois and, Bride Jo Ann Lee Rothgerber of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 8th day of November, 1969.

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of November, 1969.  
Signed Louis D. Crouch Official Designation Methodist Pastor  
Signed John Samuels Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 413  
File Book 31  
Date of Application 1 November 1969

MALE  
Medical Examination Report Dated 28 October 1969  
Name of Physician Warren E. Whitney DO.

FEMALE  
Medical Examination Report Dated 28 October 1969  
Name of Physician Warren E. Whitney DO.

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

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

MALE APPLICANT

Name John Edgar Hall  
Date of Birth April 1930  
Place of Birth Indianapolis, Ind.  
Residence Address RI Box 360, 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) Self Employed: construction  
Usual Occupation Self Employed: construction  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree 21 Nov 12 30 50 115

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

Name	Age	Address
Albert John Hall		
Residence of father (if deceased so state)		
Occupation of father		
Birthplace of father (State or foreign country)		

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

11. Full name of father Albert John Hall  
Residence of father (if deceased so state) same  
Occupation of father Farmer  
Birthplace of father (State or foreign country) Guilford Twp. H.C. W.  
12. Full maiden name of mother Geneva Valentine McCollum  
Residence of mother (if deceased so state) same  
Occupation of mother H/W.  
Birthplace of mother (State or foreign country) Guilford Twp. H.C. W.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed John Edgar Hall  
New Address RI Box 360, Plainfield, Ind.  
Subscribed and sworn to before me this 1st day of November, 1969  
Clerk John Sandlett HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 witnessed consent  
State of Indiana, HENDRICKS ss:  
County of HENDRICKS  
Signed Geneva Valentine Hall Father  
Signed John Sandlett Mother  
Subscribed and sworn to before me this 3rd day of November, 1969  
Clerk John Sandlett

FEMALE APPLICANT

Name Pamela Jean Harris  
Date of Birth October 31 1950  
Place of Birth Brazil, Ind.  
Residence Address 1580 Clark St, Plainfield, Ind.  
Maiden Name if Different Patricia Eileen Tapp  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) Act clerk: Burger chef  
Usual Occupation Act clerk: Burger chef  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Apr 1962 20 431

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father Wilbur Wesley Harris  
Residence of father (if deceased so state) same  
Occupation of father School Mr. Don Easton  
Birthplace of father (State or foreign country) Guilford Twp. H.C. W.  
8. Full maiden name of mother Patricia Eileen Tapp  
Residence of mother (if deceased so state) same  
Occupation of mother H/W.  
Birthplace of mother (State or foreign country) Guilford Twp. H.C. W.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Pamela Jean Harris  
New Address same  
Subscribed and sworn to before me this 1st day of November, 1969  
Clerk John Sandlett HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Patricia Eileen Tapp Father  
Signed John Sandlett Mother  
Subscribed and sworn to before me this 1st day of November, 1969  
Clerk John Sandlett

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of November, 1969, authorizing the joining together as husband and wife of John Edgar Hall and Pamela Jean Harris.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robinson, hereby certify that on the 9th day of November, 1969, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and 69 of Hendricks County, State of Indiana, Groom John Edgar Hall and, Bride Pamela Jean Harris were by me united 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 November, 1969.  
Signed Warren A. Robinson  
Official Designation Christian Minister  
12th day of November, 1969.  
Signed John Sandlett Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of November, 1969.



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. A 13  
File Book 31  
Date of Application 1 November 1969

MALE  
Medical Examination Report Dated 28 October 1969  
Name of Physician Warren E. Whitney D.O.

FEMALE  
Medical Examination Report Dated 28 October 1969  
Name of Physician Warren E. Whitney D.O.

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

## MALE APPLICANT

Name John Edgar Hall  
Date of Birth April 1930  
Place of Birth Indiana  
Residence Address RI Box 360, Pittsford, 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 Self Employed: Construction  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Self Emp. 1230 50115
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to 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
Albert John Hall		

- (b) Are you supporting or contributing to their 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 John Hall  
Residence of father (if deceased so state) same Pittsford, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Guelph Twp. H.C. Ind.  
12. Full maiden name of mother Geneva Valentine McCollum  
Residence of mother (if deceased so state) same  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Guelph Twp. H.C. Ind.

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

## FEMALE APPLICANT

Name Pamela Jean Harris  
Date of Birth October 31 1930  
Place of Birth Indiana  
Residence Address 1580 Clark St, Pittsford, 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 Act. clk: Burger chef  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Apr. hr 1230 50431
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 Wilbur Wesley Harris  
Residence of father (if deceased so state) same Pittsford  
Occupation of father Salesman Race of father white  
Birthplace of father (State or foreign country) Guelph Twp. H.C. Ind.  
8. Full maiden name of mother Patricia Eileen Tapp  
Residence of mother (if deceased so state) same  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Guelph Twp. H.C. Ind.

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

New Address same  
Subscribed and sworn to before me this 1st day of November, 1969  
Clerk HENDRICKS Circuit Court

I, ALBERT HALL, hereby give my consent for  
my son, JOHN E. HALL to  
marry PAMELA HARRIS

Subscribed and sworn to before me this 31st day of October, 1969  
Notary Public John Edgar Hall

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1969, authorizing the joining together as husband and wife of John Edgar Hall and Pamela Jean Harris.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins, hereby certify that on the 9th day of November, 1969, County of Hendricks, State of Indiana, Groom John Edgar Hall of Hendricks County, State of Indiana, and, Bride Pamela Jean 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 9th day of November, 1969. Signed Warren A. Robbins  
Official Designation Christian minister  
12th day of November, 1969. Signed John Edgar Hall Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of November, 1969.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 414  
File Bk. 31  
Date of Application 11-1-69

MALE  
Medical Examination Report Dated 10-25-69  
Name of Physician James Black

FEMALE  
Medical Examination Report Dated 10-25-69  
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 Darrel Wayne Muston  
Date of Birth June 10 1947  
Place of Birth (State or foreign country) Indpls. Ind.  
Residence Address 506 Maple Street, Brownsville, 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 Machinist

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

☒ Other (Specify) SSS Registration Cert. 12-30-47-214

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Allen Muston  
Residence of father (if deceased so state) Same  
Occupation of father Electrician Race of father W.  
Birthplace of father (State or foreign country) Greensville, Ind.

12. Full maiden name of mother Doris Evelyn Leathers  
Residence of mother (if deceased so state) Same  
Occupation of mother H.W. Race of mother W.  
Birthplace of mother (State or foreign country) Dighton, Ind.

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

Signed Darrel W. Muston  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 6 day of Nov, 1969  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
/ Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of November, 1969, authorizing the joining together as husband and wife

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

I, Rev. Thomas E. Perry, hereby certify that on the 14 day of November, one thousand nine hundred and 69, at Avon, County of Hendricks, State of Indiana, Groom Darrel Wayne Muston of Hendricks County, State of Indiana, and, Bride Linda Laron Thomas of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of November, 1969.

Signed Rev. Thomas E. Perry  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of November, 1969

Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Linda Laron Thomas  
Date of Birth Sept 4 1953  
Place of Birth (State or foreign country) Marion Co. Indpls. Ind.  
Residence Address 326 N. Grant, Brownsville, 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) Long Driving Permit #6462278

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Gilbert Thomas Jr.  
Residence of father (if deceased so state) Same  
Occupation of father Machinist Race of father W.  
Birthplace of father (State or foreign country) Atlanta, Georgia

8. Full maiden name of mother Clara Laron Parker  
Residence of mother (if deceased so state) Same  
Occupation of mother H.W. 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.  
County of \_\_\_\_\_

Signed Linda Laron Thomas  
New Address 326 North Grant Street BB.

Subscribed and sworn to before me this 6 day of Nov, 1969  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
Signed Clara Laron Thomas Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
John Gambold, Jr. Clerk

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
/ Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_  
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 \_\_\_\_\_, 1969  
\_\_\_\_\_  
Clerk

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
/ Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_  
Clerk

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
/ Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_  
Clerk

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
/ Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_  
Clerk

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
/ Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_  
Clerk

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
/ Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_  
Clerk

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
/ Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_  
Clerk

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
/ Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_  
Clerk

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
/ Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_  
Clerk

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_ Father  
/ Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_  
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. 414  
File Bk. 31  
Date of Application 11-1-69

MALE  
Medical Examination Report Dated 10-25-69  
Name of Physician James Black

FEMALE  
Medical Examination Report Dated 10-25-69  
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 Wayne Muston  
Date of Birth Month June Day 10 Year 1947  
Place of Birth (State or foreign country) Indpls. Ind.  
Residence Address 506 Maple Street, Brownsville, 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 Machinist  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) SSS Registration Cert. 12-30-47-214  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐  
Of Unsound Mind? No ☐ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
8. Are you able to support a family? Yes ☐ No ☐  
9. Are you likely to so continue? Yes ☐ No ☐  
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address  
(b) Are you supporting or contributing to their 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 Allen Muston  
Residence of father (if deceased so state) Same  
Occupation of father Allicons Race of father W.  
Birthplace of father (State or foreign country) Greenville, Ind.  
12. Full maiden name of mother Noris Evelyn Leathers  
Residence of mother (if deceased so state) Same  
Occupation of mother L.W. Race of mother W.  
Birthplace of mother (State or foreign country) Hinton, Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

FEMALE APPLICANT  
Name First Linda Thomas  
Date of Birth Month Sept. Day 4 Year 1953  
Place of Birth (State or foreign country) Marion Co. Indpls. Ind.  
Residence Address 326 N. Grant, Brownsville, 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) Temp. Driving Permit #6462278  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐  
Of Unsound Mind? No ☐ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐  
7. Full name of father David Gilbert Thomas Jr.  
Residence of father (if deceased so state) Same  
Occupation of father Machinist Race of father W.  
Birthplace of father (State or foreign country) Atlanta, Georgia  
8. Full maiden name of mother Clara Laron Parker  
Residence of mother (if deceased so state) Same  
Occupation of mother L.W. 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 HENDRICKS  
Signed Linda Laron Thomas  
New Address 326 North Grant Street B.B.  
Subscribed and sworn to before me this 1 day of Nov., 1969  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

I, David Thomas Jr., hereby give my consent for  
my Daughter, Linda L. Thomas to  
marry Darrell Muston.

Subscribed and sworn to before me this 7th day of Nov., 1969



Notary Public

Comm. expires 12-16-72

e. If only one parent

Signature of parent David Thomas Jr.

Father

Mother

1969

Clerk

Wed parties, the

and filed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1969, authorizing the joining together as husband and wife of Darrell Wayne Muston and Linda Laron Thomas.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Thomas E. Perry, hereby certify that on the 14 day of November, one thousand nine hundred and 69, at Avon, County of Hendricks, State of Indiana, Groom Darrell Wayne Muston of Hendricks County, State of Indiana, and, Bride Linda Laron Thomas of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 14 day of November, 1969.  
Signed Rev. Thomas E. Perry  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 18 day of November, 1969.  
Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 415  
File Book 31  
Date of Application 4 November 1969

MALE  
Medical Examination Report Dated 8 November 1969  
Name of Physician D.D. B. Haggard MD

FEMALE  
Medical Examination Report Dated 29 Oct 1969  
Name of Physician F.P. Warbinton MD.

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

MALE APPLICANT

Name Steven Dale Arthur  
Date of Birth January 1, 1920  
Place of Birth Indianapolis, Ind.  
Residence Address Bx 21, Cartersburg, 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 Pvt E-1 US Army  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) App. Inc.

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Kenneth Leon Arthur  
Residence of father (if deceased so state) Decatur, Ind.  
Occupation of father Race of father White  
Birthplace of father (State or foreign country) Indpls, Ind.

Full maiden name of mother Wilma Lucille Williams  
Residence of mother (if deceased so state) Cartersburg, Ind.  
Occupation of mother 4/w. Race of mother White  
Birthplace of mother (State or foreign country) Greencastle, Ind.

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

Signed Steven D. Arthur  
New Address D-9, Usatca, Ft Knox, Ky.  
Subscribed and sworn to before me this 8th day of November, 1969  
John J. Jamblak Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

due to death of father.

State of Indiana, Hendricks } ss:  
County of

Signed Wilma Lucille Johnson Father  
Signed Addie Lee Dailey Mother  
Subscribed and sworn to before me this 8th day of November, 1969  
John J. Jamblak Clerk

FEMALE APPLICANT

Name Carolyn Marie McBride  
Date of Birth December 11, 1951  
Place of Birth Indianapolis, Ind.  
Residence Address R1 Bx 56, Clayton, Hendricks, Ind.  
Maiden Name if Different

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

Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Student: Cascade  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 12193

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Willie Hugh McBride  
Residence of father (if deceased so state) Jones, Clayton, Ind.  
Occupation of father Stuckeyman, Stokesdale, Tenn.  
Birthplace of father (State or foreign country) Celina, Tenn.
- Full maiden name of mother Addie Lee Dailey  
Residence of mother (if deceased so state) Same  
Occupation of mother Waitress: Jones, Trunk, White  
Birthplace of mother (State or foreign country) Celina, Tenn

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

Signed Carolyn Marie McBride  
New Address R1 Bx 56, Clayton, Ind.  
Subscribed and sworn to before me this 4th day of November, 1969  
John J. Jamblak Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:  
County of

Signed Willie H. McBride Father  
Signed Addie L. McBride Mother  
Subscribed and sworn to before me this 4th day of November, 1969  
John J. Jamblak 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 8th day of Nov, 1969, authorizing the joining together as husband and wife of Steven Dale Arthur and Carolyn Marie McBride.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: 8th day of Nov, 1969, hereby certify that on the 8th day of Nov, 1969, at \_\_\_\_\_, County of Hendricks, State of Indiana, Groom Steven Dale Arthur of Hendricks County, State of Indiana, and, Bride Carolyn Marie McBride of Hendricks County, State of Indiana, were by me united 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 Nov, 1969.

Signed Ralph E. Ellsington  
Official Designation Minister, 1969  
Subscribed and sworn to before me this 10th day of Nov, 1969  
John J. Jamblak 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. 416  
File Book 31  
11-5-69  
Date of Application

MALE  
Medical Examination Report Dated 10-30-69  
Name of Physician James Black

FEMALE  
Medical Examination Report Dated 10-30-69  
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)".

**Female APPLICANT**  
Name Ethel Geisler  
Date of Birth 8 5 1930  
Place of Birth (State or foreign country) Ky  
Residence Address Bozelle Lynton Hendricks Indiana  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Man: Ruggles Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☐ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Clerk - Crawley Vague Shop  
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 Leslie Ruggles  
Residence of father (if deceased so state) deceased  
Occupation of father deceased Race of father    
Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Leola Mae Miller  
Residence of mother (if deceased so state) Monticello Indiana  
Occupation of mother retired Race of mother    
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 Ethel Mae Geisler  
New Address Lynton Indiana

Subscribed and sworn to before me this 5th day of Nov, 1969  
John Lambard Jr Clerk HENDRICKS Circuit Court

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

**Male APPLICANT**  
Name Paul Lester Hughes  
Date of Birth 11 3 1897  
Place of Birth (State or foreign country) Indiana  
Residence Address Rt 2 Danville Hendricks Indiana  
Maiden Name if Different \_\_\_\_\_

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 Salp - Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Drivers License #220-97151

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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. Hughes  
Residence of father (if deceased so state) deceased

Occupation of father deceased Race of father    
Birthplace of father (State or foreign country) Illinois

8. Full maiden name of mother Messie Anderson  
Residence of mother (if deceased so state) deceased

Occupation of mother deceased Race of mother    
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 Paul Lester Hughes  
New Address Lynton Ind.

Subscribed and sworn to before me this 5th day of Nov, 1969  
John Lambard Jr Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 6 November 1969 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 da Wavy

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be 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 November, 1969, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Louis D. Crouch hereby certify that on the 7th day of November, 1969, at Lynton, County of Hendricks, State of Indiana, Groom Paul Lester Hughes of Hendricks County, State of Indiana, and, Bride Ethel Mae Geisler of Hendricks County, State of Indiana, were by me united 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 November, 1969.  
Signed Louis D. Crouch  
Official Designation United Methodist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of November, 1969.  
Signed John Lambard Jr Clerk HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 417  
File Book 31  
Date of Application 8 November 1969

MALE  
Medical Examination Report Dated 5 November 1969  
Name of Physician D. B. Haggard M.D.

FEMALE  
Medical Examination Report Dated 5 November 1969  
Name of Physician D. B. Haggard M.D.

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

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

MALE APPLICANT

Name Kenneth Charles Nelms  
Date of Birth June 29 1948  
Place of Birth Indianapolis, Ind.  
Residence Address 618 Hillcrest Dr., P.O. Box 1141, 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 Sgt. US Army

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

☐ Other (Specify) 5895

- 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 Thomas Calloway Nelms  
Residence of father (if deceased so state) same  
Occupation of father Police Race of father white  
Birthplace of father (State or foreign country) Carroll Co., Ga.  
12. Full maiden name of mother Grace Elizabeth Holger  
Residence of mother (if deceased so state) same  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Pueblo, Colo.

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

County of \_\_\_\_\_ Signed Kenneth Charles Nelms

New Address 840 96224 San Francisco, Cal.

Subscribed and sworn to before me this 8th day of November, 1969

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: \_\_\_\_\_

County of \_\_\_\_\_ Signed \_\_\_\_\_ Father

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969

Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Michele Gene Jones  
Date of Birth September 9 1950  
Place of Birth Indianapolis, Ind.  
Residence Address R2 Box 100, Indpls Ind.  
Maiden Name if Different \_\_\_\_\_

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

Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Records Clerk: Blue Cross/Blind

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

☐ Other (Specify) 8316

- 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 groom closer than second cousin? ☐ No ☐ 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 Selvon Eugene Jones

Residence of father (if deceased so state) same

Occupation of father factory checker: Allen Race of father white

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

8. Full maiden name of mother Grace Louise Burgess  
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, Ky.

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

County of \_\_\_\_\_ Signed Michele Gene Jones

New Address R2 Box 100 Indpls, Ind.

Subscribed and sworn to before me this 8th day of November, 1969

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: \_\_\_\_\_

County of \_\_\_\_\_ Signed \_\_\_\_\_ Father

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969

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 November, 1969, authorizing the joining together of husband and wife

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

1, the Undersigned Minister, hereby certify that on the 15th day of November, \_\_\_\_\_ County of Hendricks

one thousand nine hundred and sixty-nine at Plainfield \_\_\_\_\_ County, State of Indiana

State of Indiana, Groom Kenneth Charles Nelms of Hendricks County, State of Indiana

and, Bride Michele Gene Jones of Hendricks County, State of Indiana

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

Dated this 15th day of November, 1969 Signed Rev. W. S. Dillard, D.D.

Official Designation Baptist Minister \_\_\_\_\_, 1969

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of November, 1969 Signed John Lambell Jr. Clerk  
\_\_\_\_\_ HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 448  
File Book 31  
Date of Application 11-8-69

MALE  
Medical Examination Report Dated 10-28-69  
Name of Physician Dr. Lloyd Jerry

FEMALE  
Medical Examination Report Dated 10-28-69  
Name of Physician Dr. Lloyd Jerry

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Joan Nietz  
Date of Birth 3 10 1942  
Place of Birth (State or foreign country) Indiana  
Residence Address 2651 Cold Springs Manor Dr. Indianapolis, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Engineer - Allison

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

☐ Other (Specify) \_\_\_\_\_

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Charles Nietz  
Residence of father (if deceased so state) deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Virginia Louise Nietz  
Residence of mother (if deceased so state) 7219 Williams Creek Dr. Indianapolis  
Occupation of mother Sec. Race of mother white  
Birthplace of mother (State or foreign country) Indiana

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

County of \_\_\_\_\_ Signed Richard J. Nietz

New Address \_\_\_\_\_

Subscribed and sworn to before me this 8th day of Nov, 1969

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 \_\_\_\_\_, 1969

\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Vicki Lea Burch  
Date of Birth 10 4 1944  
Place of Birth (State or foreign country) Texas  
Residence Address 3 Wood 450 E. Danville Hendricks Ind.  
Maiden Name if Different \_\_\_\_\_

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher - Speedway Public School

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

☐ Other (Specify) \_\_\_\_\_

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

Residence of father (if deceased so state) same

Occupation of father Allison Race of father white

Birthplace of father (State or foreign country) Washington Ind.

8. Full maiden name of mother Theresa Jean Kelley

Residence of mother (if deceased so state) same

Occupation of mother housewife Race of mother white

Birthplace of mother (State or foreign country) Washington Ind.

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

County of \_\_\_\_\_ Signed Vicki Lea Burch

New Address \_\_\_\_\_

Subscribed and sworn to before me this 8th day of Nov, 1969

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 \_\_\_\_\_, 1969

\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the 15th day of Nov, 1969, authorizing the joining together as husband and wife

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

I, Roy Landermeile hereby certify that on the 22 day of November

one thousand nine hundred and 69 at Avon United Methodist, County of Hendricks

State of Indiana, Groom Richard Joan Dietz of Marion County, State of Indiana

and, Bride Vicki Lea Burch of Hendricks County, State of Indiana

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

Dated this 22 day of November, 1969.

Signed Roy Landermeile

Official Designation Clergy (Methodist)

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of December, 1969

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. 419

File Book 31

Date of Application 11-8-69

## MALE

Medical Examination Report Dated 11-7-69

Name of Physician Dr David B. Lippard

## FEMALE

Medical Examination Report Dated 11-7-69

Name of Physician Dr David B. Lippard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Mark Rowland  
Date of Birth 11 1 1951  
Place of Birth Indianapolis  
Residence Address Rt 1 Box 691 Shawnee 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 EngineerDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Drivers License R453-51441

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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
John William Rowland	18	9230 Sully Lane, Schuylersburg, Pa.

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

11. Full name of father John William Rowland  
Residence of father (if deceased so state) 9230 Sully Lane, Schuylersburg, Pa.  
Occupation of father Salesman Race of father white  
Birthplace of father (State or foreign country) Shawnee, Pa.  
12. Full maiden name of mother Martha Louise Sackett  
Residence of mother (if deceased so state) Shawnee, Pa.  
Occupation of mother Cashier Race of mother white  
Birthplace of mother (State or foreign country) Shawnee, Pa.

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

New Address

Subscribed and sworn to before me this 8th day of Nov, 1969.  
John Lambrecht Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 legal custody of son - Evansburg Court of Dec. 1966

State of Indiana, HENDRICKS ss:  
County of HENDRICKS

Signed John William Rowland FatherSigned John Lambrecht Jr. Mother

Subscribed and sworn to before me this 8th day of Nov, 1969.  
John Lambrecht 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 \_\_\_\_\_ 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 24th day of November, 1969, authorizing the joining together as husband and wife of John Mark Rowland and Patricia Maxine Harrington.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Theodore Williams hereby certify that on the 22nd day of November, 1969, at Indianapolis, County of Marion, State of Indiana, Groom John Mark Rowland of Hendricks County, State of Indiana, and, Bride Patricia Maxine Harrington, Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of November, 1969.  
Signed Theodore Williams  
Official Designation Christian Minister  
28 day of November, 1969.  
Signed John Lambrecht Jr. Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1969.

## FEMALE APPLICANT

Name Patricia Maxine Harrington  
Date of Birth 1 27 1952  
Place of Birth Indianapolis  
Residence Address Rt 1 Box 691 Shawnee Hendricks Ind.  
Maiden Name if Different Patricia Maxine Harrington  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)Usual Occupation UnemployedDate of birth 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 Thomas Harrington  
Residence of father (if deceased so state) Rt 2 Box 381, Clay City, Ind.  
Occupation of father Factory Race of father white  
Birthplace of father (State or foreign country) Metropolis, Illinois  
8. Full maiden name of mother Charlotte Maxine Harrison  
Residence of mother (if deceased so state) Rt 1 Box 691, Shawnee, Ind.  
Occupation of mother Red Kite Mail Race of mother white  
Birthplace of mother (State or foreign country) Shawnee, 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 Maxine Harrington

New Address

Subscribed and sworn to before me this 8th day of Nov, 1969.  
John Lambrecht Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Mother has legal custody of daughter - Jan 13, 1969 - Hendricks Co.

State of Indiana, HENDRICKS ss:  
County of HENDRICKS

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

Signed Charlotte M. Harrington Mother

Subscribed and sworn to before me this 8th day of Nov, 1969.  
John Lambrecht 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. 420  
File 31  
11-10-69  
Date of Application

MALE  
Medical Examination Report Dated 10-16-69  
Name of Physician John P. Thomas, Capt. M.S.

FEMALE  
Medical Examination Report Dated 11-4-69  
Name of Physician Thomas M. Walker, M.D.

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

MALE APPLICANT

Name First Middle Last  
Dennis Ray Ruth  
Date of Birth Month Day Year  
March 27 1944  
Place of Birth (State or foreign country)  
St. Paul, Montana  
Residence Address Street or R. R. City County State  
El Paso St. Bliss, El Paso, Texas  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 2nd Lt. US Army.

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

☐ Other (Specify) ID Md F122579

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Lester Ruth  
Residence of father (if deceased so state) Billings, Montana  
Occupation of father Ex. Mgr. Ford  
Birthplace of father (State or foreign country) Gardiner, Mont.

12. Full maiden name of mother Marjorie Marie Tadej  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W.  
Birthplace of mother (State or foreign country) Bell, Montana

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

Signed [Signature] New Address 1505 Macalena, El Paso, Texas

Subscribed and sworn to before me this 14th day of March, 1969

[Signature] Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name First Middle Last  
Deborah Anne Smith  
Date of Birth Month Day Year  
Sept. 6 1946  
Place of Birth (State or foreign country)  
Liberia, W. Africa  
Residence Address Street or R. R. City County State  
20 Marianna Co., 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.

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

☐ Other (Specify).....

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

Residence of father (if deceased so state) Same

Occupation of father Evangelist Race of father W.

Birthplace of father (State or foreign country) Kearney, N. Jersey

8. Full maiden name of mother Mary Alice Dean

Residence of mother (if deceased so state) Same, Ill.

Occupation of mother H.W. Race of mother W.

Birthplace of mother (State or foreign country) Kane, Ill.

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

Signed Deborah Anne Smith New Address 1505 Macalena, El Paso, Texas

Subscribed and sworn to before me this 10th day of Nov., 1969

[Signature] Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed.....Father

Signed.....Mother

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1969, authorizing the joining together as husband and wife

of Dennis Ray Ruth and Deborah Anne Smith

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

I, Rev. Robert W. Smith, hereby certify that on the 14th day of November, 1969, at Brownsburg, Ind., County of Hendricks, State of Indiana, Groom Dennis Ray Ruth, of Yellowstone, County, State of Montana, and, Bride Deborah Anne Smith, of Hendricks, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 14th day of November, 1969.

Signed Robert W. Smith

Official Designation Baptist Minister

Signed John Gambrell Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of November, 1969.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 421  
File Bmk 31  
Date of Application 11 Nov 1969

MALE  
Medical Examination Report Dated 5 Nov 1969  
Name of Physician Earl S. O'Brien M.D.

FEMALE  
Medical Examination Report Dated 5 Nov 1969  
Name of Physician Earl S. O'Brien M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 E. Briggs  
Date of Birth August 29 1916  
Place of Birth Vincennes, Ind.  
Residence Address R18 Bx139 Indpls, Hend. Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White  
Usual Occupation Prod. Control: Link Belt  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-16-025260  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a 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 Mason Briggs  
Residence of father (if deceased so state) Deceased  
Occupation of father Deceased Race of father white  
Birthplace of father (State or foreign country) Decatur Ohio  
12. Full maiden name of mother Orpha Alice Walker  
Residence of mother (if deceased so state) Shell Lake, Wis.  
Occupation of mother Retired Race of mother white  
Birthplace of mother (State or foreign country) Valley Mills, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
Signed George E. Briggs  
New Address R18 Bx142 Indpls, Ind.  
Subscribed and sworn to before me this 11th day of Nov, 1969.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 Freda G. Sparks  
Date of Birth April 26 1920  
Place of Birth Indianapolis, Ind.  
Residence Address R18 Bx142 Indpls, Hend. Ind.  
Maiden Name if Different Freda Hennipman  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White  
Usual Occupation Order clerk, Link Belt  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father John Hennipman  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father white  
Birthplace of father (State or foreign country) Amersdam, Holland  
8. Full maiden name of mother Elsie Van Dyke  
Residence of mother (if deceased so state) R18 Bx142 Indpls  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Forwerd, Holland

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

Signed Freda G. Sparks  
New Address 11th St  
Subscribed and sworn to before me this 11th day of Nov, 1969.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 \_\_\_\_\_  
of Indiana dated the 15th day of November, 1969, authorizing the joining together as husband and wife  
of George E. Briggs and Freda G. Sparks.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1. Eldon J. Coons hereby certify that on the 15 day of November,  
at Brides Home, County of Hendricks,  
one thousand nine hundred and 69 of Hendricks County, State of Indiana,  
State of Indiana, Groom George E. Briggs of Hendricks County, State of Indiana,  
and, Bride Freda G. Sparks of Hendricks County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.  
Dated this 15 day of November, 1969.  
Signed Eldon J. Coons  
Official Designation Marshall, 1969.  
Clerk  
Filed and recorded in accordance with the laws of the State of Indiana this 19 day of November, 1969.  
Signed \_\_\_\_\_ HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 422  
File Book 31  
Date of Application 11-12-69

MALE  
Medical Examination Report Dated 11-1-69  
Name of Physician *Thurson J. Clark*

FEMALE  
Medical Examination Report Dated 11-1-69  
Name of Physician *Thurson J. Clark*

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

MALE APPLICANT

Name *Dale Rogers Thompson*  
Date of Birth *11-1-48*  
Place of Birth *San Diego, California*  
Residence Address *8835 Roswood Lane, Los Angeles, California*  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☐ Negro ☐ Other ☐ (specify).....  
Usual Occupation *Student - Ball State*  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

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

11. Full name of father *Everett Wendell Thompson*  
Residence of father (if deceased so state) *same*  
Occupation of father *Illinois* Race of father *white*  
Birthplace of father (State or foreign country) *New Jersey*  
12. Full maiden name of mother *Emily Warren Batten*  
Residence of mother (if deceased so state) *same*  
Occupation of mother *housewife* Race of mother *white*  
Birthplace of mother (State or foreign country) *Conn.*

State of Indiana, *HENDRICKS* ss: I depose and state the information given in this application is true and correct.  
County of *HENDRICKS*  
Signed *Dale Rogers Thompson*  
New Address.....

Subscribed and sworn to before me this *12* day of *Nov*, 19*69*.  
*John Gambold Jr.* Clerk *HENDRICKS* Circuit Court

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

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

FEMALE APPLICANT

Name *Kathleen Jean Kaeper*  
Date of Birth *12-8-48*  
Place of Birth *Indianapolis, Indiana*  
Residence Address *10 Sherman St, Brownsburg, 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) *Illinois 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 *Eugene Claude Kaeper*  
Residence of father (if deceased so state) *same*  
Occupation of father *Refinery Supervisor* Race of father *white*  
Birthplace of father (State or foreign country) *Richardson, Tex.*
  - Full maiden name of mother *Kathleen Barnes*  
Residence of mother (if deceased so state) *same*  
Occupation of mother *housewife* Race of mother *white*  
Birthplace of mother (State or foreign country) *Richardson, Tex.*

State of Indiana, *HENDRICKS* ss: I depose and state the information given in this application is true and correct.  
County of *HENDRICKS*  
Signed *Kathleen Jean Kaeper*  
New Address.....

Subscribed and sworn to before me this *12* day of *Nov*, 19*69*.  
*John Gambold Jr.* Clerk *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 *November*, 19*69*, authorizing the joining together as husband and wife *Dale Rogers Thompson* and *Kathleen Jean Kaeper*.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, *Rev. Keith L. Kinney* hereby certify that on the *29* th day of *November*, one thousand nine hundred and *sixty nine* at *Speedway*, County of *Marion*, State of Indiana, Groom *Dale Rogers Thompson* of *Marion* County, State of *Indiana* and, Bride *Kathleen Jean Kaeper* of *Hendricks* County, State of *Indiana* were by me united 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* th day of *November*, 19*69*.

Filed and recorded in accordance with the laws of the State of Indiana this *6* day of *December*, 19*69*.

Signed *Keith L. Kinney*  
Official Designation *Pastor, Messiah Lutheran Church*  
Signed *John Gambold Jr.* Clerk  
*HENDRICKS* Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 423  
File Book 31  
Date of Application 13 November 1969

MALE  
Medical Examination Report Dated 3 November 1969  
Name of Physician Lloyd Terry MD

FEMALE  
Medical Examination Report Dated 3 November 1969  
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-

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

MALE APPLICANT

Name Arlo Stuart  
Date of Birth August 17 1912  
Place of Birth Marion, Ind.  
Residence Address R3 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 Deputy Clerk, Marion Co.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Op. Lic. S363-12337
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to 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

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

11. Full name of father Melvin Otis Stuart  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) Hamlet, Ind.  
12. Full maiden name of mother Luna Long  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother White  
Birthplace of mother (State or foreign country) Marion, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Arlo Stuart  
New Address 22 E. 8th St., Indianapolis, Ind.  
Subscribed and sworn to before me this 13th day of November, 1969  
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 Helen Hester  
Date of Birth March 16 1926  
Place of Birth Portland, Tenn.  
Residence Address 287 E. 8th St., Indianapolis, Ind.  
Maiden Name if Different Helen Briggs  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) (Kyle)  
Usual Occupation Deputy Clerk, Marion Co.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) 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 Sanford Arthur Briggs  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) Portland, Tenn.

8. Full maiden name of mother Alice Ann Sumner  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother White  
Birthplace of mother (State or foreign country) Portland, Tenn.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Helen Hester  
New Address San Francisco, Calif.  
Subscribed and sworn to before me this 13th day of November, 1969  
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 \_\_\_\_\_  
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 \_\_\_\_\_ Circuit Court of Indiana dated the 20th day of Nov, 1969, authorizing the joining together as husband and wife of Arlo Stuart and Helen Hester.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, David Conner, hereby certify that on the 21st day of December, 1969, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 69, of Hendricks County, State of Indiana, Groom Arlo Stuart and, Bride Helen Hester were by me united 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 December, 1969.  
Signed David Conner  
Official Designation Minister, 1969  
Clerk  
Signed John Gamble HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 424  
File 130 November 1969  
Date of Application 130 November 1969

MALE  
Medical Examination Report Dated 10 November 1969  
Name of Physician Elmer L. Koch M.D.

FEMALE  
Medical Examination Report Dated 10 November 1969  
Name of Physician Elmer L. Koch M.D.

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

MALE APPLICANT

Name James F. Bicknell  
Date of Birth August 22, 1947  
Place of Birth Clayton, Ind.  
Residence Address Box 66 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 Truck Dr. Davis Gas.  
Date of birth 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
John Finlen Bicknell		Clayton, Ind.
Debra S. Lowry		Clayton, Ind.

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

11. Full name of father: John Finlen Bicknell  
Residence of father (if deceased so state): Clayton, Ind.  
Occupation of father: Trucking & Repair Race of father: white  
Birthplace of father (State or foreign country): Salem, Ind.  
12. Full maiden name of mother: Debra Maxine Brown  
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 James F. Bicknell  
New Address unknown  
Subscribed and sworn to before me this 13th day of November, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Debra S. Lowry  
Date of Birth May 27, 1950  
Place of Birth Indianapolis, Ind.  
Residence Address 6331 W. 10a, Indpls, Marion, Ind.  
Maiden Name if Different.....  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify).....  
Usual Occupation Sales Clerk Sears.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) 113-50-032997
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Full name of father: Earl Raymond Lowry  
Residence of father (if deceased so state): 2555 E. 10th St. W. 10 Indpls.  
Occupation of father: White Supr. hndk. Spt. Race of father: white  
Birthplace of father (State or foreign country): Indpls, Ind.

8. Full maiden name of mother: Sarah Ellen Gussard  
Residence of mother (if deceased so state): 6331 W. 10a, Indpls  
Occupation of mother: Housewife Race of mother: white  
Birthplace of mother (State or foreign country): Wagon, Ind.

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

Signed Debra S. Lowry  
New Address.....  
Subscribed and sworn to before me this 13th day of November, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of November, 1969, authorizing the joining together as husband and wife

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

I, Marvin E. Utter hereby certify that on the 29th day of November, one thousand nine hundred and 69 at Indianapolis, County of Marion, State of Indiana, Groom James F. Bicknell of Hendricks County, State of Indiana and, Bride Debra S. Lowry of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 29th day of November, 1969.

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of December, 1969.

Signed Marvin E. Utter  
Official Designation Pastor, Central Baptist Church  
Signed John Gasfield Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 425  
File Book 31  
Date of Application 11-14-69

MALE  
Medical Examination Report Dated 11-5-69  
Name of Physician Fred P. Warbinton

FEMALE  
Medical Examination Report Dated 11-5-69  
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, representa-

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

MALE APPLICANT

Name Richard Dennis Stennett  
Date of Birth 10 3 1951  
Place of Birth (State or foreign country) Indiana  
Residence Address 317 S. Woodruff City Shelby County Shelby State 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) Other  
Usual Occupation Cabinet Maker - Nonferrous Products  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Indef.

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

(b) Are you supporting or contributing to their 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 Eugene Stennett  
Residence of father (if deceased so state) same  
Occupation of father Mechanic Race of father white  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Delores Jane Cassidy  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Indiana

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

Subscribed and sworn to before me this 14 day of Nov, 1969.  
John Lambell Jr. Clerk. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 Consent Attached Father  
Signed Delores Jane Stennett Mother  
Subscribed and sworn to before me this 14 day of Nov, 1969.  
John Lambell 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
\_\_\_\_\_ HENDRICKS County \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the \_\_\_\_\_ HENDRICKS Circuit Court of Indiana dated the 18th day of November, 1969, authorizing the joining together as husband and wife of Richard Dennis Stennett and Sherry Ann Cunningham.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Rollins, hereby certify that on the 29th day of November, \_\_\_\_\_, County of Hendricks, State of Indiana, Groom Richard Dennis Stennett of Hendricks County, State of Indiana, and, Bride Sherry Ann Cunningham of Hendricks County, State of Indiana, 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 November, 1969.  
Signed Warren A. Rollins  
Official Designation Christian Minister  
4th day of December, 1969.  
Signed John G. Amended Jr. Clerk  
\_\_\_\_\_ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1969.

FEMALE APPLICANT

Name Sherry Ann Cunningham  
Date of Birth 10 20 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address 513 Brookside Lane City Shelby County Shelby State Indiana  
Maiden Name if Different Peggy Ann Pugh  
Previous Marital 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  
Date of birth 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 Cunningham  
Residence of father (if deceased so state) same  
Occupation of father Asst. Supervisor Public Works Race of father white  
Birthplace of father (State or foreign country) Bloomfield Ind.

8. Full maiden name of mother Peggy Ann Pugh  
Residence of mother (if deceased so state) same  
Occupation of mother Clerk - Co. Hospital Race of mother white  
Birthplace of mother (State or foreign country) Scottsboro Ind.

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

Signed Sherry Ann Cunningham  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 14 day of Nov, 1969.  
John Lambell Jr. Clerk. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Robert Lee Cunningham Father  
Signed Peggy Ann Cunningham Mother  
Subscribed and sworn to before me this 14 day of Nov, 1969.  
John Lambell 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. 426  
File Book 31  
11-15-69  
Date of Application

MALE  
Medical Examination Report Dated 11-7-69  
Name of Physician R.W. Van Bockelen

FEMALE  
Medical Examination Report Dated 11-7-69  
Name of Physician R.W. Van Bockelen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Lyman Last Griswold  
Date of Birth Month 8 Day 16 Year 1946  
Place of Birth (State or foreign country) Indiana  
Residence Address RA3 Box 608B Gosport Indiana 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 Estimate - Angus

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

☐ Other (Specify) \_\_\_\_\_

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

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

Signed Daniel L. Griswold

New Address \_\_\_\_\_

Subscribed and sworn to before me this 15 day of Nov, 1969  
John Hambrook Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Sharon Middle Elaine Last Palmer  
Date of Birth Month 8 Day 6 Year 49  
Place of Birth (State or foreign country) Indiana  
Residence Address RA3 Box 5 Condy Marion 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 Sec. Peoples Store Life

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

☐ Other (Specify) 7270

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

7. Full name of father Marvin Frank Palmer  
Residence of father (if deceased so state) same  
Occupation of father Business - Hamilton Race of father white  
Birthplace of father (State or foreign country) Indiana  
8. Full maiden name of mother Margaret Jane Barney  
Residence of mother (if deceased so state) same  
Occupation of mother housewife Race of mother white  
Birthplace of mother (State or foreign country) Indiana

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

Signed Sharon E. Palmer

New Address 5826 Port Spring Apt D

Subscribed and sworn to before me this 15 day of Nov, 1969  
John Hambrook Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_  
\_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov, 1969, authorizing the joining together as husband and wife of Daniel Lyman Griswold and Sharon Elaine Palmer  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Burl Eads, hereby certify that on the 22 day of November, one thousand nine hundred and 69, at Condy, County of Marion, State of Indiana, Groom Daniel Lyman Griswold of Marion County, State of Indiana and, Bride Sharon Elaine Palmer of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 22 day of November, 1969.

Signed Rev. Burl Eads

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of November, 1969.

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. 508428  
File Book 31  
Date of Application 15 November 1969

MALE  
Medical Examination Report Dated 10 November 1969  
Name of Physician Irring Cohen M.D.

FEMALE  
Medical Examination Report Dated 10 November 1969  
Name of Physician Irring 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 Richard H. Riddle  
Date of Birth August 30, 1946  
Place of Birth Indiana  
Residence Address 109 E Main St., P.O. Box 11, 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 Landscaper: Fritz Loosten

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

☐ Other (Specify) Self 12 30 46 239

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Oakley Riddle  
Residence of father (if deceased so state) Same  
Occupation of father Purchasing Agent Race of father white  
Birthplace of father (State or foreign country) Marshall, Iowa

12. Full maiden name of mother Mary Jean Bussinger  
Residence of mother (if deceased so state) Same  
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 \_\_\_\_\_

Signed Richard H. Riddle  
New Address 106 1/2 Carter St., P.O. Box 11, Hendricks, Ind.

Subscribed and sworn to before me this 15th day of November, 1969  
Clerk John Gambold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

FEMALE APPLICANT

Name Marla Kay Chestnut  
Date of Birth November 27, 1949  
Place of Birth Indiana  
Residence Address 106 1/2 Carter St., P.O. Box 11, 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 Typist: Hank Bolt

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

☐ Other (Specify) Birth Cert C235-49462

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

7. Full name of father Roscoe Elmer Chestnut  
Residence of father (if deceased so state) 152 Bx 181, Hendricks, Ind.  
Occupation of father Customs Officer Race of father white  
Birthplace of father (State or foreign country) Daricess, Ind.

8. Full maiden name of mother Mary Jean Bussinger  
Residence of mother (if deceased so state) Same  
Occupation of mother Key Punch Race of mother white  
Birthplace of mother (State or foreign country) Logansport, Ind.

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

Signed Marla Kay Chestnut  
New Address Same

Subscribed and sworn to before me this 15th day of November, 1969  
Clerk John Gambold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

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

\_\_\_\_\_ 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 \_\_\_\_\_ dated the 19th day of November, 1969, authorizing the joining together as husband and wife of Richard H. Riddle and Marla Kay Chestnut

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

I, Robert J. DeLong, hereby certify that on the 26th day of November, one thousand nine hundred and 69 at Plainfield, County of Hendricks, State of Indiana, Groom Richard Hampton Riddle of Hendricks County, State of Indiana and, Bride Marla Kay Chestnut of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County.

Dated this 26th day of November, 1969.

Signed Robert J. DeLong

Official Designation Clergyman

Signed John Gambold Jr. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of December, 1969.

HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 429  
File Book 31  
11-15-69  
Date of Application

## MALE

Medical Examination Report Dated 11-4-69  
Name of Physician Kene M. Jacobs

## FEMALE

Medical Examination Report Dated 11-4-69  
Name of Physician Kene 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, representa-

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

## MALE APPLICANT

Name First Ted Middle Stanley Last Walton  
Date of Birth Month 9 Day 19 Year 1945  
Place of Birth (State or foreign country) Greencastle  
Residence Address Box 20 Street or R. R. Cottleville City Indiana State Indiana  
Previous Marital Status: Never Married ☒ Number of Previous Marriages None

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Electrician

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

☐ Other (Specify) W. Ord - 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

- 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 Larry D. Walton  
Residence of father (if deceased so state) same  
Occupation of father Allison Race of father white  
Birthplace of father (State or foreign country) Hendricks Co.  
12. Full maiden name of mother Mary Katherine Givett  
Residence of mother (if deceased so state) same  
Occupation of mother State Bank Race of mother white  
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 \_\_\_\_\_

Signed Ted Stanley Walton

New Address Box 172, Amos, Indiana

Subscribed and sworn to before me this 15 day of Nov, 1969.  
John Lambrecht Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court \_\_\_\_\_  
of Indiana dated the 20th day of Nov, 1969, 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. Douglas R. Kline hereby certify that on the 21 day of November,  
one thousand nine hundred and 69 at Amos, County of Hendricks,  
State of Indiana, Groom: Ted Stanley Walton of Hendricks County, State of Indiana,  
and, Bride: Ella May 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 \_\_\_\_\_  
County. \_\_\_\_\_  
Dated this 21 day of November, 1969. Signed Rev. Douglas R. Kline  
Official Designation Pastor, Amos Baptist  
\_\_\_\_\_ day of November, 1969.  
Signed \_\_\_\_\_ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
Signed \_\_\_\_\_ HENDRICKS Circuit Court

## FEMALE APPLICANT

Name First Ella Middle May Last Wise  
Date of Birth Month 6 Day 15 Year 1949  
Place of Birth (State or foreign country) Greencastle  
Residence Address R#2 Street or R. R. Seaville City Indiana State Indiana  
Maiden Name if Different Paul Wise

Previous Marital Status: Never Married ☒ Number of Previous Marriages None

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sec - AFNB

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

☐ Other (Specify) Dr. W. Ord - 11200-49255

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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) same  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Lafayette Co.  
8. Full maiden name of mother Christine Kline  
Residence of mother (if deceased so state) same  
Occupation of mother housewife Race of mother white  
Birthplace of mother (State or foreign country) Luttrell Co.

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

Signed Ella May Wise

New Address Box 172, Amos, Indiana

Subscribed and sworn to before me this 15 day of Nov, 1969.  
John Lambrecht Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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. 130  
File Book 31  
15 November 1961  
Date of Application

## MALE

Medical Examination Report Dated 11 November 1961  
Name of Physician El. A. Coats M.D.

## FEMALE

Medical Examination Report Dated 11 November 1961  
Name of Physician El. A. Coats M.D.

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

## MALE APPLICANT

Name Stephen Ross Borden  
Date of Birth May 4 1929  
Place of Birth Indianapolis, Ind.  
Residence Address R23x212 Indpls, Hen, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Asst. Hl. Pennys

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 818 12 30 50 148

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Ross Junior Borden  
Residence of father (if deceased so state) 22 Indpls, Ind.  
Occupation of father Machinist: Alcoa Race of father White  
Birthplace of father (State or foreign country) Marion Co, Ky.  
12. Full maiden name of mother Marilyn Jane Chapman  
Residence of mother (if deceased so state) Sane  
Occupation of mother Sales Clerk: Pennys 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 Stephen Ross Borden

New Address R23x212 Indpls, Ind.

Subscribed and sworn to before me this 15th day of November, 1961  
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: I depose and state the information given in this application is true and correct.

Signed Stephen Ross Borden Father

Signed Marilyn J. Borden Mother

Subscribed and sworn to before me this 15th day of November, 1961  
Clerk John Gambrell HENDRICKS Circuit Court

## FEMALE APPLICANT

Name Brenda Joyce Seymour  
Date of Birth June 20 1952  
Place of Birth Indianapolis, Ind.  
Residence Address 3309 Ashley Lane Indpls, Marion Ind.  
Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student (Saver Area)

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

☐ Other (Specify) 6366

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

Residence of father (if deceased so state) Deceased

Occupation of father Deceased Race of father White

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

8. Full maiden name of mother Carolina Anna Butane

Residence of mother (if deceased so state) 3309 Ashley Lane Indpls.

Occupation of mother H/W. Race of mother White

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

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

Signed Brenda Joyce Seymour

New Address Sane

Subscribed and sworn to before me this 15th day of November, 1961  
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.

father deceased -- mother gives full consent.

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

Signed Carolina A. Seymour mother

Signed John Gambrell Clerk

Subscribed and sworn to before me this 15th day of November, 1961  
Clerk John Gambrell 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 Court by written order issued..... 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 14th day of November, 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, German Coats hereby certify that on the 29th day of November, one thousand nine hundred and 61, at Indianapolis, County of Marion, State of Indiana, Groom Stephen Ross Borden of Hendricks County, State of Indiana

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

Dated this 19th day of November, 1961.

Signed German Coats

Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of December, 1961.

Signed John Gambrell Clerk

HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 431  
File Bk 31  
Date of Application 15 of Nov. 1969

MALE

Medical Examination Report Dated 11-14-69

Name of Physician John Ellett, Jr., M.D.

FEMALE

Medical Examination Report Dated 11-14-69

Name of Physician John Ellett, Jr., M.D.

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

MALE APPLICANT

Name Donnie Lee Travelsted  
Date of Birth Nov. 17 1947  
Place of Birth (State or foreign country) Franklin, Ky.  
Residence Address Box 31, Gmo, 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 Home Lumber Co. - Danville

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

☒ Other (Specify) SS Registration Cert. - 12-30-47-54

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Way Bradford Travelsted  
Residence of father (if deceased so state) same  
Occupation of father Bridgeport Brass Race of father W.  
Birthplace of father (State or foreign country) Franklin, Ky.  
12. Full maiden name of mother Anna Hazel Cassidy  
Residence of mother (if deceased so state) same  
Occupation of mother Amo Locker Plant Race of mother W.  
Birthplace of mother (State or foreign country) Franklin, Ky.

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

Signed Donnie Lee Travelsted

New Address \_\_\_\_\_

Subscribed and sworn to before me this 15 day of November, 1969  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed \_\_\_\_\_

Signed \_\_\_\_\_

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

FEMALE APPLICANT

Name Anna Laverne Brown  
Date of Birth Dec. 22 1951  
Place of Birth (State or foreign country) Indpls., Ind.  
Residence Address P.O. Box 26, Gmo, 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 Public Service - Plfd.

Date of birth 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 German Clotis Brown  
Residence of father (if deceased so state) decd  
Occupation of father \_\_\_\_\_ Race of father W.  
Birthplace of father (State or foreign country) Albany, Ky.  
8. Full maiden name of mother Loretta Mae Brown  
Residence of mother (if deceased so state) same  
Occupation of mother RC A. Race of mother W.  
Birthplace of mother (State or foreign country) Richmond, Ind.

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

Signed Anna Laverne Brown

New Address \_\_\_\_\_

Subscribed and sworn to before me this 15 day of November, 1969  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Subscribed and sworn to before me this 15 day of Nov, 1969  
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 \_\_\_\_\_ 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 \_\_\_\_\_ Circuit Court of Indiana dated the 19th day of November, 1969, 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. Douglas R. Kline, at Gmo, County of Hendricks, State of Indiana,  
one thousand nine hundred and 69 of Hendricks County, State of Indiana,  
State of Indiana, Groom Donnie Lee Travelsted of Hendricks County, State of Indiana,  
and, Bride Anna Laverne Brown of Hendricks County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County, \_\_\_\_\_

Dated this 22 day of November, 1969.

Signed Rev. Douglas R. Kline  
Official Designation Pastor, Am. Baptist  
\_\_\_\_\_ day of November, 1969.  
Signed \_\_\_\_\_ 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. 432  
File 11-15-69  
Book 31  
Date of Application

MALE

Medical Examination Report Dated 11-7-69

Name of Physician James Eugene Southerland

FEMALE

Medical Examination Report Dated 11-7-69

Name of Physician James Eugene Southerland

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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  
Robert Charles Brown  
Date of Birth Month Day Year  
12 1 1949  
Place of Birth (State or foreign country)  
Indianapolis  
Residence Address Street or R. R. City County State  
317 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 Mechanic - Robert Ford  
Date of birth 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

- (b) Are you supporting or contributing to their 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 Eugene Brown Jr.  
Residence of father (if deceased so state) 89th Main Johnston  
Occupation of father Unemployed - Blind Race of father white  
Birthplace of father (State or foreign country) Cleveland Ind.  
12. Full maiden name of mother Norma Jean Burgess  
Residence of mother (if deceased so state) same  
Occupation of mother housewife 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.  
County of Hendricks

Signed Robert Charles Brown

New Address

and sworn to before me this 15 day of Nov, 1969

John Hambel Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov, 1969, authorizing the joining together as husband and wife of Robert Charles Brown and Deborah Catherine Smith.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Marvin E. Saley, hereby certify that on the 29 day of November, one thousand nine hundred and 69, at Indianapolis, County of Marion, State of Indiana, Groom Robert Charles Brown of Hendricks County, State of Indiana, and, Bride Deborah Catherine Smith of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 29 day of November, 1969.

Signed Marvin E. Saley

Official Designation Baptist Minister

Signed John Gambel Jr. Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of December, 1969.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 432  
File 11-15-69  
Book 31  
Date of Application

## MALE

Medical Examination Report Dated 11-7-69

Name of Physician James Eugene Southerland

## FEMALE

Medical Examination Report Dated 11-7-69

Name of Physician James Eugene Southerland

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Charles Brown  
Date of Birth 12 1 1949  
Place of Birth (State or foreign country) Indiana  
Residence Address 317 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 Mechanic - Robert Ford

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

☐ Other (Specify) \_\_\_\_\_

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

(a) List their full names, ages and addresses

Name Age Address

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

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

11. Full name of father Charles Eugene Brown Jr.  
Residence of father (if deceased so state) 894 Main Danville  
Occupation of father Unemployed - Blind Race of father white  
Birthplace of father (State or foreign country) Waverly Ind.  
12. Full maiden name of mother Norma Jean Burgess  
Residence of mother (if deceased so state) same  
Occupation of mother housewife 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 Robert Charles Brown

New Address \_\_\_\_\_

Subscribed and sworn to before me this 15 day of Nov, 1969.

## FEMALE APPLICANT

Name Deborah Catherine Smith  
Date of Birth 9 30 1951  
Place of Birth (State or foreign country) Indiana  
Residence Address Rt 1 Box 43 Coatesville Hendricks Ind.  
Maiden Name if Different \_\_\_\_\_

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 Marvin Les Smith  
Residence of father (if deceased so state) same  
Occupation of father Eastern Express Race of father white  
Birthplace of father (State or foreign country) New August Ind.

8. Full maiden name of mother Patsy Jean Montgomery  
Residence of mother (if deceased so state) same  
Occupation of mother Artist - Self Race of mother white  
Birthplace of mother (State or foreign country) Springfield, Ky

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

Signed Deborah Catherine Smith

New Address \_\_\_\_\_

Subscribed and sworn to before me this 15th day of Nov, 1969.

John D. Proctor Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

of the other parent unnecessary \_\_\_\_\_

We Charles & Norma Brown, hereby give my consent for our son, Robert Charles Brown to marry Deborah Catherine Smith

Subscribed and sworn to before me this 4th day of November, 1969

John D. Proctor  
Notary Public

My Commission Expires 9/21/73

of Indiana dated the 19th day of Nov, 1969.

Robert Charles Brown and Deborah Catherine Smith

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

I, Marvin E. Galey, hereby certify that on the 29 day of November, one thousand nine hundred and 69 at Indianapolis, County of Marion, State of Indiana, Groom Robert Charles Brown of Hendricks County, State of Indiana and, Bride Deborah Catherine Smith of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of November, 1969.

Signed Marvin E. Galey

Official Designation Baptist Minister

2nd day of December, 1969.

Signed John Gaudin Jr.

HENDRICKS

Circuit Court

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



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 433  
File 17 November 1969  
Book 31  
Date of Application

MALE  
Medical Examination Report Dated 21 Nov 1969  
Name of Physician S. Thos. Vieira MD.

FEMALE  
Medical Examination Report Dated 21 Nov. 1969  
Name of Physician James E. Southern MD.

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

MALE APPLICANT

Name Larry Pierson  
Date of Birth 27 1945  
Place of Birth Indianapolis, Ind.  
Residence Address RR 1 Box 203 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 Technician: Dow Chem.

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

☐ Other (Specify) Nil ID. 4159137

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Walter Leon Pierson  
Residence of father (if deceased so state) same Clayton Ind.  
Occupation of father Truck driver. Plaster Race of father white  
Birthplace of father (State or foreign country) Putnam Co., Ind.  
12. Full maiden name of mother Lora Imogene Kelly  
Residence of mother (if deceased so state) same  
Occupation of mother Mail clk: Farm Bldg. Ind. Race of mother white  
Birthplace of mother (State or foreign country) Hendricks Co., Ind.

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

Signed Larry L. Pierson  
New Address 316 W. North St. Plainfield

Subscribed and sworn to before me this 24th day of November, 1969  
Clerk John Gambold HENDRICKS Circuit Court

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

State of Indiana, } ss:  
County of HENDRICKS

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

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

FEMALE APPLICANT

Name Linda Darlene Shorter  
Date of Birth 26 1948  
Place of Birth Betterville Ind.  
Residence Address RR 2 Box 417 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 Beautician: Charm.

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

☐ Other (Specify) our 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 Tacodere R. Shorter  
Residence of father (if deceased so state) same  
Occupation of father Mechanics Race of father white  
Birthplace of father (State or foreign country) N. Salay Ind.

8. Full maiden name of mother Hillian Elora Russell  
Residence of mother (if deceased so state) same  
Occupation of mother st/w. Race of mother white  
Birthplace of mother (State or foreign country) Marietta, Ind.

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

Signed Linda Darlene Shorter

New Address sq

Subscribed and sworn to before me this 17th day of November, 1969  
Clerk John Gambold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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 \_\_\_\_\_

HENDRICKS 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 \_\_\_\_\_, 1969, authorizing the joining together as husband and wife of Indiana dated the 24th day of November, 1969, and \_\_\_\_\_

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_  
I, Rev. Clarence E. Hopkins, hereby certify that on the 28th day of November,  
at (Hazelwood) RR 2 Clayton, County of Hendricks,  
one thousand nine hundred and 69 of Hendricks County, State of Indiana,  
State of Indiana, Groom Larry L. Pierson of Hendricks County, State of Indiana,  
and, Bride Linda Darlene Shorter of Hendricks County, State of Indiana,  
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 28 day of November, 1969.

Signed Rev. Clarence E. Hopkins  
Official Designation Baptist Minister, 1969  
Clerk John Gambold Sr  
Signed \_\_\_\_\_ HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 434  
File Bk 31  
Date of Application 11-19-69

MALE  
Medical Examination Report Dated 11-13-69  
Name of Physician Eli A. Coats

FEMALE  
Medical Examination Report Dated 11-13-69  
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 Warren N. Swinford  
Date of Birth April 3, 1947  
Place of Birth (State or foreign country) Mattoon, Ill.  
Residence Address Box 1379, R.R. 1, 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 St. Highway Car

Date of birth 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 Jack Nelson Swinford  
Residence of father (if deceased so state) Same  
Occupation of father Buckman for R.R. Race of father W.  
Birthplace of father (State or foreign country) Shindshar, Ill.  
12. Full maiden name of mother Elen Genora Warren  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother W.  
Birthplace of mother (State or foreign country) Leona, Ill.

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

Signed Warren N. Swinford

New Address.....

Subscribed and sworn to before me this 19 day of Nov., 1969  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Nancy S. Blackledge  
Date of Birth June 7, 1951  
Place of Birth (State or foreign country) Indpls., Ind.  
Residence Address 3671.4505 Danville, 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 Cashier

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

☐ Other (Specify).....

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

7. Full name of father William Franklin Blackledge  
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.  
8. Full maiden name of mother Guarita Jays Osborne  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother W.  
Birthplace of mother (State or foreign country) Bainbridge, Ind.

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

Signed Nancy S. Blackledge

New Address.....

Subscribed and sworn to before me this 19 day of Nov., 1969  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed Daniel A. Brock Father

Signed Virginia M. Brock Mother

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1969, authorizing the joining together as husband and wife Warren N. Swinford and Nancy S. Blackledge  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, J. R. Davies hereby certify that on the 29 day of November, one thousand nine hundred and 69 at Indianapolis, County of Marion, State of Indiana, Groom Warren N. Swinford of Hendricks County, State of Indiana and, Bride Nancy S. Blackledge of Hendricks County, State of Indiana were by me united 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 November, 1969.....

Signed J. R. Davies

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of December, 1969.

Signed John Gambold Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 435  
File Bk. 31  
Date of Application 11-20-69

MALE

Medical Examination Report Dated 11-14-69  
Name of Physician Joseph C. Kerlin, M.D.

FEMALE

Medical Examination Report Dated 11-14-69  
Name of Physician Joseph C. Kerlin, M.D.

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

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

MALE APPLICANT

Name Michael Wayne Manley  
Date of Birth Sept. 8, 1951  
Place of Birth (State or foreign country) Indpls., Ind.  
Residence Address Rt. 1, Box 3249, Cambridge, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Store Keeper - J.M.C.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Norman Manley  
Residence of father (if deceased so state) same  
Occupation of father allisons Race of father W.  
Birthplace of father (State or foreign country) Anderson, Ind.  
12. Full maiden name of mother Boris Marie Patterson  
Residence of mother (if deceased so state) Marion Co., Ind.  
Occupation of mother H/W. 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 Michael Manley  
New Address 385 1/2 N. Wayne  
Subscribed and sworn to before me this 20 day of Nov., 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Custody in Father - Mar. Co. #S365-179 in 1965

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed James B. Manley Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 20 day of Nov., 1969  
Clerk John Gambold, Jr.

FEMALE APPLICANT

Name Kathleen Marie Brock  
Date of Birth Aug. 14, 1954  
Place of Birth (State or foreign country) Indpls., Ind.  
Residence Address 484 Midland Dr., Danville, 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 ☐
- Full name of father Samuel Arthur Brock  
Residence of father (if deceased so state) \_\_\_\_\_  
Occupation of father \_\_\_\_\_ Race of father W.  
Birthplace of father (State or foreign country) Brownsville, Texas

8. Full maiden name of mother Virginia Mae Wright  
Residence of mother (if deceased so state) \_\_\_\_\_  
Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_  
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 Kathleen Brock  
New Address 385 1/2 N. Wayne  
Subscribed and sworn to before me this 20 day of Nov., 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed Samuel A. Brock Father  
Signed Virginia M. Brock Mother  
Subscribed and sworn to before me this 20 day of Nov., 1969  
Clerk John Gambold, Jr.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 11-20-69 and filed 3 day waiver in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. Waiver of age

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1969, authorizing the joining together as husband and wife of Michael Wayne Manley and Kathleen Marie Brock.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rhodes T. Thompson at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and sixty nine, of Marion County, State of Indiana, and, Bride Kathleen Marie Brock of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 28th day of November, 1969.  
Signed Rhodes T. Thompson  
Official Designation Minister  
day of December, 1969  
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. 436  
File Bk. 31  
Date of Application 11-22-69

MALE  
Medical Examination Report Dated 11-21-69  
Name of Physician Eli A. Coats, M.D.

FEMALE  
Medical Examination Report Dated 11-21-69  
Name of Physician Eli A. Coats, M.D.

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

MALE APPLICANT

Name Virgil Monroe Justice  
Date of Birth June 13 1948  
Place of Birth (State or foreign country) Ind. Pikeville, Ky.  
Residence Address 7777 W. Washington, Ind. Marion  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Carpenter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) SS & Regis. Cert. 15-130-48-165

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

Name Age Address

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

11. Full name of father Chester Aris Justice  
Residence of father (if deceased so state) Same as - Pikeville, Ky.  
Occupation of father Coal Miner Race of father W.  
Birthplace of father (State or foreign country) Pikeville, Ky.  
12. Full maiden name of mother Prine B. Berens  
Residence of mother (if deceased so state) Same  
Occupation of mother School Teacher Race of mother W.  
Birthplace of mother (State or foreign country) Pikeville, Ky.

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

Signed Virgil Monroe Justice  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 22 day of Nov., 1969  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Wilma Mae Bacon  
Date of Birth Oct 28 1951  
Place of Birth (State or foreign country) Marion, Ind.  
Residence Address R. R #2, Box 11, 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 Nursing Home

Date of birth 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 Manson Orville Bacon  
Residence of father (if deceased so state) Same  
Occupation of father Mechanic Race of father W.  
Birthplace of father (State or foreign country) Mountain Co. Ind.

8. Full maiden name of mother Georgia Cassin Whitaker  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W Race of mother W.  
Birthplace of mother (State or foreign country) Putnam Co. Ind. (Claverdale, Ind.)

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

Signed Wilma Mae Bacon  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 22 day of Nov., 1969  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of November, 1969, authorizing the joining together as husband and wife of Virgil Monroe Justice and Wilma Mae Bacon.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Malcolm R. Neier, hereby certify that on the 30th day of November, one thousand nine hundred and 69, at Clayton, County of Hendricks, State of Indiana, Groom Virgil Monroe Justice of Marion County, State of Indiana and, Bride Wilma Mae Bacon of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 30th day of November, 1969.

Signed Malcolm R. Neier Pastor  
Official Designation Coatesville Baptist Church  
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 December, 1969.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 437  
File Bp 31  
Date of Application 11-22-69

HENDRICKS County

MALE

Medical Examination Report Dated 11-18-69  
Name of Physician James Black

FEMALE

Medical Examination Report Dated 11-18-69  
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-

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

MALE APPLICANT

Name Larry First Joe Middle Paris Last  
Date of Birth October Month 2 Day 1947 Year  
Place of Birth (State or foreign country) Indpls. Ind.  
Residence Address 215 W. Vine St. Street or R. R. Plainfield City Ind. 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 Int'l Nat. Bank teller

Date of birth 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 Donald Eugene Paris  
Residence of father (if deceased so state) same  
Occupation of father Parcel Worker Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Imogene Ruth Fields  
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, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS  
Signed Larry Joe Paris  
New Address 296 N. Mill St. Apt. 9, Plainfield  
Subscribed and sworn to before me this 22nd day of November, 1969.  
Clerk John Gambell HENDRICKS Circuit Court

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

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

FEMALE APPLICANT

Name Marcella First M. Middle Rayles Last  
Date of Birth August Month 30 Day 1949 Year  
Place of Birth (State or foreign country) Plainfield, Indiana  
Residence Address 207 Galla Street or R. R. Brownsville 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 Clerk Stenographer Ind. St. Bd of Health

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

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father James Albert Rayles  
Residence of father (if deceased so state) same  
Occupation of father Addison's Race of father W  
Birthplace of father (State or foreign country) Indiana  
8. Full maiden name of mother Betty Pauline 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, } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS  
Signed Marcella M. Rayles  
New Address 296 N. Mill St. Apt. 9, Plainfield  
Subscribed and sworn to before me this 22nd day of November, 1969.  
Clerk John Gambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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 \_\_\_\_\_  
HENDRICKS 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 26th day of November, 1969, authorizing the joining together as husband and wife  
of Larry Joe Paris and Marcella M. Rayles  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Cliff Burchyett, hereby certify that on the 28th day of November,  
at Plainfield, County of Hendricks,  
one thousand nine hundred and sixty-nine,  
of Hendricks County, State of Indiana,  
State of Indiana, Groom Larry Joe Paris of Hendricks County, State of Indiana,  
and, Bride Marcella M. Rayles of Hendricks County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS  
County.  
Dated this 28th day of November, 1969.  
Signed Cliff Burchyett  
Official Designation Minister, Plainfield Baptist Church  
\_\_\_\_\_ day of \_\_\_\_\_, 1969.  
Signed John Gambell 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. 438  
File Book 31  
Date of Application 11-24-69

MALE

Medical Examination Report Dated 11-22-69

Name of Physician Thomas Walker M.D.

FEMALE

Medical Examination Report Dated 11-22-69

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 Clarence Middle E. Last Fulke Jr.  
Date of Birth Month 5 Day 27 Year 1929  
Place of Birth (State or foreign country) Kentucky  
Residence Address Rt 1 Street or R. R. City Henderson County Hendricks State 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 Butcher - Young Packing

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

☐ Other (Specify) Driver License Ky 4445423

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Clarence E. Fulke Sr.  
Residence of father (if deceased so state) deceased  
Occupation of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Kentucky  
12. Full maiden name of mother Mary Ruth Thiel  
Residence of mother (if deceased so state) same as groom  
Occupation of mother unemployed  
Birthplace of mother (State or foreign country) Henderson, Ky.

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

Signed Clarence E. Fulke Jr.  
New Address 245 Walnut Ave. Brownsburg  
Subscribed and sworn to before me this 24 day of Nov, 1969  
John Lambroed Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Gertrude Middle G. Last Gregory  
Date of Birth Month 3 Day 12 Year 1928  
Place of Birth (State or foreign country) Ky  
Residence Address 245 Walnut Ave Brownsburg City Hendricks County Indiana  
Maiden Name if Different Baumley  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Feb '69 - Merino Co.

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

Usual Occupation Packer - American Art Clay

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

☐ Other (Specify) Insurance Policy Equitable Life Ins.

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Joe Baumley  
Residence of father (if deceased so state) deceased  
Occupation of father Retired  
Birthplace of father (State or foreign country) Kentucky  
8. Full maiden name of mother Lucy Thiel  
Residence of mother (if deceased so state) deceased  
Occupation of mother unemployed  
Birthplace of mother (State or foreign country) Hendricks, Ky.

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

Signed Gertrude Gregory  
New Address 245 Walnut Ave Brownsburg  
Subscribed and sworn to before me this 24 day of Nov, 1969  
John Lambroed Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of November, 1969 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. Fulke Jr. hereby certify that on the 29th day of November, 1969 at Brownsburg, County of Hendricks, State of Indiana, Groom Clarence E. Fulke Jr. and, Bride Gertrude 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 29th day of November, 1969.

Signed Clarence E. Fulke Jr.  
Official Designation Justice of the Peace  
Signed John Gambold Jr. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of December, 1969.

HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 439  
File Bk 31  
Date of Application 11-24-69

MALE  
Medical Examination Report Dated 11-21-69  
Name of Physician David B. Haggard, M.D.

FEMALE  
Medical Examination Report Dated 11-21-69  
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 Jerry Wayne Ellis  
Date of Birth April 25 1947  
Place of Birth (State or foreign country) Indpls., Ind.  
Residence Address Rt 1 Box 499, Plymouth, Hendricks, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student  
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 Harold Ellis  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father W.  
Birthplace of father (State or foreign country) Plainfield, Ind.  
12. Full maiden name of mother Helen Thelma Gibbs  
Residence of mother (if deceased so state) Same  
Occupation of mother Bank Teller 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.  
County of \_\_\_\_\_

Signed Jerry W. Ellis

New Address \_\_\_\_\_

Subscribed and sworn to before me this 24 day of Nov, 1969  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lynn Allison  
Date of Birth Feb 17 1948  
Place of Birth (State or foreign country) Washington, Ind.  
Residence Address 1311 Stafford Rd, Plymouth, 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

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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. Ray Allison  
Residence of father (if deceased so state) Same  
Occupation of father Ind Eng Race of father W.  
Birthplace of father (State or foreign country) Corydon, Ind.
- Full maiden name of mother Faye Helen Bingham  
Residence of mother (if deceased so state) Same  
Occupation of mother Sec. 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 Susan Lynn Allison

New Address \_\_\_\_\_

Subscribed and sworn to before me this 24 day of Nov, 1969  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

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

HENDRICKS 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 28th day of November, 1969, authorizing the joining together as husband and wife of Jerry Wayne Ellis and Susan Lynn Allison.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins, hereby certify that on the 29th day of November, 1969, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and sixty nine of Hendricks County, State of Indiana, State of Indiana, Groom Jerry Wayne Ellis of Hendricks County, State of Indiana, and, Bride Susan Lynn Allison of Hendricks County, State of Indiana, were by me united 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 November, 1969.

Signed Warren A. Robbins  
Official Designation Christian Minister, 1969

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. 440  
File De. 31  
Date of Application 11-24-69

MALE  
Medical Examination Report Dated 11-19-69  
Name of Physician Dr. M. O. Scamhorn

FEMALE  
Medical Examination Report Dated 11-19-69  
Name of Physician Dr. M. O. Scamhorn

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

MALE APPLICANT

Name Ronald C. Marion  
Date of Birth Oct. 20 1947  
Place of Birth (State or foreign country) Charlestown, W. Va.  
Residence Address 259 N. Burke, Indpls., Marion, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☐ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Truck - Chevrolet Commercial Body  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 Nelson Marion  
Residence of father (if deceased so state) Unknown  
Occupation of father Unknown Race of father W.  
Birthplace of father (State or foreign country) Charleston, W. Va.  
12. Full maiden name of mother Helen Stanka  
Residence of mother (if deceased so state) Same  
Occupation of mother Ben Davis Jr. High Race of mother W.  
Birthplace of mother (State or foreign country) Wichita, Oklahoma

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

Signed Ronald C. Marion

New Address \_\_\_\_\_

Subscribed and sworn to before me this 24 day of November, 1969  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Beth Barber  
Date of Birth March 24 1951  
Place of Birth (State or foreign country) Indpls., Ind.  
Residence Address R.R. #2 Brownslay 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) \_\_\_\_\_

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

7. Full name of father John Richard Barber  
Residence of father (if deceased so state) Same  
Occupation of father Farmer Race of father W.  
Birthplace of father (State or foreign country) Montgomery, Co., Ind.  
8. Full maiden name of mother Mildred Louis Middle  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W Race of mother W.  
Birthplace of mother (State or foreign country) Bone Co., Indiana

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

Signed Mary Beth Barber  
New Address Lakewood R. Court

Subscribed and sworn to before me this 24 day of November, 1969  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1969, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Arvel V. Sutton hereby certify that on the 5th day of December, 1969, at Indianapolis, County of Marion, State of Indiana, Groom Ronald C. Marion of Marion County, State of Indiana and, Bride Mary Beth Barber of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of December, 1969.  
Signed Arvel V. Sutton  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 9th day of December, 1969.  
Signed John Gambold Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 441  
File Book 31  
25 November 1969  
Date of Application

MALE

Medical Examination Report Dated 21 November 1969  
Name of Physician Paul H. Guse M.D.

FEMALE

Medical Examination Report Dated 21 November 1969  
Name of Physician Paul H. Guse M.D.

ALL QUESTIONS 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 Jesse D. Hopper Jr.  
Date of Birth November 5, 1940  
Place of Birth Bowling Green, Ky.  
Residence Address 268 S. Rural, Indianapolis, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Truck Driver: U.P.S.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Chaulky Tap 6562950
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Jesse D. Hopper Sr.  
Residence of father (if deceased so state) 651 Reg. St. Lynchburg, Va.  
Occupation of father Sales Mgr. J.C. Rooker White  
Birthplace of father (State or foreign country) Allen Co., Ky.

12. Full maiden name of mother Sadie Louise Rippel  
Residence of mother (if deceased so state) 268 S. Rural, Indianapolis, Ind.  
Occupation of mother Saleslady: Sears & Roebuck White  
Birthplace of mother (State or foreign country) Allen Co., Ky.

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

Signed Jesse D. Hopper Jr.  
New Address 2122 N. Lynnhurst, Suite 101  
Subscribed and sworn to before me this 25th day of November, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court  
of Indiana dated the 29th day of November, 1969, authorizing the joining together as husband and wife  
Jesse D. Hopper Jr. and Jan Marie Mendenhall  
Be it further remembered, the following marriage certificate was filed in my office, to wit:  
I, James O. Trousdale, hereby certify that on the 29th day of November, 1969, at New Winchester, County of Hendricks, State of Indiana, one thousand nine hundred and 69, of Marion County, State of Indiana, and, Bride Jan Marie Mendenhall of Hendricks County, State of Indiana, were by me united 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 November, 1969. Signed James O. Trousdale  
Official Designation Minister, 1969  
13 day of December, 1969  
Signed John Ganselord 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 Jan Marie Mendenhall  
Date of Birth November 23, 1950  
Place of Birth Greencastle, Ind.  
Residence Address 153 Bx 320, Dillsboro, Ind.  
Maiden Name if Different \_\_\_\_\_

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Book Keeper: State Ind.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Epilepsy M335-50463
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 Mendenhall  
Residence of father (if deceased so state) 153 Bx 320, Dillsboro, Ind.  
Occupation of father Subst. Abuse  
Birthplace of father (State or foreign country) Boone Co., Ind.
  - Full maiden name of mother Patricia Mae Fuller  
Residence of mother (if deceased so state) Same  
Occupation of mother Private nurse  
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 Jan Marie Mendenhall  
New Address 25th of November, 1969

Subscribed and sworn to before me this 25th day of November, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

HENDRICKS County

No. 442  
File Book 3  
Nov. 28 1969  
Date of Application

## MALE

Medical Examination Report Dated 11-24-69Name of Physician Joseph C. Kulin, M.D.

## FEMALE

Medical Examination Report Dated 11-24-69Name of Physician Joseph C. Kulin, M.D.

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

## MALE APPLICANT

Name Charles Edward Simms  
Date of Birth January 25 1939  
Place of Birth (State or foreign country) Wilmore, Green Co. Ind.  
Residence Address R.R. 3 Box 282 Danville Ind. Co.  
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 Welder  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Mr. Sec.  
☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a 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
<u>Wicky Simms</u>	<u>9</u>	<u>Washington Ind.</u>
<u>Judy Simms</u>	<u>6</u>	<u>Washington Ind.</u>

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

11. Full name of father Frank Elmer Simms  
Residence of father (if deceased so state) 430 S. Oak Springfield, Ind.  
Occupation of father Mechanic Race of father White  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Margaret Ann Plunkett  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Indiana

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

Signed Charles E. SimmsNew Address RR#3 Box 282 DANVILLE Ind.Subscribed and sworn to before me this 28 day of Nov., 1969John 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 Hester C Hensley  
Date of Birth October 18 1934  
Place of Birth (State or foreign country) Danville, Hancock Co. Ind.  
Residence Address Street or R. R. Danville Ind. Co. Ind.  
Maiden Name if Different Hester Hunt  
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 Shipping Dept. August Paint  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Rel#  
☒ Other (Specify) Driver's License 2-6526184

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the 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 H. Hunt  
Residence of father (if deceased so state) RR3 Northport, Ind.  
Occupation of father Mechanic Race of father W.  
Birthplace of father (State or foreign country) Ind.  
8. Full maiden name of mother Rodney Bonnie Ferguson  
Residence of mother (if deceased so state) RR3 Northport, 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 Hester C. HensleyNew Address RR#3 Box 282 DANVILLE Ind.Subscribed and sworn to before me this 28 day of Nov., 1969John 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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8 day of December, 1969, authorizing the joining together as husband and wife

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

I, Ira J. Goodman hereby certify that on the 8th day of December, one thousand nine hundred and 69, at Plainfield, County of Hendricks, State of Indiana, Groom Charles E. Simms of Hendricks County, State of Indiana and, Bride Hester C. 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 8th day of December, 1969

Signed Ira J. GoodmanOfficial Designation Justice of the Peace11 day of December, 1969Signed Joan Gamble Sr ClerkHENDRICKS 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. 443  
File Book 31  
Date of Application 29 December 1969

MALE  
Medical Examination Report Dated 25 Nov 1969  
Name of Physician Elmer L. Koch MD

FEMALE  
Medical Examination Report Dated 25 Nov 1969  
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, representa-

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

MALE APPLICANT

Name James R. Carrington  
Date of Birth January 19 1934  
Place of Birth Russellville, Ind.  
Residence Address Box 176 Roachdale, Putnam, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Contract Truckman, Aero Marine  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Ch. Auth. C652-34450

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

(a) List their full names, ages and addresses  
Name Age Address  
Michael Leroy 14 Box 176 Roachdale  
Ronald Eugene 12 " " " "  
Carl Dean 9 " " " "

- (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: Ernest Leroy Carrington  
Residence of father (if deceased so state): Deceased  
Occupation of father: \_\_\_\_\_ Race of father: White  
Birthplace of father (State or foreign country): Putnam Co., Ind.

12. Full maiden name of mother: Carleen James  
Residence of mother (if deceased so state): Box 176 Roachdale, Ind.  
Occupation of mother: Book Keeper for Mr. A. W. White Race of mother: White  
Birthplace of mother (State or foreign country): Champaign Co., Ill.

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

Signed James R. Carrington  
New Address Box 154 RR 2 Danville, Ind.

Subscribed and sworn to before me this 29th day of December, 1969  
Clerk HENDRICKS Circuit Court

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

State of Indiana, \_\_\_\_\_ } ss:  
County of HENDRICKS

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

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

in \_\_\_\_\_ 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 of \_\_\_\_\_, Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Dennis L. Dodson, hereby certify that on the 12th day of December, 1969, at Centennial United Methodist Church, County of Hendricks, State of Indiana, one thousand nine hundred and 69 of Putnam County, State of Indiana, Groom James R. Carrington and, Bride Priscilla Jean Dodson of Hendricks County, State of Indiana, 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, \_\_\_\_\_, 1969.

Dated this 12th day of December, 1969.  
Signed Rev. Dennis L. Dodson  
Official Designation Minister  
day of December, 1969  
Signed John Gamble Clerk  
\_\_\_\_\_ HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Priscilla J. Dodson  
Date of Birth October 11 1939  
Place of Birth Box 176 Roachdale, Ind.  
Residence Address Box 176 Roachdale, Putnam, Ind.  
Maiden Name if Different Priscilla J. Hamel  
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 Secy.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Ch. Auth. C652-34411

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Arthur Robert Hamel  
Residence of father (if deceased so state): RR Danville, Ind.  
Occupation of father: Farmer Race of father: White  
Birthplace of father (State or foreign country): Box 176 Roachdale, Ind.
8. Full maiden name of mother: Helen Marcel Huls  
Residence of mother (if deceased so state): Same  
Occupation of mother: H/W. Race of mother: White  
Birthplace of mother (State or foreign country): Morgan Co., Ind.

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

Signed Priscilla J. Dodson  
New Address Same

Subscribed and sworn to before me this 29th day of December, 1969  
Clerk HENDRICKS Circuit Court

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

State of Indiana, \_\_\_\_\_ } ss:  
County of HENDRICKS

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

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

in \_\_\_\_\_ 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 of \_\_\_\_\_, Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, authorizing the joining together as husband and wife of \_\_\_\_\_ and \_\_\_\_\_

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Dennis L. Dodson, hereby certify that on the 12th day of December, 1969, at Centennial United Methodist Church, County of Hendricks, State of Indiana, one thousand nine hundred and 69 of Putnam County, State of Indiana, Groom James R. Carrington and, Bride Priscilla Jean Dodson of Hendricks County, State of Indiana, 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, \_\_\_\_\_, 1969.

Dated this 12th day of December, 1969.  
Signed Rev. Dennis L. Dodson  
Official Designation Minister  
day of December, 1969  
Signed John Gamble 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. 444  
File 11-29-69  
Book 3  
Date of Application

MALE

Medical Examination Report Dated 11-29-69

Name of Physician Dr. Thomas Walker

FEMALE

Medical Examination Report Dated 11-29-69

Name of Physician Dr. 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 David Allen Willite  
Date of Birth 3 20 1946  
Place of Birth (State or foreign country) Mo  
Residence Address 1014 Harris Brownburg Hendricks Indiana  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Married 1969  
Color or Race White ☐ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation 3M Company  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Drivers License 4430-46320
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to 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 Ryan Clark Willite Age 2 Address 1014 Harris 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 Billy Clark Willite  
Residence of father (if deceased so state) 343 County Ave Rd. - Clermont  
Occupation of father Bus Eastern Race of father white  
Birthplace of father (State or foreign country) Mo  
12. Full maiden name of mother Enide Yvonne Allen  
Residence of mother (if deceased so state) same as father  
Occupation of mother 1st Bus East - Clermont Race of mother white  
Birthplace of mother (State or foreign country) Missouri

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

Signed David A Willite  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 29 day of Nov, 1969.  
John Embrey Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Stuart Downey  
Date of Birth 3 24 1947  
Place of Birth (State or foreign country) New York  
Residence Address P.O. Box 314 Carmel Marion 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 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 Augustus Jones Downey  
Residence of father (if deceased so state) 600 Broadway St. Petersburg, Fla.  
Occupation of father Civil Service Race of father white  
Birthplace of father (State or foreign country) Fla.  
8. Full maiden name of mother Marguerite Thomas Shackel  
Residence of mother (if deceased so state) same as father  
Occupation of mother housewife Race of mother white  
Birthplace of mother (State or foreign country) Charlottesville, Va.

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

Signed Mary Stuart Downey  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 29 day of Nov, 1969.  
John Embrey Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_  
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1969, authorizing the joining together as husband and wife of David Allen Willite and Mary Stuart Downey.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Dr. J. Goodman hereby certify that on the 4th day of December, one thousand nine hundred and 69 at Plainfield, County of Hendricks, State of Indiana, Groom David A Willite of Hendricks County, State of Indiana and, Bride Mary Stuart Downey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 4 day of December, 1969.

Signed Dr. J. Goodman  
Official Designation Justice of the Peace  
Filed and recorded in accordance with the laws of the State of Indiana this 6 day of December, 1969.  
Signed John Gambrell Jr Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 445  
File Book 31  
Date of Application 3 December 1969

MALE

Medical Examination Report Dated 26 November 1969

Name of Physician Fred R. Warbinton MD

FEMALE

Medical Examination Report Dated 26 November 1969

Name of Physician Fred R. Warbinton MD

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

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

MALE APPLICANT

Name Joseph Bruce Thompson Jr  
Date of Birth May 22 1945  
Place of Birth Knightstown, Ind.  
Residence Address 234 E 9th Indianapolis Marion Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) Black  
Usual Occupation Back Changer: Stokes & Wetzel  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 2555  
☐ Other (Specify) SS 12 30 45 276

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Joseph Bruce Thompson Sr.  
Residence of father (if deceased so state) Box 276, Ladoga, Ind.  
Occupation of father Swat Chiller Race of father White  
Birthplace of father (State or foreign country) Calhoun, Ill.  
12. Full maiden name of mother Mary Elora Rhodes  
Residence of mother (if deceased so state) Savo  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Knightstown, Ind.

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

Signed Joseph Bruce Thompson Jr  
New Address 234 E 9th Indianapolis Ind.

Subscribed and sworn to before me this 3rd day of December, 1969  
Clerk John Gendall 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 Brenda Messner  
Date of Birth June 10 1954  
Place of Birth Greencastle, Ind.  
Residence Address Stilesville, Ind.  
Maiden Name if Different Stilesville, Ind.

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

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

Usual Occupation Freshman: Cascade

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 40358 B  
☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Clifford Wilson Messner  
Residence of father (if deceased so state) Stilesville, Ind.  
Occupation of father Disabled Race of father White  
Birthplace of father (State or foreign country) Knoxville, Tenn.  
8. Full maiden name of mother Hillie Mae Ellis  
Residence of mother (if deceased so state) Savo  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Harlan, Ky.

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

Signed Brenda Messner

New Address Savo

Subscribed and sworn to before me this 3rd day of December, 1969  
Clerk John Gendall 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 Clifford Wilson Messner Father

Signed Hillie Mae Messner Mother

Subscribed and sworn to before me this 3rd day of December, 1969  
Clerk John Gendall Jr

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 December 1969 and filed in HENDRICKS County clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 30th April 1970

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of December, 1969, authorizing the joining together as husband and wife of Joseph Bruce Thompson Jr and Brenda Messner

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

I, Joseph Bruce Thompson Jr hereby certify that on the Sixth day of December, County of Hendricks, State of Indiana

one thousand nine hundred and Sixty Nine at Stilesville County, State of Indiana

State of Indiana, Groom Joseph Bruce Thompson Jr of Marion County, State of Indiana

and, Bride Brenda Messner of Hendricks County, State of Indiana

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

Dated this Sixth day of December, 1969. Signed Joseph B. Thompson Jr  
Official Designation Minister day of December, 1969  
Signed John Gendall 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. 446  
File Book 31  
Date of Application Dec 4 1969

MALE  
Medical Examination Report Dated 12-2-69  
Name of Physician Frances T Brown MD

FEMALE  
Medical Examination Report Dated 12-2-69  
Name of Physician Frances Brown 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 A. Love  
Date of Birth Jan 23 1948  
Place of Birth (State or foreign country) Manchester, Conn.  
Residence Address 104 S. 9th St. Fort Devco, Mass.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

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

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

- ☒ Other (Specify) 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
(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 Barclay Love  
Residence of father (if deceased so state) R.R. 1, Pittsboro, Ind.  
Occupation of father Farmer Race of father W  
Birthplace of father (State or foreign country) Tennessee

12. Full maiden name of mother Verna Mae King  
Residence of mother (if deceased so state) same  
Occupation of mother same Race of mother W  
Birthplace of mother (State or foreign country) Mississippi

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

Subscribed and sworn to before me this 4 day of Dec, 1969.  
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 Diana Carol Trimble  
Date of Birth Feb 16 1949  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address RR 1, Pittsboro, 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 Key punch 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 afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 Rush Trimble  
Residence of father (if deceased so state) R.R. 1, Pittsboro  
Occupation of father W Race of father W  
Birthplace of father (State or foreign country) Indiana - Sullivan Co.

8. Full maiden name of mother Ellen Clara Smith  
Residence of mother (if deceased so state) same  
Occupation of mother W 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.  
County of \_\_\_\_\_  
Signed Diana Carol Trimble  
New Address Mass.

Subscribed and sworn to before me this 4 day of Dec, 1969.  
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 Circuit Court by written order issued Dec 4 1969 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 4th day of December, 1969, authorizing the joining together as husband and wife James A. Love and Diana Carol Trimble.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, V. C. McCormick hereby certify that on the 6th day of December, one thousand nine hundred and 69 at Brownsville, County of Hendricks, State of Indiana, Groom James A. Love of Hendricks County, State of Indiana and, Bride Diana Carol Trimble of Hendricks County, State of Indiana were by me united 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 December, 1969.

Signed V. C. McCormick  
Official Designation Minister, Brownsville Church of Christ  
Filed and recorded in accordance with the laws of the State of Indiana this 18 day of December, 1969.  
Signed John Gamble Jr Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 447  
File Book 31  
Date of Application 5 December 1969

MALE

Medical Examination Report Dated 4 December 1969  
Name of Physician Chester C. Conway M.D.

FEMALE

Medical Examination Report Dated 3 December 1969  
Name of Physician Chester C. Conway M.D.

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

MALE APPLICANT

Name Rex Goodwin  
Date of Birth Sept 27 1934  
Place of Birth Danville, Ind.  
Residence Address 392 S. Ky St., 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) Mason Co. Ind.

Usual Occupation Truck Driver: Tractor  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) B-6 P-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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 in "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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  
Rex Sr. 9 Keysport, Ill.  
Lara 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 Floyd Goodwin  
Residence of father (if deceased so state) Lake Worth, Fla.  
Occupation of father Retired  
Birthplace of father (State or foreign country) Indpls, Ind.

12. Full maiden name of mother Frances  
Residence of mother (if deceased so state) Same Danville, Ind.  
Occupation of mother H/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.

County of HENDRICKS  
Signed Rex Goodwin  
New Address 777 W. Wash St., Indpls  
Subscribed and sworn to before me this 5th day of December, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 Katherine Bernice Bishop  
Date of Birth Jan 14 1948  
Place of Birth Indpls, Ind.  
Residence Address 777 W. Wash Indpls, Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race: White ☒ Negro ☐ Other ☐ (specify) Mason Co. Ind.

Usual Occupation Sales lady: Fannie May  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 0-416

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Thomas Poole  
Residence of father (if deceased so state) 777 W. Wash Indpls  
Occupation of father Truck driver: Spectre  
Birthplace of father (State or foreign country) Indpls, Ind.
- Full maiden name of mother Barbara Allen Bentley  
Residence of mother (if deceased so state) 2131 N. Tecumseh Indpls  
Occupation of mother House Community  
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 Katherine Bernice Bishop  
New Address Same  
Subscribed and sworn to before me this 5th day of December, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 5 December 1969 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We do Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of December, 1969, authorizing the joining together as husband and wife of Rex Goodwin and Katherine Bernice Bishop.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Norman L. Weaver, hereby certify that on the 5th day of December, 1969, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and sixty nine of Hendricks County, State of Indiana, and, Bride Katherine Bernice Bishop of Mason County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 5th day of December, 1969.  
Signed Norman L. Weaver  
Official Designation Minister  
6 day of December, 1969  
Signed John Gambard Jr Clerk  
HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 448  
File Book 31  
12-5-69  
Date of Application

MALE  
Medical Examination Report Dated 12-4-69  
Name of Physician C. J. Otter MD.

FEMALE  
Medical Examination Report Dated 12-4-69  
Name of Physician Dr. Lloyd Perry

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Smith Last  
Date of Birth Month 2 Day 14 Year 1936  
Place of Birth (State or foreign country) Indiana  
Residence Address R#1 Street or R. R. Franklin Johnson 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 Machine Shop - American Bearing  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Drivers License #8530-36094  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions 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: Peter Smith  
Residence of father (if deceased so state): Pressburg, Ind.  
Occupation of father: Retired  
Race of father: white  
Birthplace of father (State or foreign country): Kentucky  
12. Full maiden name of mother: Rachel Johnson  
Residence of mother (if deceased so state): deceased  
Occupation of mother:  
Race of mother:  
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: David Smith  
New Address:

Subscribed and sworn to before me this 5 day of Dec, 1969.  
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, 1969.  
Clerk

FEMALE APPLICANT

Name First Carolyn Middle Sue Last Stewart  
Date of Birth Month 6 Day 22 Year 1943  
Place of Birth (State or foreign country) Kentucky  
Residence Address 478 Mallard Dr. Danville Kentucky  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☐ Negro ☐ Other ☐ (specify)  
Usual Occupation Aircraft Electronics  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Drivers License #8363-43262  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father: Owen Stewart  
Residence of father (if deceased so state): same  
Occupation of father: Custodian School  
Race of father: white  
Birthplace of father (State or foreign country): Owensville, Ky.  
8. Full maiden name of mother: Ina Cassity  
Residence of mother (if deceased so state): same  
Occupation of mother: housewife  
Race of mother:  
Birthplace of mother (State or foreign country): Owensville, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: Signed: Carolyn Stewart  
New Address: 202 East Clinton St Danville

Subscribed and sworn to before me this 5 day of Dec, 1969.  
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, 1969.  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of Dec, 1969, authorizing the joining together as husband and wife

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

I, hereby certify that on the day of one thousand nine hundred and at County of State of Indiana, Groom of County, State of and, Bride of County, State of were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this day of 19, 1969.

Signed: Official Designation: Clerk  
Filed and recorded in accordance with the laws of the State of Indiana this day of 19, 1969.  
Signed: HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 449  
File Book 31  
Date of Application 6 December 1969

MALE

Medical Examination Report Dated 28 November 1969  
Name of Physician Irving Cohen M.D.

FEMALE

Medical Examination Report Dated 28 November 1969  
Name of Physician Irving Cohen M.D.

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

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

MALE APPLICANT

Name Russell V. Rouse  
Date of Birth February 17, 1947  
Place of Birth Ver. Co., Danville, Ill.  
Residence RS Danville, Vermilion, 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) \_\_\_\_\_

Usual Occupation Engineer: F.M.C. Corp.

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

☐ Other (Specify) Set Ser 11-204-47-64

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Raymond Sohn Rouse  
Residence of father (if deceased so state) Same Danville, Ill.  
Occupation of father Carpenter Race of father White  
Birthplace of father (State or foreign country) Danville, Ill.

12. Full maiden name of mother Genevieve Eiken Marshall  
Residence of mother (if deceased so state) Same  
Occupation of mother Reg Nurse Race of mother White  
Birthplace of mother (State or foreign country) Vermilion Co., Ind.

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

Signed Russell V. Rouse

New Address 731 Trego Dr., Hoopston, Ill.

Subscribed and sworn to before me this 6th day of December, 1969  
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 Shirley Phillips  
Date of Birth July 31, 1947  
Place of Birth Greencastle, Ind.  
Residence RI Bx 335 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 Teacher: Hoopston, Ill.

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

☐ Other (Specify) P412-47301 Apr hrc.

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Roger Lee Phillips  
Residence of father (if deceased so state) Same P.O. Box 100, Ind.  
Occupation of father Welder: Chevrolet Race of father White  
Birthplace of father (State or foreign country) P.O. Box 100, Ind.

8. Full maiden name of mother Pauline Marie Stierwalt  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother White  
Birthplace of mother (State or foreign country) P.O. Box 100, Ind.

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

Signed Shirley Phillips

New Address Same

Subscribed and sworn to before me this 6th day of December, 1969  
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 Court by written order issued \_\_\_\_\_ and filed \_\_\_\_\_

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

in \_\_\_\_\_

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 13 day of November, 1969, 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 20th day of December, \_\_\_\_\_, County of Hendricks, State of Indiana, at Plainfield, County, State of Indiana, of Vermilion Co County, State of Indiana, one thousand nine hundred and Sixty nine of Hendricks County, State of Indiana, Groom Russell V. Rouse and, Bride Shirley Phillips

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 20th day of December, 1969

Signed Ephraim D. Lowe  
Official Designation Minister

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. 450  
File Book 31  
Date of Application 6 December 1969

MALE  
Medical Examination Report Dated Portia Parker MD  
Name of Physician 6 December 1969

FEMALE  
Medical Examination Report Dated Portia Parker MD  
Name of Physician 5 December 1969

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

MALE APPLICANT

Name Mack Campbell  
Date of Birth February 5 1921  
Place of Birth (State or foreign country) Washington, D.C.  
Residence Address R2 Bx370 Indianapolis, 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 Fork Truck Driver: Allison  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Apr Lic 349109

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

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

Signed Mack Campbell  
New Address 6101 Crawfordsville Rd Indianapolis  
Subscribed and sworn to before me this 6th day of December, 1969  
Clerk John M. Christy HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 do Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 11th day of December, 1969 authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John M. Christy hereby certify that on the 12th day of December, 1969

at Carmel, County of Marion, State of Indiana

and, Bride Flora Caroline Fowler of Marion County, State of Indiana

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

Dated this 12th day of December, 1969

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of December, 1969

Signed John M. Christy  
Official Designation Justice of the Peace

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.

File

Date of Application

MALE

Medical Examination Report Dated

Name of Physician

FEMALE

Medical Examination Report Dated

Name of Physician

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

## MALE APPLICANT

Name Harry F. Kepler  
Date of Birth March 21 1940  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address R3 Bx 82 Danville, Ind. Hendricks 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

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Sel. Sr. 12-30-46-70

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

Name	Age	Address

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

11. Full name of father Harry Emery Kepler  
Residence of father (if deceased so state) Salem, Ind.  
Occupation of father Kepler Equip. Rep. Race of father White  
Birthplace of father (State or foreign country) Boone Co., Ind.  
12. Full maiden name of mother Lenore Cole  
Residence of mother (if deceased so state) Salem, Ind.  
Occupation of mother ch. Tele. Rep. Race of mother White  
Birthplace of mother (State or foreign country) Salem, Ind.

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

Signed Harry F. KeplerNew Address 2629 Greyfriar St., Indpls, Ind.

Subscribed and sworn to before me this 8th day of December, 1969.  
Clerk John Gambold HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:  
County of \_\_\_\_\_

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

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

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

## FEMALE APPLICANT

Name Michelle F. Rowe  
Date of Birth February 18 1950  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 4116 Le Mans Dr., Indpls, Ind. Hendricks County Ind. State  
Maiden Name if Different \_\_\_\_\_

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

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

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Kenneth Harrison Rowe  
Residence of father (if deceased so state) Decatur, Ind.  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) Ind.

8. Full maiden name of mother Elsie Margaret Wolk  
Residence of mother (if deceased so state) 958 W. Parker, Indpls, Ind.  
Occupation of mother Leg. Hdring Emp. 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 Michelle F. RoweNew Address 8th day of December, 1969

Subscribed and sworn to before me this 8th day of December, 1969.  
Clerk John Gambold HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:  
County of \_\_\_\_\_

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

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

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

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

HENDRICKS 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 \_\_\_\_\_, 1969, authorizing the joining together as husband and wife of Indiana dated the 12 day of December and \_\_\_\_\_

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_ hereby certify that on the 14 day of December, \_\_\_\_\_, County of Marion, State of Indiana, at Indianapolis, \_\_\_\_\_, County, State of Indiana, one thousand nine hundred and 69 of Marion, County, State of Indiana, State of Indiana, Groom Larry Kepler of Marion, County, State of Indiana, and, Bride Michelle Rowe 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 Dec., 1969. Signed Rev. C. M. Bosler Official Designation Pastor \_\_\_\_\_, 1969.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_. Signed John Gambold HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 452  
File Book 31  
Date of Application 8 December 1969

MALE

Medical Examination Report Dated 5 December 1969  
Name of Physician Lloyd Terry MD

FEMALE

Medical Examination Report Dated 5 December 1969  
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 Richard L. Bane  
Date of Birth September 18, 1933  
Place of Birth Indianapolis, Ind.  
Residence Address 314 N. Washington, Danville, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White  
Usual Occupation Automotive Mgr. Bud Getz.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Ex h.c. B 500-33298
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to 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 Hinda Virginia Age 15 Address 2021 Allison, Indianapolis

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

11. Full name of father La Verne Leon Bane  
Residence of father (if deceased so state) Deceased  
Occupation of father — Race of father White  
Birthplace of father (State or foreign country) Rockford, Ill.  
12. Full maiden name of mother Eleanor Mae Clift  
Residence of mother (if deceased so state) 110 S. 10th, Beech Grove, Ind.  
Occupation of mother Mgr. Ben Franklin 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 Richard L. Bane  
New Address 314 N. Washington, Danville, Ind.

Subscribed and sworn to before me this 8th day of December, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Evelyn S. Ford  
Date of Birth September 8, 1929  
Place of Birth Dunklin, Ind.  
Residence Address 314 N. Washington, Danville, Ind.  
Maiden Name if Different Evelyn S. Boring  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White  
Usual Occupation Clerk - American United Life  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Ex h.c. F 630-29362
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Full name of father Paul Percy Boring  
Residence of father (if deceased so state) Mariestown, Ind.  
Occupation of father laborer Race of father White  
Birthplace of father (State or foreign country) Ind.

8. Full maiden name of mother Pressie Duncan  
Residence of mother (if deceased so state) Mariestown, Ind.  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Ark.

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

Signed Evelyn S. Ford  
New Address Same

Subscribed and sworn to before me this 8th day of December, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, that \_\_\_\_\_ was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 1969, authorizing the joining together as husband and wife  
of Richard L. Bane and Evelyn S. Ford.

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

I, Jalce M. Greene hereby certify that on the 12 day of December,  
one thousand nine hundred and 69 at Indianapolis, County of Marion,  
State of Indiana, Groom Richard L. Bane of Hendricks County, State of Indiana  
and, Bride Evelyn S. Ford of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 12 day of December, 1969.

Signed Jalce M. Greene  
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of December, 1969.

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

HENDRICKS

County

No. 453

File Book 31

Dec 10, 1969  
Date of Application

## MALE

Medical Examination Report Dated Dec 9, 1969

Name of Physician Portia Parker, M.D.

## FEMALE

Medical Examination Report Dated Dec 9, 1969

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, representa-

## MALE APPLICANT

Name First Harry Middle Earnest Last English  
Date of Birth Month 8 Day 14 Year 1946  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 842 East 32nd City Indianapolis County Hendricks State 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 Carpenter - Webster & Hughes Const.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver's License - E 52446334

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

Name Age Address

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

11. Full name of father Carl Earnest English, Jr.  
Residence of father (if deceased so state) same  
Occupation of father Weld Driller Race of father white  
Birthplace of father (State or foreign country) Hendricks Co.

12. Full maiden name of mother Loretta Marie Blake  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Hendricks County

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

Signed 344 Meadow Dr. Danville, Ill.

New Address 344 Meadow Dr. Danville, Ill.

Subscribed and sworn to before me this 10 day of Dec, 1969.  
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  
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

HENDRICKS County Circuit Court by written order issued 12-11-69 and filed 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 HENDRICKS Circuit Court of Indiana dated the 11 day of December, 1969, authorizing the joining together as husband and wife of Harry Earnest English and Linda Darlene Robertson.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John S. Goodman, hereby certify that on the 13 day of December, County of Hendricks, State of Indiana, at Plainfield, County, State of Indiana, of Hendricks County, State of Indiana, one thousand nine hundred and 69 of Hendricks County, State of Indiana, and, Bride Linda D. Robertson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of December, 1969.  
Signed John S. Goodman  
Official Designation Justice of the Peace  
16 day of December, 1969.  
Signed John Goodman Jr. Clerk  
HENDRICKS Circuit Court

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

## FEMALE APPLICANT

Name First Linda Middle Darlene Last Robertson  
Date of Birth Month 17 Day 17 Year 1948  
Place of Birth (State or foreign country) Brooklyn, Mass.  
Residence Address 838 Cary Dr. City Danville County Hendricks State Indiana  
Maiden Name if Different Robertson

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

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

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Driver's License - R16348097

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Larry Edward Robertson  
Residence of father (if deceased so state) same  
Occupation of father Tool & Die Maker Race of father white  
Birthplace of father (State or foreign country) Mass.

8. Full maiden name of mother Mary Lenore Fowler  
Residence of mother (if deceased so state) same  
Occupation of mother Production Worker Race of mother white  
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 Linda D. Robertson

New Address 344 Meadow Dr. Danville, Ill.

Subscribed and sworn to before me this 10 day of Dec, 1969.  
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  
Signed \_\_\_\_\_

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 454  
File 31  
Dec 10 1969  
Date of Application

MALE  
Medical Examination Report Dated 12-10-69  
Name of Physician D. S. McCarthy MD

FEMALE  
Medical Examination Report Dated 12-10-69  
Name of Physician D. S. McCarthy MD

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

MALE APPLICANT

Name First William Middle L. Last Wells  
Date of Birth Month May Day 27 Year 1944  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address Street or R. R. City County State  
2444 N. La Salle Judges Marion Ind  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation milkman  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Drivers License

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

Name Age Address  
James Larry Wells 1yr 11m 11d Jefferson 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 Lester Charles Wells Jr  
Residence of father (if deceased so state) Sweeney Texas  
Occupation of father Electrician Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Vera Eloise Demere  
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, } ss: I depose and state the information given  
County of HENDRICKS in this application is true and correct.

Signed X William L. Wells  
New Address 127 1/2 E. College Brownsburg  
Subscribed and sworn to before me this 10 day of Dec, 1969  
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, } ss:  
County of HENDRICKS

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Circuit Court by written order issued 12-11-69 and filed  
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties 3 day waiver  
Judge Moore

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court  
of Indiana dated the 12th day of December, 1969, authorizing the joining together as husband and wife

of William L. Wells and Melie K. Springer  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lester B. Yearels hereby certify that on the thirteenth day of December, one thousand nine hundred and sixty nine, at Brownsburg, County of Hendricks, State of Indiana, Groom William Larry Wells of Marion County, State of Indiana, and, Bride Melie K. Springer of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of December, 1969.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of December, 1969.

Signed Lester B. Yearels  
Official Designation Clergyman

Signed John Gamble Jr Clerk  
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Melie Middle K. Last Springer  
Date of Birth Month Dec Day 4 Year 1942  
Place of Birth (State or foreign country) Putnam Ind  
Residence Address Street or R. R. City County State  
127 1/2 E. College Brownsburg Hend. Ind.  
Maiden Name if Different Henderson  
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 Hairdresser  
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 Zach Henderson  
Residence of father (if deceased so state) 635 Alpha Brownsburg  
Occupation of father Master Pilot Race of father W  
Birthplace of father (State or foreign country) Jefferson Co Ky  
8. Full maiden name of mother Grace Smith  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Breckenridge Co Ky

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

Signed X Melie K. Springer  
New Address same

Subscribed and sworn to before me this 10 day of Dec, 1969  
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, } 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. 455  
File Book 31  
Date of Application 12 December 1969

MALE  
Medical Examination Report Dated 12 December 1969  
Name of Physician Thos M. Walker MD

FEMALE  
Medical Examination Report Dated 11 December 1969  
Name of Physician M. Rahimuddin D.

ALL QUESTIONS 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 Terry Lee Phipps  
Date of Birth 12 17 1948  
Place of Birth Warsaw, Ind.  
Residence Address 200 Pinecrest Ct. Anderson, 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: Cedarville College

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

☐ Other (Specify) Sel Sr 4-31-48 322

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

(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Rev. Gerald Dean Phipps  
Residence of father (if deceased so state) Sane  
Occupation of father Ministry Race of father white  
Birthplace of father (State or foreign country) Coffeyville, Ark.  
12. Full maiden name of mother Rosemary Stutz  
Residence of mother (if deceased so state) Sane  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Laneing, Michigan

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

Signed Terry Lee Phipps  
New Address 200 Cedarville College Cedarville, Ohio  
Subscribed and sworn to before me this 12th day of December, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Rita L. Summer  
Date of Birth 12 17 1949  
Place of Birth Warsaw, Ind.  
Residence Address 200 Pinecrest Ct. Anderson, 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: Cedarville College

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

☐ Other (Specify) or her 5560-49046

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? ☐ No ☐ Yes ☐ Of Unsound Mind? ☐ No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? ☐ No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? ☐ No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? ☐ No ☐ Yes ☐
5. Are you now under the 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 Leslie Summer  
Residence of father (if deceased so state) 99 Seneca St. Sibley, W.  
Occupation of father Ministry Race of father white  
Birthplace of father (State or foreign country) Warwick, N.Y.

8. Full maiden name of mother Orphina Wingard  
Residence of mother (if deceased so state) Sane  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Frontenac, Kansas

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

Signed Rita L. Summer  
New Address Sane  
Subscribed and sworn to before me this 12th day of December, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_  
HENDRICKS 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 \_\_\_\_\_ Circuit Court of Indiana dated the 22 day of December, 1969, authorizing the joining together as husband and wife of Terry Lee Phipps and Rita L. Summer.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Dr. Robert L. Summer, hereby certify that on the twenty-sixth day of December, 1969, at Brownsburg, County of Hendricks, one thousand nine hundred and sixty-nine of Starke, County, State of Indiana, State of Indiana, Groom Terry Lee Phipps of Hendricks County, State of Indiana, and, Bride Rita L. Summer of Hendricks County, State of Indiana, 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 Twenty-Sixth day of December, 1969.  
Signed Dr. Robert L. Summer  
Official Designation Evangelist, 1969.  
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. 456  
File Bk 31  
Date of Application 12-12-69

MALE

Medical Examination Report Dated 12-8-69

Name of Physician David Haggard

FEMALE

Medical Examination Report Dated 12-8-69

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 Wayne Ellis Rushton  
Date of Birth Oct. 1, 1924  
Place of Birth (State or foreign country) Mooresville, Ind.  
Residence Address Monrovia, Morgan, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ June of 1963  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Allison  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Drivers License R 235-2440

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

Name	Age	Address
Shelly Jo	13	Rt. 1, Monrovia
Larry W.	17	" "
Donald D.	10	" "

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

11. Full name of father Harry F. Rushton  
Residence of father (if deceased so state) Monrovia, Ind.  
Occupation of father Retired Race of father W.  
Birthplace of father (State or foreign country) Morgan Co., Ind.

12. Full maiden name of mother Alice E. Hadley  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W 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 Wayne E. Rushton  
New Address Bk 62 Amo

Subscribed and sworn to before me this 12 day of Dec., 1969  
John Gambold Jr. Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_

FEMALE APPLICANT

Name Katharine Lucille McGowan  
Date of Birth Jan. 23, 1938  
Place of Birth (State or foreign country) Mooresville, Ind.  
Residence Address Box 62 Amo Hendricks, Ind.  
Maiden Name if Different Baldwin  
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 Amo School Cafeteria  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Drivers License M 250-38065

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Everett V. Baldwin  
Residence of father (if deceased so state) Gambly, Ind.  
Occupation of father Internal Harvester Race of father W.  
Birthplace of father (State or foreign country) Morgan Co., Ind.

8. Full maiden name of mother Bernice A. Bairdon  
Residence of mother (if deceased so state) Cottleville, Ind.  
Occupation of mother Mallory Race of mother W.  
Birthplace of mother (State or foreign country) Mooresville, Ind.

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

Signed Katharine Lucille McGowan  
New Address Box #62 Amo Ind

Subscribed and sworn to before me this 12 day of Dec., 1969  
John Gambold Jr. Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_  
\_\_\_\_\_ of Indiana dated the 17th day of December, 1969, authorizing the joining together as husband and wife  
of Wayne Ellis Rushton and Katharine Lucille McGowan  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Everett V. Smock hereby certify that on the 19th day of December,  
one thousand nine hundred and sixty nine at Nazareth, County of Hendricks,  
State of Indiana, Groom Wayne Ellis Rushton of Morgan County, State of Indiana  
and, Bride Katharine Lucille McGowan of Hendricks County, State of Indiana  
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 December, 1969.

Signed Everett V. Smock  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of December, 1969.  
Signed John Gambold Sr Clerk  
\_\_\_\_\_ HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 457

File Book 31

13 December 1969  
Date of Application

MALE

Medical Examination Report Dated 12 December 1969  
Name of Physician Elmer T. Koch M.D.

FEMALE

Medical Examination Report Dated 12 December 1969  
Name of Physician Elmer T. 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 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 Stock clerk - Janner

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

☐ Other (Specify) 38285 B

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Ivan Beaman  
Residence of father (if deceased so state) Jane D'ville 10  
Occupation of father Sexton, Gen D'ville White  
Birthplace of father (State or foreign country) Putnam Co, Ind.  
12. Full maiden name of mother Betty Moreland  
Residence of mother (if deceased so state) 370 Gillespie, G'castle, W.  
Occupation of mother Cook: Bank  
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 Danny Ivan Beaman  
New Address R 3 Bx 280 Danville, Ind.  
Subscribed and sworn to before me this 13th day of December, 1969  
John J. 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.  
Father has custody of son granted in Putnam Court Oct 1968  
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed by James I. Beaman Father  
Signed by James I. Beaman Mother  
Subscribed and sworn to before me this 13th day of December, 1969  
John J. Gaudin Clerk

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

Hendricks County Court by written order issued 13 Dec 1969  
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

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 13th day of December, 1969, authorizing the joining together as husband and wife of Danny Ivan Beaman and Paula Kay Halton  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Emory Parks, hereby certify that on the 13th day of December, 1969, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and sixty nine, of Hendricks County, State of Indiana, Groom Danny Ivan Beaman and, Bride Paula Kay Halton were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 13 day of December, 1969.  
Signed Emory Parks  
Official Designation Minister  
16 day of December, 1969  
Signed John J. Gaudin Jr Clerk  
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of December, 1969



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 457

File Book 31

Date of Application 13 December 1969

MALE

Medical Examination Report Dated 12 December 1969  
Name of Physician Elmer T. Koch M.D.

FEMALE

Medical Examination Report Dated 12 December 1969  
Name of Physician Elmer T. 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 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 Stock clerk - Janner

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

☐ Other (Specify) 38285 B

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 James Ivan Beaman  
Residence of father (if deceased so state) Jane D'ville 100  
Occupation of father Sexton, Gun D'ville White  
Birthplace of father (State or foreign country) Putnam Co, Ind.  
12. Full maiden name of mother Betty Marcelan  
Residence of mother (if deceased so state) 370 Gillespie, Greentown, W.  
Occupation of mother Cook: Back  
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

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 Inspector

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

☐ Other (Specify) 4206

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Kenneth Haltom  
Residence of father (if deceased so state) Same D'ville, Ind.  
Occupation of father Lineman: Ind. Bell. Race of father white  
Birthplace of father (State or foreign country) New York, Ind.  
8. Full maiden name of mother Rose Irene Thurnell  
Residence of mother (if deceased so state) Same  
Occupation of mother B.M. Key Punch: Damschman 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 Paula Kay Haltom  
New Address Same  
Subscribed and sworn to before me this 13th day of December, 1969  
John J. Sayers  
Clerk Hendricks Circuit Court

Subscribed and

CONSENT OF

We, the parents

sign, state and

gr

State of Indiana

County of Hendricks

at the

Subscribed and

my commission expires June 23, 1970

COMPLE

in

I, Betty McGaughey

, hereby give my consent for

my son Danny I. Beaman

marry Paula Kay Haltom

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 13th day of December, 1969, authorizing the joining together as husband and wife of Danny Ivan Beaman and Paula Kay Haltom. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Emory Parks, hereby certify that on the 13th day of December, 1969, at Danville, Hendricks County, State of Indiana, Groom Danny Ivan Beaman, of Hendricks County, State of Indiana, and, Bride Paula Kay Haltom, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 13th day of December, 1969. Signed Emory Parks, Minister. Official Designation Minister, day of December, 1969. Signed John J. Sayers, Clerk. Hendricks Circuit Court.

Filed and recorded in accordance with the laws of the State of Indiana this 16th day of December, 1969.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 458

File 31

Dec 13 1969  
Date of Application

MALE

Medical Examination Report Dated 12-8-69

Name of Physician David B. Haggard MD

FEMALE

Medical Examination Report Dated 12-8-69

Name of Physician David B. Haggard MD

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

MALE APPLICANT

Name First Warner Middle Dennis Last Ball  
Date of Birth Month Nov Day 26 Year 1938  
Place of Birth (State or foreign country) Scott Kansas  
Residence Address Street or R. R. Box 317 City Plainfield County Hendricks State Ind  
Previous Marital Status: Never Married ☐ Number of Previous Marriages... 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation 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
Pammi	6	Plainfield
Pammi	5	Plainfield

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

11. Full name of father Kenneth E. Ball  
Residence of father (if deceased so state) Deceased  
Occupation of father Butcher Race of father W  
Birthplace of father (State or foreign country) Pratt Kansas  
12. Full maiden name of mother Elsie Anna Sindtelson  
Residence of mother (if deceased so state) 14 1/2 E. 13th Hutchinson Kan  
Occupation of mother Saleswoman Race of mother W  
Birthplace of mother (State or foreign country) Salina Kansas

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

Signed Warner Dennis Ball

New Address 2118 N. Lynhurst Ind

Subscribed and sworn to before me this 13 day of Dec, 1969.  
John Ganshold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Sandra Middle Kay Last DeLois  
Date of Birth Month June Day 2 Year 1944  
Place of Birth (State or foreign country) Judges Marion Ind  
Residence Address Street or R. R. 2118 N. Lynhurst City Judges Marion County Ind  
Maiden Name if Different Bolen

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 Artist

Date of birth 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 Thomas Franklen Bolen  
Residence of father (if deceased so state) 538 Spruce Plainfield  
Occupation of father Manager, Elks Race of father W  
Birthplace of father (State or foreign country) Clayton Ind  
8. Full maiden name of mother Margaret Adeline Higley  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Dearborn Mich.

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

Signed Sandra Kay DeLois

New Address 2118 N. Lynhurst

Subscribed and sworn to before me this 13 day of Dec, 1969.  
John Ganshold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1969, 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 23rd day of December, 1969, at Plainfield, County of Hendricks, State of Indiana, Groom Warner Dennis Ball of Hendricks County, State of Indiana and, Bride Sandra Kay DeLois of Hendricks County, State of Indiana were by me united 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 Dec., 1969.

Signed Mary L. Crawley

Official Designation Justice of Peace  
26 day of December, 1969.

Signed John Ganshold Jr Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of December, 1969.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 459  
File 31  
Date of Application Dec. 13, 1969

MALE

Medical Examination Report Dated 12-12-69

Name of Physician James Black

FEMALE

Medical Examination Report Dated 12-12-69

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 Kerry Lee Kestler  
Date of Birth November 13 1950  
Place of Birth (State or foreign country) Indpls. Ind.  
Residence Address 531 Saratoga Dr. Bldg. 400 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 - gain Air Force

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

☐ Other (Specify) \_\_\_\_\_

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

(a) List their full names, ages and addresses

Name Age Address

- 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 John Kestler  
Residence of father (if deceased so state) same  
Occupation of father Lathe operator Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Barbara Jean Cherry  
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 Kerry Lee Kestler

New Address unknown

Subscribed and sworn to before me this 13 day of December, 1969  
Clerk [Signature] HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

Signed Father Notarized consent attached Father

Signed Mother Mother

Subscribed and sworn to before me this 13th day of December, 1969

Clerk [Signature] 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 \_\_\_\_\_  
\_\_\_\_\_ HENDRICKS 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 17th day of Dec., 1969, authorizing the joining together as husband and wife  
of Kerry Lee Kestler and Sharon Sue Shoulders

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lester B. Yearuck hereby certify that on the twenty-seventh day of December,  
one thousand nine hundred and sixty-nine at Brownburg, County of Hendricks,  
State of Indiana, Groom Kerry Lee Kestler of Hendricks County, State of Indiana,  
and, Bride Sharon Sue Shoulders of Hendricks County, State of Indiana

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

Dated this 27th day of December, 1969

Signed Lester B. Yearuck  
Official Designation Clergyman  
31 day of December, 1969

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. 459  
File 31  
Date of Application Dec. 13, 1969

MALE

Medical Examination Report Dated 12-12-69

Name of Physician James Black

FEMALE

Medical Examination Report Dated 12-12-69

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 Kerry Lee Kestler  
Date of Birth November 3, 1950  
Place of Birth (State or foreign country) Indpls. Ind.  
Residence Address 531 Saratoga Dr. Bldg. 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 Mechanic - gain Air Force

Date of birth 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 Robert John Kestler  
Residence of father (if deceased so state) same  
Occupation of father Lathe operator Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Barbara Jean Cherry  
Residence of mother (if deceased so state) same  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Sharon Sue Shoulders  
Date of Birth March 11, 1951  
Place of Birth (State or foreign country) Grayville, Illinois  
Residence Address 430 Douglas Dr. Bldg. 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 Key Punch Public Ser. Plnfd.

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

☐ Other (Specify) Dr. 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 Thilo Emmett Shoulders  
Residence of father (if deceased so state) same  
Occupation of father Truck Driver Race of father W  
Birthplace of father (State or foreign country) Illinois

8. Full maiden name of mother Ada Belle Davison  
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 Sharon Sue Shoulders

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969.

CONSENT OF PAI

We, the parents, of

signs, state facts w

State of Indiana,

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1969.

I, Robert J. Kestler, hereby give my consent for  
my son, Kerry Lee Kestler to  
marry Sharon Sue Shoulders

Robert J. Kestler

Subscribed and sworn to before me this 15 day of Dec., 1969

Pearl Neal  
Notary Public



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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court  
of Indiana dated the 17th day of Dec., 1969, authorizing the joining together as husband and wife  
of Kerry Lee Kestler and Sharon Sue Shoulders  
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 December,  
one thousand nine hundred and sixty-nine at Brownsburg, County of Hendricks,  
State of Indiana, Groom Kerry Lee Kestler of Hendricks County, State of Indiana,  
and, Bride Sharon Sue Shoulders of Hendricks County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS  
County.  
Dated this 27th day of December, 1969.

Signed Lester B. Yearick  
Official Designation Clergyman  
31 day of December, 1969  
Signed John Gamble Jr Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1969.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 460  
File Book 31  
Date of Application 13 December 1969

MALE  
Medical Examination Report Dated 1 Dec 1969  
Name of Physician Joseph C. Kerlin MD

FEMALE  
Medical Examination Report Dated 1 Dec 1969  
Name of Physician Joseph C. Kerlin MD

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

MALE APPLICANT  
Name Joseph William Reed Jr.  
Date of Birth December 31 1948  
Place of Birth Muncie, Ind.  
Residence Address 510 Fairmount Ave, Fairmount, Grant, 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 Seaman E-3 US Navy  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Navy ID. 12400985

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Joseph William Reed Sr.  
Residence of father (if deceased so state) 510 Fairmount Ave, Fairmount, Ind.  
Occupation of father Plant Mgr. Modest Race of father White  
Birthplace of father (State or foreign country) Muncie, Ind.  
12. Full maiden name of mother Nancy Jean Muhlthall  
Residence of mother (if deceased so state) Same  
Occupation of mother Secretary Race of mother White  
Birthplace of mother (State or foreign country) Delaware, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Joseph William Reed Jr.  
New Address P.O. Box 83, Danville, Ind.

Subscribed and sworn to before me this 13th day of December, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Joseph W Reed Sr. Father  
Signed Joseph W Reed Jr. Mother  
Subscribed and sworn to before me this 13th day of December, 1969  
Clerk John G. Smith

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 23 and filed in HENDRICKS authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of December, 1969, authorizing the joining together as husband and wife of Joseph William Reed Jr. and Carol Anne McCreary.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William C. Ball hereby certify that on the 20th day of December, 1969, at Indianapolis, County of Marion, State of Indiana, Groom Joseph William Reed Jr. of Grant County, State of Indiana and, Bride Carol Anne McCreary of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of December, 1969.  
Signed William C. Ball  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 23 day of December, 1969.  
Signed John G. Smith Clerk  
HENDRICKS Circuit Court

FEMALE APPLICANT  
Name Carol Anne McCreary  
Date of Birth Sept 30 1948  
Place of Birth Indianapolis, Ind.  
Residence Address (P.O. Box 83) R2 Box 183 Danville, Ind.  
Maiden Name if Different None  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) None  
Usual Occupation Student Ball State  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree #113-48-064677  
☒ Other (Specify) Apr. Lic. M266-48390

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Manford Eldon McCreary  
Residence of father (if deceased so state) R2 Box 183 Danville, Ind.  
Occupation of father Welder, w.m., Beck's Ave. Race of father White  
Birthplace of father (State or foreign country) Marion Co., Ind.
- Full maiden name of mother Mary Irene Lyck  
Residence of mother (if deceased so state) Same  
Occupation of mother Secy. Prot. Pub. Race of mother White  
Birthplace of mother (State or foreign country) New 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 Carol Anne McCreary  
New Address Same  
Subscribed and sworn to before me this 13th day of December, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:  
County of HENDRICKS

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



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 461

File Book 31

15 December 1969  
Date of Application

MALE

Medical Examination Report Dated 9 December 1969

Name of Physician Paul Stanley Lewis MD

FEMALE

Medical Examination Report Dated 9 December 1969

Name of Physician Paul Stanley Lewis MD

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

MALE APPLICANT

Name Mark Allan Trueblood  
Date of Birth December 1948  
Place of Birth (State or foreign country) Anderson, Ind.  
Residence Address 536 Duffy St, Plankton, Ind.  
Previous Marital Status: Never Married Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Accountant: PSI

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

☐ Other (Specify) CH 27/59 #1871

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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: Chancey Trueblood Sr.  
Residence of father (if deceased so state) Plankton, Ind.  
Occupation of father: Steel Metal: Delco-Ramco of father: White  
Birthplace of father (State or foreign country) Anderson, Ind.  
12. Full maiden name of mother: Mary Evelyn O'Connor  
Residence of mother (if deceased so state) Same  
Occupation of mother: RN. Race of mother: white  
Birthplace of mother (State or foreign country) Anderson, Ind.

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

Signed Mark Allan Trueblood

New Address 536 Duffy St, Plankton, Ind.

Subscribed and sworn to before me this 15th day of December, 1969  
Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS

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

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

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

FEMALE APPLICANT

Name Linda Joyce Denman  
Date of Birth April 1951  
Place of Birth (State or foreign country) Dallas, Texas  
Residence Address 21 Box 2 Cotterville, Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secy: Ind Equipment

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

☐ Other (Specify) 4649

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Denman Sr.  
Residence of father (if deceased so state) Same C. Ind. Ind.  
Occupation of father: Rate Sls: Ind Equip of father: white  
Birthplace of father (State or foreign country) Indiana, Ind.

8. Full maiden name of mother: Dorothy Jean Hiser  
Residence of mother (if deceased so state) Same  
Occupation of mother: H/W. Race of mother: white  
Birthplace of mother (State or foreign country) Dallas, Texas.

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

Signed Linda Joyce Denman

New Address 15th day of December, 1969

Subscribed and sworn to before me this 15th day of December, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 \_\_\_\_\_  
HENDRICKS 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 19th day of December, 1969, 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, Dennis Pyle, hereby certify that on the 21st day of December, 1969, at Indianapolis, County of Marion, State of Indiana, Groom Mark Allan Trueblood of Hendricks County, State of Indiana, and, Bride Linda Joyce Denman of Hendricks County, State of Indiana, were by me united 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 January, 1970, Signed Dennis Pyle  
Official Designation Minister, 1970

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. 462  
File Book 31  
12-15-69  
Date of Application

## MALE

Medical Examination Report Dated 12-12-69

Name of Physician Dr. Fred Workinton

## FEMALE

Medical Examination Report Dated 12-12-69

Name of Physician Dr. Fred Workinton

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

## MALE APPLICANT

Name Billy Ray Shepherd  
Date of Birth 12 18 1948

Place of Birth (State or foreign country) Kentucky

Residence Address 6326 W. 10th Indianapolis Marion Co. Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Assembler - Ford Motor Co.

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

☐ Other (Specify) Driver's License # 816348338 & Draft Card

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

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

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

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

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

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

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

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

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

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

(a) List their full names, ages and addresses

Name Age Address

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

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

11. Full name of father Verlon Shepherd

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

Occupation of father Disorder Race of father white

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

12. Full maiden name of mother Pauline Dixon

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

Occupation of mother Housewife Race of mother white

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

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

County of HENDRICKS

Signed Billy Ray Shepherd

New Address.....

Subscribed and sworn to before me this 15th day of Dec, 1969.

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 Brenda Kay Mullins

Date of Birth 9 27 1949

Place of Birth (State or foreign country) Kentucky

Residence Address 13446 Clover Dr. Indianapolis Hendricks 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 RCA Assembler

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 Thomas Morgan Mullins

Residence of father (if deceased so state) deceased

Occupation of father..... Race of father.....

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

8. Full maiden name of mother Dee Figgie Patten

Residence of mother (if deceased so state) same as bride

Occupation of mother unemployed Race of mother.....

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

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

County of HENDRICKS

Signed Brenda Kay Mullins

New Address.....

Subscribed and sworn to before me this 15th day of December, 1969.

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of December, 1969, authorizing the joining together as husband and wife

of Billy Ray Shepherd and Brenda Kay Mullins

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

I, Eld. M. V. Hammack hereby certify that on the 20th day of December, 1969, at Indianapolis, County of Hendricks, State of Indiana, Groom Billy Ray Shepherd of Marion County, State of Indiana and, Bride Brenda Kay Mullins of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 20th day of December, 1969.

Signed Eld. M. V. Hammack

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of December, 1969.

Signed John Gambrell Jr. Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 463  
File Book 31  
Date of Application 12-16-69

## MALE

Medical Examination Report Dated 12-9-69  
Name of Physician Dr. C. Mann, Med Dept. VA  
Albany, Ind.

## FEMALE

Medical Examination Report Dated 12-8-69  
Name of Physician Dr. David Haggard

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

## MALE APPLICANT

Name William Louis Miller, Jr.  
Date of Birth Month 1 Day 27 Year 1948  
Place of Birth (State or foreign country) Indianapolis  
Residence Address 404 Kames Street of R. R. 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 Active Military - Navy

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

☐ Other (Specify) ID Card - Navy

- 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 William Louis Miller, Sr.  
Residence of father (if deceased so state) same  
Occupation of father House Motor Race of father white  
Birthplace of father (State or foreign country) Indianapolis, Ind.  
12. Full maiden name of mother Mary Madeline Wiseman  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed William L. Miller, Jr.  
New Address 1770 New York City, NY

Subscribed and sworn to before me this 16 day of Dec, 1969.  
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 \_\_\_\_\_

HENDRICKS 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 20th day of December, 1969, authorizing the joining together of husband and wife

William Louis Miller, Jr. and Joyce Lynn Harris  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul W. Raydale, hereby certify that on the 20th day of December, 1969, at \_\_\_\_\_ Church, County of HENDRICKS, State of Indiana

one thousand nine hundred and 69, \_\_\_\_\_ of HENDRICKS County, State of Indiana

State of Indiana, Groom William Louis Miller, Jr. and, Bride Joyce Lynn Harris

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

Dated this 20th day of December, 1969.

Signed Paul W. Raydale  
Official Designation Minister  
23 day of December, 1969  
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. 464  
File Book 31  
Date of Application 16 Dec. 1969

## MALE

Medical Examination Report Dated 15 December 1969  
Name of Physician Irring Cohen M.D.

## FEMALE

Medical Examination Report Dated 15 December 1969  
Name of Physician Irring Cohen M.D.

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

## MALE APPLICANT

Name Thomas E. Sefton  
Date of Birth August 8, 1921  
Place of Birth Plainfield, Ind.  
Residence Address 4211 Guilford St., Indianapolis, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 69 Maria  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Taxi Driver (Aran)

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Chauffeur Lic. S135-21328

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

Name Age Address  
Debra Ann 13 4816 Gilgo, Ind.  
Douglas Merile 12  
Michael Samon 14

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

11. Full name of father Thomas Albert Sefton  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) Cleveland, Ohio  
12. Full maiden name of mother Bessie Merile Mercer  
Residence of mother (if deceased so state) 4211 Guilford, Ind.  
Occupation of mother Retired Race of mother White  
Birthplace of mother (State or foreign country) Potomac, Md.

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

Signed Thomas E. Sefton  
New Address R2 Bx 64 Clayton, Ind.  
Subscribed and sworn to before me this 16th day of December, 1969  
Clerk John G. Gault HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:  
County of \_\_\_\_\_

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

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

## FEMALE APPLICANT

Name Helen J. Gray  
Date of Birth June 22, 1911  
Place of Birth Indianapolis, Ind.  
Residence Address R2 Bx 64 Clayton, Ind.  
Maiden Name if Different Helen J. Wilson  
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 Hostess: ARA yards

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Op. Lic. G600-11262

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Jess Wilson  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) Elmington, Ill.  
8. Full maiden name of mother Zona Ethel Jones  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother White  
Birthplace of mother (State or foreign country) Ill.

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

Signed Helen J. Gray  
New Address Same

Subscribed and sworn to before me this 16th day of December, 1969  
Clerk John G. Gault HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:  
County of \_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_\_ day 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 Dec. 17, 1969 and filed in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1969, authorizing the joining together as husband and wife

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

I, Fred H. Graham hereby certify that on the nineteenth day of December, one thousand nine hundred and sixty nine at Danville, County of Hendricks, State of Indiana, Groom Thomas E. Sefton of Hendricks County, State of Indiana

and, Bride Helen J. Gray of Hendricks County, State of Indiana

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

Dated this 19th day of December, 1969.

Signed Fred H. Graham  
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of December, 1969.

Signed John G. Gault Jr. Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 465  
File Book 31  
Date of Application 16 December 1969

MALE  
Medical Examination Report Dated 12 Dec 1969  
Name of Physician Jack Henox MD.

FEMALE  
Medical Examination Report Dated 12 Dec. 1969  
Name of Physician Jack Henox 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 Kenneth Conner  
Date of Birth September 12 1946  
Place of Birth (State or foreign country) Sullivan, Ind.  
Residence Address 34 N. Green St., Bibury, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Teacher: Bibury Comm Sch Grp.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Sel Ser. 12 77 46 129

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

Name Age Address

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

11. Full name of father Kenneth Conner  
Residence of father (if deceased so state) Sullivan, Ind.  
Occupation of father Sales: Dea Tree Food Race of father white  
Birthplace of father (State or foreign country) Sullivan, Ind.  
12. Full maiden name of mother Mary Earlene Bokenbush  
Residence of mother (if deceased so state) H/W  
Occupation of mother None Race of mother white  
Birthplace of mother (State or foreign country) New Lebanon, Ind.

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

Signed James Kenneth Conner  
New Address 110 Franklin St., Bibury, Ind.  
Subscribed and sworn to before me this 16th day of December, 1969  
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 Elana June Hayter  
Date of Birth November 2 1945  
Place of Birth (State or foreign country) Macan, Ga  
Residence Address 110 Franklin Bibury, Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Teacher: Bibury Comm Sch Grp.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Teacher Ret. 130991

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

8. Full maiden name of mother Dora Marion Fletcher  
Residence of mother (if deceased so state) Bx 415 New Gold Ind.  
Occupation of mother Leg. Race of mother white  
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 Elana June Hayter  
New Address Same  
Subscribed and sworn to before me this 16th day of December, 1969  
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 \_\_\_\_\_ and filed \_\_\_\_\_  
Court by written order issued \_\_\_\_\_  
HENDRICKS 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 December, 1969, authorizing the joining together as husband and wife  
of James Kenneth Conner and Elana June Hayter  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Philip D. Queen hereby certify that on the 24th day of December,  
one thousand nine hundred and 69 at Sullivan County of Buena  
State of Indiana, Groom James Kenneth Conner of Hendricks County, State of Indiana  
and, Bride Elana June Hayter of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS  
County.  
Dated this 24th day of December, 1969.  
Signed Philip D. Queen  
Official Designation Pastor  
day of December, 1969.  
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. 466  
File Book 31  
Date of Application 18 December 1969

MALE  
Medical Examination Report Dated 17 December 1969  
Name of Physician A. N. Scudder M.D.

FEMALE  
Medical Examination Report Dated 17 December 1969  
Name of Physician A. N. Scudder M.D.

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

MALE APPLICANT  
Name John D. Gosssett  
Date of Birth October 10 1953  
Place of Birth Lebanon, Ind.  
Residence Address 204 S. Verb. N. Salem, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Student: 10th N. Salem.  
Date of birth 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 Edwin Gosssett  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) Lizton, Ind.

12. Full maiden name of mother Nannie Louise Trammel  
Residence of mother (if deceased so state) N. Salem, Ind.  
Occupation of mother Program: Art Appl. Race of mother White  
Birthplace of mother (State or foreign country) New Ross, 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. Gosssett  
New Address 204 S. Verb. N. Salem, Ind.  
Subscribed and sworn to before me this 18th day of December, 1969  
Clerk John J. Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Father deceased - Mother  
gives full consent.  
State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 18th day of December, 1969  
Clerk John J. Lambell

FEMALE APPLICANT  
Name Marlene Graham  
Date of Birth February 28 1952  
Place of Birth Lebanon, Ind.  
Residence Address RI Box 184 Lizton, 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: 12 N. Salem.  
Date of birth 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 Hubert Oral Graham  
Residence of father (if deceased so state) Same Lizton, Ind.  
Occupation of father Disabled Race of father White  
Birthplace of father (State or foreign country) Harrison, Ind.
  - Full maiden name of mother Gladys May Garland  
Residence of mother (if deceased so state) Same  
Occupation of mother Cust. Rel. Stokely Race of mother White  
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Marlene Graham  
New Address Same  
Subscribed and sworn to before me this 18th day of December, 1969  
Clerk John J. Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Father consent dated 18 Dec 1969 at home.  
Mother .. .. 19 Dec 1969 ..

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 19th day of December, 1969  
Clerk John J. Lambell

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
County \_\_\_\_\_ Court by written order issued 18 Dec. 1969 and filed in \_\_\_\_\_  
authorizes and directs the issuance of a marriage license to the above named parties. 300 Waverly  
Grove Waverly

RETURN 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 19th day of December, 1969, authorizing the joining together as husband and wife

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

I, Daniel C. Garrison hereby certify that on the 19th day of December, one thousand nine hundred and 69 at N. Salem, County of Hendricks, State of Indiana, Groom John David Gosssett of Hendricks County, State of Indiana and, Bride Marlene Elaine Graham of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County.

Dated this 19th day of December, 1969.

Signed Daniel C. Garrison  
Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of December, 1969.

Signed John J. Lambell Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 466  
File Book 31  
Date of Application 18 December 1969

MALE  
Medical Examination Report Dated 17 December 1969  
Name of Physician A. V. Scudder M.D.

FEMALE  
Medical Examination Report Dated 17 December 1969  
Name of Physician A. V. Scudder M.D.

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

MALE APPLICANT  
Name John First D. Middle Gosssett Last  
Date of Birth October Month 10 Day 1953 Year  
Place of Birth Lebanon, Ind. (State or foreign country)  
Residence Address 204 S. Veb. Street or R. R. N. Salem, Ind. City Ind. State  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Student: 10th N. Salem.  
Date of birth 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 Edwin Gosssett  
Residence of father (if deceased so state) Deceased  
Occupation of father White Race of father  
Birthplace of father (State or foreign country) Lizton, Ind.  
12. Full maiden name of mother Nannie Louise Trammel  
Residence of mother (if deceased so state) N. Salem, Ind.

FEMALE APPLICANT  
Name Marlene First Graham Middle Last  
Date of Birth February Month 28 Day 1952 Year  
Place of Birth Lebanon, Ind. (State or foreign country)  
Residence Address Rt 1 Box 184 Street or R. R. Lizton, Ind. City 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 Student: 12 N. Salem.  
Date of birth 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 Hubert Oral Graham  
Residence of father (if deceased so state) Same Lizton, Ind.  
Occupation of father Disabled Race of father White  
Birthplace of father (State or foreign country) Marion, Ind.  
8. Full maiden name of mother Gladys May Garland  
Residence of mother (if deceased so state) Same  
Occupation of mother Cust. Rel. Stokely Race of mother White  
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

I, Hubert O. Graham, hereby give my consent for  
my daughter, Marlene Elaine Graham to  
marry John Gosssett.

Hubert O. Graham  
Subscribed and sworn to before me this 18 day of December 1969

my commission expires Barbara A. Bramblett  
January 8, 1973 Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Court by written order issued 18 Dec. 1969 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 302 Waver  
Green eye wave

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of December, 1969, authorizing the joining together as husband and wife of John D. Gosssett and Marlene Elaine Graham.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Daniel C. Garrison, hereby certify that on the 19th day of December, one thousand nine hundred and 69, at N. Salem, County of Hendricks, State of Indiana, Groom John David Gosssett of Hendricks County, State of Indiana and, Bride Marlene Elaine Graham of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 19th day of December, 1969.

Signed Daniel C. Garrison  
Official Designation Ordained Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of December, 1969.  
Signed John Garrison Sr Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 466  
File Book 31  
Date of Application 18 December 1969MALE  
Medical Examination Report Dated 17 December 1969  
Name of Physician A. N. Scudder M.D.FEMALE  
Medical Examination Report Dated 17 December 1969  
Name of Physician A. N. Scudder M.D.

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

MALE APPLICANT

Name John First D. Middle Gosssett Last  
Date of Birth October Month 10 Day 1953 Year  
Place of Birth (State or foreign country) Lebanon, Ind.  
Residence Address 204 S. Neb. Street or R. R. N. Salem, Ind. City Ind. 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 Student: 10th N. Salem.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
11. Full name of father <u>Russell Edwin Gosssett</u>		
Residence of father (if deceased so state) <u>Deceased</u>		
Occupation of father _____		
Birthplace of father (State or foreign country) <u>Lebanon, Ind.</u>		
12. Full maiden name of mother <u>Nannie Louise Trammel</u>		
Residence of mother (if deceased so state) <u>N. Salem, Ind.</u>		

FEMALE APPLICANT

Name Marlene First Graham Middle Elizabeth Last  
Date of Birth February Month 28 Day 1952 Year  
Place of Birth (State or foreign country) Lebanon, Ind.  
Residence Address Rt 1 Box 184 Street or R. R. Lizton, Ind. City Ind. 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 Student: 12 N. Salem.  
Date of birth 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 Hubert Oral Graham  
Residence of father (if deceased so state) Same  
Occupation of father Disabled Race of father White  
Birthplace of father (State or foreign country) Marion, Ind.
  - Full maiden name of mother Gladys May Garland  
Residence of mother (if deceased so state) Same  
Occupation of mother Cost. Rel. Stokely Race of mother White  
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

I, Gladys Graham, hereby give my consent for  
my daughter, Marlene Graham to  
marry John Gosssett.

Gladys Graham  
Subscribed and sworn to before me this 19 day of December 19 69

My Commission Expires February 2, 1973

Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Court by written order issued 18 Dec. 1969 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 301 W. Main

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of December, 1969, authorizing the joining together as husband and wife of John D. Gosssett and Marlene Graham.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Daniel C. Garrison, hereby certify that on the 19th day of December, one thousand nine hundred and 69, at N. Salem, County of Hendricks, State of Indiana, Groom John David Gosssett of Hendricks County, State of Indiana and, Bride Marlene Elaine Graham of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 19th day of December, 1969.

Signed Daniel C. GarrisonOfficial Designation Ordained Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 22 day of December, 1969.Signed John Garrison Sr Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 467

File B vol 31

18 Dec 1969

Date of Application

MALE

Medical Examination Report Dated 12-15-69

Name of Physician D D Chesebrough MD

FEMALE

Medical Examination Report Dated 12-15-69

Name of Physician D. D. 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, representa-

MALE APPLICANT

Name First George Middle Leroy Last Edick  
Date of Birth May 9 1950  
Place of Birth (State or foreign country) Indianapolis  
Residence Address 981 W. Main Street City Danville State Ind  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Link Beet  
Date of birth 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: Kenneth George Edick  
Residence of father (if deceased so state) Danville Ind  
Occupation of father Offset Printer Race of father W  
Birthplace of father (State or foreign country) Iowa  
12. Full maiden name of mother: Freida Mildred Aldredge  
Residence of mother (if deceased so state) 981 W. Main Danville  
Occupation of mother Bookkeeper Race of mother W  
Birthplace of mother (State or foreign country) Hannenburg Ill

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

Signed George Leroy Edick

New Address 122 Lawton Danville

Subscribed and sworn to before me this 18 day of Dec, 1969.  
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.  
Divorced - mother has custody

State of Indiana, Hendricks } ss:  
County of

Signed Freida M. Edick

Signed

Subscribed and sworn to before me this day of 1969.  
Clerk

FEMALE APPLICANT

Name First Balbette Middle Cherie Marie Last  
Date of Birth January 13 1950  
Place of Birth (State or foreign country) Valparaiso  
Residence Address 122 Lawton St. City Danville State Ind  
Maiden Name if Different 3 ans  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Burger Chef  
Date of birth 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 Russell Balbette  
Residence of father (if deceased so state) Gary Ind.  
Occupation of father mailman Race of father W  
Birthplace of father (State or foreign country) Rhode Island  
8. Full maiden name of mother: Gertrude Eleene Dawson  
Residence of mother (if deceased so state) Michigan City Ind  
Occupation of mother Factory Worker 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 Cherie Marie Balbette

New Address 122 Lawton Danville

Subscribed and sworn to before me this 18 day of Dec, 1969

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

Signed

Subscribed and sworn to before me this day of 1969.  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued 19 December 1969 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3da Water

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, 1969, authorizing the joining together as husband and wife of Indiana dated the 19th day of December, 1969, and Cherie Marie Balbette

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

I, Fred N. Graham, hereby certify that on the twenty-third day of December, 1969, at Danville, County of Hendricks, State of Indiana, Groom George Leroy Edick

and, Bride Cherie Marie Balbette of Hendricks County, State of Indiana

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

Dated this 20th day of December, 1969.

Signed Fred N. Graham

Official Designation Justice of the Peace

22nd day of December, 1969

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. 468  
File Book 31  
12-18-69  
Date of Application

MALE  
Medical Examination Report Dated 12-18-69  
Name of Physician Dr. Eli A. Coates

FEMALE  
Medical Examination Report Dated 12-18-69  
Name of Physician Dr. Eli A. Coates

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

MALE APPLICANT

Name First Timothy Middle Eugene Last Sherman  
Date of Birth Month 10 Day 27 Year 1944  
Place of Birth (State or foreign country) Decatur, Illinois  
Residence Address 422 N. Ellis Street or R. R. City Danfield, 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 Dispatching for J. S. McDaniel

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Chappell Sherman  
Residence of father (if deceased so state) 422 N. Ellis St. Danfield, Ind.  
Occupation of father American Express Co. Race of father white  
Birthplace of father (State or foreign country) New Orleans, Louisiana  
12. Full maiden name of mother Evelyn Virginia Tolson  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) New Orleans, Louisiana

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

Signed: Eugene Sherman

New Address: GEN. DEL. BROOKLYN, INDIANA

Subscribed and sworn to before me this 18 day of Dec, 1969.  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 1969.  
Clerk

FEMALE APPLICANT

Name First Diana Middle Lynn Last Jobst  
Date of Birth Month 11 Day 13 Year 1950  
Place of Birth (State or foreign country) Paris, Illinois  
Residence Address 450 N. Ellis St. City Danfield, Hendricks, 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 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 Maxwell Woodward Jobst

Residence of father (if deceased so state) same

Occupation of father The Buckle Corp. Race of father white

Birthplace of father (State or foreign country) Cincinnati, Ohio

8. Full maiden name of mother Julia Anne Jobst

Residence of mother (if deceased so state) same

Occupation of mother Housewife Race of mother white

Birthplace of mother (State or foreign country) Paris, Illinois

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

Signed: Diana Lynn Jobst

New Address: GEN. DEL. BROOKLYN, IND.

Subscribed and sworn to before me this 18 day of Dec, 1969.

John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 1969.  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22nd day of December, 1969, 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 23rd day of December, one thousand nine hundred and sixty nine

at Danfield, County of Hendricks, State of Indiana, Groom Timothy Eugene Sherman of Hendricks County, State of Indiana and, Bride Diana Lynn Jobst of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 22nd day of December, 1969.

Signed: Darrell W. Cox

Official Designation: Pastor, Maple Grove Baptist Church

24 day of December, 1969.

Signed: John Gambold, Jr. Clerk

HENDRICKS Circuit Court

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



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 469  
File Book 31  
Dec 19 1969  
Date of Application

MALE

Medical Examination Report Dated 12-17-69

Name of Physician Fred P. Warlinton

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

MALE APPLICANT

Name First Michael Middle DeWayne Last Richardson  
Date of Birth Month August Day 25 Year 1943  
Place of Birth (State or foreign country) Martinsville Morgan Ind  
Residence Address R R 1 Box 201 E Caney Morgan 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 meat 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? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address  
Regina Kaye 7 same  
Kimberly Dalene 4 same

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐  
Ind Co. 1969

11. Full name of father Mildred Plummer - still alive  
Residence of father (if deceased so state) same  
Occupation of father Foreman - St. Chem. Co. Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Virginia Mae ?  
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 Michael DeWayne Richardson  
New Address R R 1 Box 342 A Plainfield

Subscribed and sworn to before me this 19 day of Dec 1969.  
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 HENDRICKS

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

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

FEMALE APPLICANT

Name First Bonnie Middle Lynn Last Lohm  
Date of Birth Month Sept Day 26 Year 1949  
Place of Birth (State or foreign country) Indiana  
Residence Address R R 2 Box 156 Plainfield Ind  
Maiden Name if Different Allen  
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 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 Louis Wayne Allen  
Residence of father (if deceased so state) same  
Occupation of father Tool & Die Maker Race of father W  
Birthplace of father (State or foreign country) Tipton Ind.

8. Full maiden name of mother Mildred Maxine Watson  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife 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 Bonnie Lynn Lohm

New Address R R 1 Box 342 A Plainfield

Subscribed and sworn to before me this 19 day of Dec 1969.

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 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 \_\_\_\_\_  
HENDRICKS 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 23rd day of December, 1969, authorizing the joining together as husband and wife of Michael DeWayne Richardson and Bonnie Lynn Lohm.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Teal O. Young, hereby certify that on the 24 day of December, \_\_\_\_\_, County of Hendricks, State of Indiana, Groom Michael DeWayne Richardson of \_\_\_\_\_ County, State of Indiana, and, Bride Bonnie Lynn Lohm 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 \_\_\_\_\_ HENDRICKS County.  
Dated this 24 day of December, 1969.

Signed Teal O. Young  
Official Designation Minister, 1969  
day of December  
Signed John Gaudelot 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. 470  
File Book 31  
Dec. 19 1969  
Date of Application

## MALE

Medical Examination Report Dated 12/18/69  
Name of Physician Paul Stanley Lewis

## FEMALE

Medical Examination Report Dated 12/18/69  
Name of Physician Paul Stanley Lewis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Clay Witcher  
Date of Birth March 26 1949  
Place of Birth (State or foreign country) Washington, Ind.  
Residence Address 5019 N. Morris Duplex Met. Ind.  
Previous 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 Paul Ann Witcher  
Date of Birth March 26 1949  
Place of Birth (State or foreign country) Washington, Ind.  
Residence Address 5019 N. Morris Duplex Met. Ind.  
Maiden Name if Different.....  
Previous 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 HENDRICKS County Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the..... day of....., 19....., authorizing the joining together as husband and wife

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

I,..... hereby certify that on the..... day of....., one thousand nine hundred and..... at..... County of..... State of Indiana, Groom..... of..... County, State of..... and, Bride..... of..... County, State of..... were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of 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. 470  
File Book 31  
Date of Application 19 December 1969

MALE

Medical Examination Report Dated 17 December 1969  
Name of Physician Glenn Baker, M.D.

FEMALE

Medical Examination Report Dated 17 December 1969  
Name of Physician Glen 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, represents-

MALE APPLICANT

Name First Emory T. Last Lencke  
Date of Birth Month 28 Year 1945  
Place of Birth (State or foreign country) Louisville, Ky.  
Residence Address Apt C 4500 Call Dr. Indianapolis, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Prod. Merch. Asst. Kroger.

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

☐ Other (Specify) 21 St. 12 28 45 126

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

Name Age Address

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

11. Full name of father Justin Samuel Lencke  
Residence of father (if deceased so state) St. Pete, Fla.  
Occupation of father Ins. Auditor. Race of father White  
Birthplace of father (State or foreign country)

12. Full maiden name of mother Elizabeth Rose Barnes  
Residence of mother (if deceased so state) Lafayette, Ind.  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Terre Haute, Ind.

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

Signed Emory T. Lencke  
New Address Apt C 4500 Call Dr. Apt. C 4500  
Subscribed and sworn to before me this 19th day of December, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Sandra Sue Middle Redenbarger Last  
Date of Birth Month 26 Year 1947  
Place of Birth (State or foreign country) Brazil, Ind.  
Residence Address 5 Roselawn Dr. Ellettsburg, Ind.  
Maiden Name if Different

Previous 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: P. H. 6th Gr. Sch. Grp.

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

☐ Other (Specify) 21 St. 12 28 45 126

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 R. Redenbarger  
Residence of father (if deceased so state) Same  
Occupation of father Traffic Dept. Bell Tel. Race of father White  
Birthplace of father (State or foreign country) Clay Co., Ind.

8. Full maiden name of mother Mary Margaret Lewis  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Clay Co., Ind.

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

Signed Sandra Sue Redenbarger  
New Address Same  
Subscribed and sworn to before me this 19th day of December, 1969  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_ 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 23rd day of December, 1969, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_ and \_\_\_\_\_  
I, \_\_\_\_\_ here certify that on the 26th day of December, 1969, at \_\_\_\_\_ County of \_\_\_\_\_

one thousand nine hundred and 69 \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_  
State of Indiana, Groom Emory T. Lencke \_\_\_\_\_  
and, Bride Sandra S. Redenbarger \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_

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

Dated this 26th day of December, 1969. Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_

30 day of December, 1969. Signed \_\_\_\_\_  
John Gambold Sr. Clerk

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 471  
File Book 31  
Dec 20 1969  
Date of Application

MALE  
Medical Examination Report Dated 12-5-69  
Name of Physician Glenn W. Baker MD

FEMALE  
Medical Examination Report Dated 12-5-69  
Name of Physician Glenn W. Baker 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  
David L. Gastineau  
Date of Birth Month Day Year  
September 25 1946  
Place of Birth (State or foreign country)  
Illinois  
Residence Address Street or R. R. City County State  
R R 1 Box 141A Brownsburg Ind  
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation In School

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 Herman Smith Gastineau  
Residence of father (if deceased so state) same  
Occupation of father Assn. - Ind Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Lucille May Everett  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife 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.

Signed David L. Gastineau

New Address 8 W. Lyndale Vincennes Ind

Subscribed and sworn to before me this 20 day of Dec, 1969.  
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 First Middle Last  
Linda Kay Warrick  
Date of Birth Month Day Year  
December 14 1947  
Place of Birth (State or foreign country)  
Illinois  
Residence Address Street or R. R. City County State  
R R 1 Box 284 Pittsburg Ind  
Maiden Name if Different

Previous 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 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 Frank B. Warrick  
Residence of father (if deceased so state) same  
Occupation of father Salesman Race of father W  
Birthplace of father (State or foreign country) Stone Bluff Ind  
8. Full maiden name of mother Arlene Colford  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) New Hampshire

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

Signed Linda Kay Warrick

New Address 8 W. Lyndale Vincennes Ind

Subscribed and sworn to before me this 20 day of Dec, 1969.  
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  
HENDRICKS County Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of December, 1969, authorizing the joining together as husband and wife

David L. Gastineau and Linda Kay Warrick

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

I, Rev. Charles Hall hereby certify that on the 24th day of December,

one thousand nine hundred and sixty nine at Brownsburg, County of Hendricks,

State of Indiana, Groom David Lee Gastineau of Knox County, State of Indiana

and, Bride Linda Kay Warrick of Hendricks County, State of Indiana

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

Dated this 24th day of December, 1969.

Signed Rev. Charles Hall

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of January, 1970.

Signed John Gamble Jr. Clerk

HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS CountyNo. 472  
File Book 31  
Date of Application 20 Dec 1969

## MALE

Medical Examination Report Dated 18 December 1969  
Name of Physician Lloyd Terry M.D.

## FEMALE

Medical Examination Report Dated 18 December 1969  
Name of Physician Lloyd Terry M.D.

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

## MALE APPLICANT

Name Gary W. Wills  
Date of Birth October 13 1950  
Place of Birth Indianapolis, Ind.  
Residence Address 21 Bx 398 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 State Mgr. Strickle  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 9691  
☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? ☐ No ☒ Yes ☐  
Of Unsound Mind? ☐ No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? ☐ No ☒ Yes ☐
- Are you afflicted with a transmissible disease? ☐ No ☒ Yes ☐
- Are you related to the bride closer than second cousin? ☐ No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? ☐ No ☒ Yes ☐
- Are you able to 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 Darrell Wayne Wills  
Residence of father (if deceased so state) Same Clayton, Ind.  
Occupation of father Citgo oil gas Race of father White  
Birthplace of father (State or foreign country) Pittsburg, Ind.  
12. Full maiden name of mother Frieda Belle Robinson  
Residence of mother (if deceased so state) Same  
Occupation of mother A/W Race of mother White  
Birthplace of mother (State or foreign country) Plamfield, Ind.

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 20th day of December, 1969  
Clerk John Samuels HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Subscribed and sworn to before me this 20th day of December, 1969  
Clerk John Samuels HENDRICKS Circuit Court

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1969, 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, Paul Taylor, hereby certify that on the 4th day of January, \_\_\_\_\_, County of Hendricks, State of Indiana, one thousand nine hundred and 70, at Hendricks, County, State of Indiana, and, Bride Kathy A. Gibbs of Hendricks, County, State of Indiana.

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 4th day of January, 1970  
Signed Paul Taylor  
Official Designation Minister United Methodist Church  
\_\_\_\_\_ day of January, 1970  
Signed John Samuels Jr Clerk  
\_\_\_\_\_ HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 473  
File Book 21  
Date of Application 20 December 1969

MALE  
Medical Examination Report Dated 9 December 1969  
Name of Physician Elmer L. Koch M.D.

FEMALE  
Medical Examination Report Dated 9 December 1969  
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 Max Edwin Gregory  
Date of Birth October 28 1949  
Place of Birth Indianapolis, Ind.  
Residence Address 3401 West 1st 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: ISU.

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

☐ Other (Specify) See Ser. 12 30 49 366

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 William Gregory  
Residence of father (if deceased so state) Speedway Ind.  
Occupation of father Asst. Rep. Albany Race of father White  
Birthplace of father (State or foreign country) Morgan Co., Ind.  
12. Full maiden name of mother Aileen Bradley McIntyre  
Residence of mother (if deceased so state) Same Danville, Ind.  
Occupation of mother Clark, Pub Health Inf. Race of mother White  
Birthplace of mother (State or foreign country) Putnam Co., Ind.

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

Signed Max Edwin Gregory

New Address Appt 315, 201 Crawford St., Danville, Ind.

Subscribed and sworn to before me this 20th day of December, 1969  
Clerk John J. Lambell HENDRICKS Circuit Court

PARENTS, PARENT OR GUARDIAN

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

Father not present consent dated Sept 1969 attached.

HENDRICKS } as:

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

Signed Aileen Gregory Mother

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

Clerk

FEMALE APPLICANT

Name Pamela Sue Downey  
Date of Birth July 29 1948  
Place of Birth Covington, Ind.  
Residence Address 536 N. Duffy Pkwy., 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 Teller: Arsenal Savings

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

☐ Other (Specify) Apr Lic D500-48309

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Frederick Downey  
Residence of father (if deceased so state) Same Putnam Co., Ind.  
Occupation of father Inspector, Danville Police Race of father White  
Birthplace of father (State or foreign country) Putnam Co., Ind.
8. Full maiden name of mother Nancy Marilyn Ritchie  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Covington, Ind.

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

Signed Pamela Sue Downey

New Address Same

Subscribed and sworn to before me this 20th day of Dec, 1969

Clerk John J. Lambell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } as:

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

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

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

Clerk

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

It is Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court on the 24 day of December, 1969, authorizing the joining together as husband and wife of Max Edwin Gregory and Pamela Sue Downey.

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

I, C. Luther Boston, hereby certify that on the 27th day of December, one thousand nine hundred and sixty nine at Plainfield, County of Hendricks, State of Indiana, Groom Max Edwin Gregory of Hendricks County, State of Indiana and, Bride Pamela Sue Downey of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of December, 1969.

Signed C. Luther Boston

Official Designation Presbyterian pastor

30 day of December, 1969

Signed John J. Lambell Jr Clerk

HENDRICKS Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 473  
File Book 21  
Date of Application 20 December 1969

## MALE

Medical Examination Report Dated 9 December 1969  
Name of Physician Elmer L. Koch M.D.

## FEMALE

Medical Examination Report Dated 9 December 1969  
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 Max Edwin Gregory  
Date of Birth October 28 1949  
Place of Birth Indianapolis, Ind.  
Residence Address 3401 West 1st St., Danville, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Student: ISU.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) See Ser. 12 30 49 366

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

Name Age Address

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

11. Full name of father John William Gregory  
Residence of father (if deceased so state) Speedway, Ind.  
Occupation of father Asst. Dir. of Ind. State Police  
Birthplace of father (State or foreign country) Morgan Co., Ind.  
12. Full maiden name of mother Heleen Frances McGintyre  
Residence of mother (if deceased so state) Same  
Occupation of mother Clerk, Prob. Health Dept.  
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 Max Edwin Gregory  
New Address Appt 315, 201 Crawford St., Danville, Ind.  
Subscribed and sworn to before me this 20th day of December, 1969

## FEMALE APPLICANT

Name Pamela Sue Downey  
Date of Birth July 29 1948  
Place of Birth Connersville, Ind.  
Residence Address 236 N. Duff Pk., 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 Teller: Arsenal Savings & Loan

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Apr Lic D500-48309

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Frederick Downey  
Residence of father (if deceased so state) Same  
Occupation of father Inspector, Bureau of Prisons  
Birthplace of father (State or foreign country) Putnam Co., Ind.

8. Full maiden name of mother Nancy Marilyn Ritchie  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W.  
Birthplace of mother (State or foreign country) Connersville, Ind.

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

Signed Pamela Sue Downey  
New Address Same  
Subscribed and sworn to before me this 20th day of Dec, 1969  
Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

I, John W. Gregory, hereby give my consent for my Son Max Edwin Gregory to marry Pamela Sue Downey

**FILED**  
subscribed and sworn to before me this 5th day of September, 1969  
John J. Gambold Jr.  
CLERK HENDRICKS CIRCUIT COURT SUPERIOR COURT

Barbara C. Godby  
Notary Public  
Marion County  
State of Ind.

I, C. Luther Bostrom, hereby certify that on the 27th day of December, one thousand nine hundred and sixty-nine, at Plainfield, County of Hendricks, State of Indiana, Groom Max Edwin Gregory of Hendricks County, State of Indiana and, Bride Pamela Sue Downey of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of December, 1969.  
Signed C. Luther Bostrom  
Official Designation Presbyterian pastor  
30 day of December, 1969.  
Signed John J. Gambold Jr. Clerk  
HENDRICKS Circuit Court

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



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 474

File Book 31

Dec 20 1969  
Date of Application

MALE

Medical Examination Report Dated 12-10-69

Name of Physician Jose M. Landigabel

FEMALE

Medical Examination Report Dated 12-10-69

Name of Physician Jose M. Landigabel

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

**MALE APPLICANT**  
Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Clerk - Link Bell  
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 Lora B. Titter

Residence of father (if deceased so state) Deceased

Occupation of father Race of father W

Birthplace of father (State or foreign country) Tipton Co Ind

12. Full maiden name of mother Gladys Irene Gross

Residence of mother (if deceased so state) Deceased

Occupation of mother Race of mother W

Birthplace of mother (State or foreign country) Tipton 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 X Virginia June Hazlett

New Address Springville Ind

Subscribed and sworn to before me this 20 day of Dec 1969

John Gaulsford Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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

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 Springville Greene Ind

Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐

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 afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Roscoe Claude Smith

Residence of father (if deceased so state) Deceased

Occupation of father Race of father W

Birthplace of father (State or foreign country) Hend Co Ind

8. Full maiden name of mother Alta Walker

Residence of mother (if deceased so state) 415 W. Wash. Lebanon

Occupation of mother 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 HENDRICKS

Signed X Robert Malcolm Smith

New Address Springville Ind

Subscribed and sworn to before me this 20 day of Dec 1969

John Gaulsford Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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

HENDRICKS 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

of Indiana dated the 24 day of December 1969, authorizing the joining together as husband and wife

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

I, Homer J. Hunsinger, hereby certify that on the 28 day of December

at Lebanon, County of Boone

one thousand nine hundred and 69, County, State of Indiana

State of Indiana, Groom Robert M. Smith of Hendricks County, State of Indiana

and, Bride Virginia June Hazlett of Hendricks County, State of Indiana

were by me united 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 December 1969

Signed Homer J. Hunsinger

Official Designation Minister

day of January 1970

Signed John Gaulsford 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. 475  
File Book 31  
12-20-69  
Date of Application

MALE  
Medical Examination Report Dated 12-19-69  
Name of Physician Floyd Terry MD

FEMALE  
Medical Examination Report Dated 12-19-69  
Name of Physician Floyd Terry MD

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

MALE APPLICANT

Name First Middle Last  
Dean Picked  
Date of Birth Month Day Year  
July 19 1949  
Place of Birth (State or foreign country)  
Indianapolis Marion Ind  
Residence Address Street or R.R. City County State  
R.R. 5 Box 298 Duffels 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 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: Herbert Picked Jr.  
Residence of father (if deceased so state): Same  
Occupation of father: Machinist Race of father: W  
Birthplace of father (State or foreign country): North Salem Ind.  
12. Full maiden name of mother: Elma Eva  
Residence of mother (if deceased so state): Same  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Wash. Twp. Hauls

State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed: x Elma Picked  
New Address: —

Subscribed and sworn to before me this 20 day of Dec, 1969.  
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, } ss:  
County of HENDRICKS  
Signed: x Herbert Picked Jr. Father  
Signed: x Elma Eva Picked Mother  
Subscribed and sworn to before me this 20 day of Dec, 1969.  
John Gauld Jr. Clerk

FEMALE APPLICANT

Name First Middle Last  
Juanita Marie Alexander  
Date of Birth Month Day Year  
September 16 1950  
Place of Birth (State or foreign country)  
Indianapolis Marion Ind.  
Residence Address Street or R.R. City County State  
R.R. #1 Box 166 Danville Head Ind  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Acc. 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 ☐

7. Full name of father: Donald Leon Alexander  
Residence of father (if deceased so state): Same  
Occupation of father: Machinist Race of father: W  
Birthplace of father (State or foreign country): Barnard Ind.  
8. Full maiden name of mother: Martha Virginia Hunter  
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 in this application is true and correct.  
County of HENDRICKS

Signed: x Juanita Marie Alexander  
New Address: —

Subscribed and sworn to before me this 20 day of Dec, 1969.  
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, } ss:  
County of HENDRICKS  
Signed: \_\_\_\_\_ Father  
Signed: \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of December, 1969, 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 27th day of December, one thousand nine hundred and 69, at Aton, County of Hendricks, State of Indiana, Groom: Dean Picked and Bride: Juanita Marie Alexander of Hendricks County, State of Indiana, were by me united 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 December, 1969.

Signed: Teal O. Younce  
Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of December, 1969.

Signed: John Gauld Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 476  
File Bk. 31  
Date of Application 12-20-69

MALE

Medical Examination Report Dated 12-1-69  
Name of Physician Joseph C. Berlin, M.D.

FEMALE

Medical Examination Report Dated 12-1-69  
Name of Physician Joseph C. Berlin, M.D.

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

MALE APPLICANT

Name Jeffrey Milton Hamilton  
Date of Birth 12-20-1947  
Place of Birth (State or foreign country) Indpls., Ind.  
Residence Address 52 N. High, 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)

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

Name Age Address

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

11. Full name of father Milton Logan Hamilton  
Residence of father (if deceased so state) Deceased  
Occupation of father Ray, Missouri  
Birthplace of father (State or foreign country) Gray, Missouri

12. Full maiden name of mother Dorothy Lucille Nunemaker  
Residence of mother (if deceased so state) Deceased  
Occupation of mother Sec.  
Birthplace of mother (State or foreign country) Canal Winchester, Ohio

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

Signed Jeffrey Milton Hamilton  
New Address 15 Johnson Circle, Indianapolis, Ind.

Subscribed and sworn to before me this 20 day of December 1969  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Joyce Marie Manley  
Date of Birth 6-6-1947  
Place of Birth (State or foreign country) Indpls., Ind.  
Residence Address 6846 Westlake Dr., Indpls., Marion, Ind.  
Maiden Name if Different Same  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Sec.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

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

8. Full maiden name of mother Alice Mae Lucas  
Residence of mother (if deceased so state) Same  
Occupation of mother Bus Supervisor 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 Joyce Marie Manley  
New Address Same

Subscribed and sworn to before me this 20 day of December 1969  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the Clerk of the \_\_\_\_\_ Hendricks Circuit Court of Indiana dated the 24th day of December, 1969, authorizing the joining together as husband and wife

of \_\_\_\_\_ Milton Hamilton and \_\_\_\_\_ Joyce Marie Manley

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_ day of December, 1969

I, \_\_\_\_\_ John Hartzler \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County of \_\_\_\_\_

one thousand nine hundred and \_\_\_\_\_ at \_\_\_\_\_ County, State of \_\_\_\_\_

State of Indiana, Groom \_\_\_\_\_ Milton Hamilton of \_\_\_\_\_ County, State of \_\_\_\_\_

and, Bride \_\_\_\_\_ Joyce Marie Manley 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, \_\_\_\_\_ Signed \_\_\_\_\_ Roman Catholic Priest  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 1969  
\_\_\_\_\_ day of \_\_\_\_\_, 1969  
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. 477  
File Book 31  
Date of Application 22 December 1969

MALE

Medical Examination Report Dated 19 December 1969  
Name of Physician Dr. B. Haggard MD

FEMALE

Medical Examination Report Dated 19 December 1969  
Name of Physician Dr. B. Haggard MD

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

MALE APPLICANT

Name Kenneth Burkert  
Date of Birth March 2 1946  
Place of Birth Indianapolis, Ind.  
Residence Address 2802 Dogwood Dr, Indianapolis, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 67 Ind. 1040

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

Usual Occupation Bookkeeper; Taylor

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) or lic B626-46122

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Frank Burkert  
Residence of father (if deceased so state) R2 Box 70, Indpls, Ind.  
Occupation of father Electrician Chrysler Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.

12. Full maiden name of mother Deanne Maxine White  
Residence of mother (if deceased so state) Same  
Occupation of mother Cook; RSI 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 Samuel L. Burkert

New Address 438 Arac Ave, P.O. Box 14, Indpls, Ind.

Subscribed and sworn to before me this 22nd day of December, 1969.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Connie Burkert  
Date of Birth February 10 1947  
Place of Birth Princeton, Ind.  
Residence Address 438 Arac Ave P.O. Box 14, Indpls, Ind.  
Maiden Name if Different Connie La Roche  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 67 Ind. 1040

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

Usual Occupation House Keeper

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) or lic B626-47090

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 W. La Roche  
Residence of father (if deceased so state) 438 Arac Ave P.O. Box 14, Indpls, Ind.  
Occupation of father Substitute: Allen Race of father white  
Birthplace of father (State or foreign country) Princeton, Ind.
8. Full maiden name of mother Mary Jane Wines  
Residence of mother (if deceased so state) Same  
Occupation of mother lookup write: Indianapolis, Ind. Race of mother white  
Birthplace of mother (State or foreign country) Princeton, Ind.

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

Signed Samuel L. Burkert

New Address Same

Subscribed and sworn to before me this 22nd day of December, 1969.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1969, authorizing the joining together as husband and wife of Kenneth L. Burkert and Connie K. Burkert.

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

I, Ira J. Goodman hereby certify that on the 27 day of December, one thousand nine hundred and 69 at Princeton, Ind. County of Hendricks, State of Indiana, Groom Kenneth L. Burkert of Hendricks County, State of Indiana, and, Bride Connie Burkert of Hendricks County, State of Indiana, were by me united 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 December, 1969.

Signed Ira J. Goodman

Official Designation Justice of the Peace

Signed John Gambold Jr Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of December, 1969.

HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 478

File Book 31

Date of Application

MALE

Medical Examination Report Dated 12-19-69

Name of Physician Lloyd Terry MD

FEMALE

Medical Examination Report Dated 12-19-69

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 Howard Middle Robert Last Reitzel  
Date of Birth Month Sept. Day 10 Year 1937  
Place of Birth (State or foreign country) Hendricks Co Indiana  
Residence Address Street or R. R. R.R. 1 Box 253 Clayton City Hend 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 Farmer  
Date of birth 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 Daniel Howard Reitzel  
Residence of father (if deceased so state) Clayton Ind  
Occupation of father Farmer Race of father W  
Birthplace of father (State or foreign country) Ind Co Ind  
12. Full maiden name of mother Mildred Dickover  
Residence of mother (if deceased so state) same  
Occupation of mother Farmer Race of mother W  
Birthplace of mother (State or foreign country) Delaware 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 Howard Robert Reitzel  
New Address R.R. 1 Clayton  
Subscribed and sworn to before me this 22 day of Dec, 1969.  
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 HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name First Peggy Middle Lynn Last Goss  
Date of Birth Month Dec Day 24 Year 1941  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. RR 1 Box 303 Clayton City Hend County Ind State Ind  
Maiden Name if Different Ind  
Previous 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)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Telegraphman Goss  
Residence of father (if deceased so state) Clayton Ind  
Occupation of father Farmer Race of father W  
Birthplace of father (State or foreign country) Morgan Co Ind  
8. Full maiden name of mother Minnie Mervetta Ludlow  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife 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 HENDRICKS

Signed Peggy Lynn Goss  
New Address R.R. 1 Clayton

Subscribed and sworn to before me this 22 day of Dec, 1969.  
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 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_

HENDRICKS 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 \_\_\_\_\_, 1969, authorizing the joining together as husband and wife of Indiana dated the 26th day of December and Peggy Lynn Goss

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

I, Rev Douglas R. Keine hereby certify that on the 28th day of December, \_\_\_\_\_ County of Hendricks, State of Indiana

one thousand nine hundred and sixty nine at \_\_\_\_\_ County, State of Indiana

State of Indiana, Groom Howard Robert Reitzel of Hendricks County, State of Indiana

and, Bride Peggy Lynn Goss of Hendricks County, State of Indiana

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 28th day of December, 1969.  
Signed Rev Douglas R. Keine  
Official Designation Pastor, Am Baptist Church  
3rd day of January, 1970  
Signed John Gambleld 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. 479  
File Book 31  
12-22-69  
Date of Application

MALE  
Medical Examination Report Dated 12-16-69  
Name of Physician A. N. Scudder, M.D.

FEMALE  
Medical Examination Report Dated 12-16-69  
Name of Physician A. N. Scudder M.D.

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

**MALE APPLICANT**

Name First Sammie Middle Michael Last Sherrill  
Date of Birth Month 30 Day 1941  
Place of Birth (State or foreign country) Indianapolis  
Residence Address Street or R. R. 615 Madison Ave 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 Special Deputy - Paul Harris Store  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) #6106  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
Sammie Leville Sherrill		
Residence of father (if deceased so state)		
Occupation of father		
Birthplace of father (State or foreign country)		
Full maiden name of mother		
Residence of mother (if deceased so state)		
Occupation of mother		
Birthplace of mother (State or foreign country)		

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Sam M. Sherrill  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 22 day of Dec, 1969  
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 Jacklin Middle Marie Last Knuckles  
Date of Birth Month 10 Day 1946  
Place of Birth (State or foreign country) Indianapolis  
Residence Address Street or R. R. 514 Revor St City Brownsville County Hendricks State Ind.  
Maiden Name if Different Francis  
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) #8081  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the 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 Eugene Francis  
Residence of father (if deceased so state) same  
Occupation of father Carpenter Race of father white  
Birthplace of father (State or foreign country) Springfield, Illinois  
8. Full maiden name of mother Charabell Brown  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Indianapolis, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Jacklin Marie Knuckles  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 22 day of Dec, 1969  
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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be 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 th day of December, 1969, authorizing the joining together as husband and wife of Sherrill, Sammie Michael and Jacklin Marie Knuckles.  
Be it further remembered, the following marriage certificate was filed in my office to-wit:  
I, Fred N. Graham hereby certify that on the twenty seventh day of December, one thousand nine hundred and sixty nine at Danville, County of Hendricks, State of Indiana, Groom Sammie Michael Sherrill of Marion County, State of Indiana and, Bride Jacklin Marie Knuckles of Hendricks County, State of Indiana were by me united 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 th day of December, 1969.  
Signed Fred N. Graham  
Official Designation Justice of the Peace  
Filed and recorded in accordance with the laws of the State of Indiana this 29 day of December, 1969.  
Signed John Gamble Jr. Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 480

File Book 31

22 December 1969  
Date of Application

MALE

Medical Examination Report Dated 17 December 1969

Name of Physician F.P. Warbinton M.D.

FEMALE

Medical Examination Report Dated 17 December 1969

Name of Physician F.P. Warbinton M.D.

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

MALE APPLICANT

Name First Eugene Middle Last Copeland.  
Date of Birth May 9 1929  
Place of Birth (State or foreign country) Martinsville, Ind.  
Residence Address R1 Bx 384 Plainfield, 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 Maint carpenter: Yearth Ctr  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-29-022632

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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  
Russell Eugene 17 R2 Mooresville  
Allen Thomas 14  
Cherri Lu 11

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

11. Full name of father Oscar Lee Copeland.  
Residence of father (if deceased so state) R2, Mooresville, Ind.  
Occupation of father Radioman. Maryn. Race of father White  
Birthplace of father (State or foreign country) Brooklyn, N.Y.  
12. Full maiden name of mother Mildred Josephine Keller  
Residence of mother (if deceased so state) Same  
Occupation of mother Cook: Mooresville, Ind. Race of mother White  
Birthplace of mother (State or foreign country) Martinsville, Ind.

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

Signed Eugene Copeland  
New Address R1 Bx 384 Plainfield, Ind.  
Subscribed and sworn to before me this 22nd day of December, 1969.  
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:  
County of

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

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

FEMALE APPLICANT

Name First Alberta Middle Last Fields  
Date of Birth June 16 1915  
Place of Birth (State or foreign country) Indianapolis  
Residence Address 53 Elm St, P.O. Box 14, Hendricks, Ind.  
Maiden Name if Different Alberta Strange  
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 Inst. operator: R.C.A.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-15-036690

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Strange  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) Ind.

8. Full maiden name of mother Oona Buchanan  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother White  
Birthplace of mother (State or foreign country) Shelbyville, Ind.

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

Signed Alberta Fields  
New Address Same  
Subscribed and sworn to before me this 22nd day of December, 1969.  
John Gambrell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:  
County of

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

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

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

HENDRICKS 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 \_\_\_\_\_, 1969, authorizing the joining together as husband and wife of Indiana dated the 29th day of December, 1969.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_, 31st day of December, 1969.

I, Rev. Martin L. Hayhurst, hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_.

State of Indiana, Groom Eugene Copeland of \_\_\_\_\_ County, State of \_\_\_\_\_, and, Bride Alberta Fields of \_\_\_\_\_ County, State of \_\_\_\_\_.

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

Dated this 31st day of December, 1969. Signed Rev. Martin L. Hayhurst

Official Designation Minister, 1970

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_. 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. 481

File Book 31

12-23-69  
Date of Application

MALE

Medical Examination Report Dated 12-22-69

Name of Physician Irving Cohen MD

FEMALE

Medical Examination Report Dated 12-22-69

Name of Physician Irving Cohen MD

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

MALE APPLICANT

Name First Lawson Middle Charles Last Wright  
Date of Birth Month September Day 13 Year 1937  
Place of Birth (State or foreign country) Terre Haute Ind.  
Residence Address Street or R. R. 3662 Mission Dr City Mission County Marion 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 Air Traffic Control Spec.

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>Lael</u>	<u>8</u>	<u>RR1 Danville</u>
<u>Jefferson</u>	<u>6</u>	<u>"</u>

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

11. Full name of father Walter Edson Wright  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father W  
Birthplace of father (State or foreign country) Clay City Ind.  
12. Full maiden name of mother Hortense Lawson  
Residence of mother (if deceased so state) 1901 S. 26th Terre Haute  
Occupation of mother Clerk Race of mother W  
Birthplace of mother (State or foreign country) Denver Colorado

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Charles Wright  
New Address 3662 Mission Dr. Mission

Subscribed and sworn to before me this 23 day of Dec, 1969.  
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 First Mary Middle Melinda Last Scruggs  
Date of Birth Month December Day 26 Year 1942  
Place of Birth (State or foreign country) Indianapolis  
Residence Address Street or R. R. RR 2 Box 121 City Plainfield County Hard State Co.  
Maiden Name if Different \_\_\_\_\_

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Air Tr. Control

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 Merrill Jackson Scruggs  
Residence of father (if deceased so state) Same  
Occupation of father Machinist Race of father W  
Birthplace of father (State or foreign country) Gretna Va.  
8. Full maiden name of mother Helen Mattox  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Culver Ind.

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

Signed Mary Melinda Scruggs

New Address Same

Subscribed and sworn to before me this 23 day of Dec, 1969.  
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 \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of December, 1969, authorizing the joining together as husband and wife

of Charles Lawson Wright and Mary Melinda Scruggs  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Treal O'Neil Younce hereby certify that on the 27 day of December, one thousand nine hundred and 69 at Avon, County of Hendricks, State of Indiana, Groom Lawson Charles Wright of Marion County, State of Indiana and, Bride Mary Melinda Scruggs of Hendricks County, State of Indiana, were by me united 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 December, 1969.

Signed Treal O. Younce

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of December, 1969.

Signed John Gamble Clerk

HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 482  
File Book 31  
Date of Application 23 December 1969

MALE  
Medical Examination Report Dated 12-22-69  
Name of Physician E. A. Coats MD

FEMALE  
Medical Examination Report Dated 12-22-69  
Name of Physician E. A. Coats MD

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

MALE APPLICANT  
Name First James Middle O. Last Earles  
Date of Birth April 11 1950  
Place of Birth Cincinnati, Ohio  
Residence Address 931 Walnut St., P.O. Box 114, 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: P.F.H.  
Date of birth verified by: Birth Cert. Judicial Decree  
Other (Specify) Self 12-30-50-121  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No Yes  
Of Unsound Mind? No Yes  
2. Are you under guardianship as a person of unsound mind? No Yes  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No Yes  
If answer to 3 is "yes" has the cause of such condition been removed? No Yes  
4. Are you afflicted with a transmissible disease? No Yes  
5. Are you related to the bride closer than second cousin? No Yes  
6. Are you now under the influence of intoxicating liquor? No Yes  
7. Are you now under the influence of a narcotic drug? No Yes  
8. Are you able to support a family? Yes No  
9. Are you likely to so continue? Yes No  
10. Do you have minor children from one or more former marriages? No Yes  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 Owen Earles  
Residence of father (if deceased so state) Same P.O. Box 114, Hendricks, Ind.  
Occupation of father Electrician, West Union, White Hills, Ind.  
Birthplace of father (State or foreign country) Hillsdale, Ind.  
12. Full maiden name of mother Lela Irene Carithers  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Tare Haute, Ind.

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

Signed James O. Earles  
Subscribed and sworn to before me this 23rd day of December, 1969  
John L. Smith Clerk Hendricks Circuit Court

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

State of Indiana, Hendricks } ss: Father has consent, waived by court. Mother hereby gives her consent.  
County of

Signed Lela I. Earles  
Subscribed and sworn to before me this 23rd day of December, 1969  
John L. Smith 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 23rd December 1969, and filed in Hendricks County. Clerk of 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 26 day of December, 1969, authorizing the joining together as husband and wife of James O. Earles and Anne E. Blanton.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Harry Lee Lewis hereby certify that on the 28th day of December, 1969, at Plainfield, Hendricks County, State of Indiana, one thousand nine hundred and 69, of Hendricks County, State of Indiana, State of Indiana, Groom James O. Earles and, Bride Anne E. Blanton were by me united 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 December, 1969.

Signed Harry Lee Lewis  
Official Designation Preacher  
30 day of December, 1969  
Signed John Gammon Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of December, 1969.

FEMALE APPLICANT  
Name First Anne Middle L. Last Blanton  
Date of Birth October 21 1931  
Place of Birth Plainfield, Ind.  
Residence Address R1 Box 203 P.O. Box 114, 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 Seamstress.

Date of birth verified by: Birth Cert. Judicial Decree  
Other (Specify) BK BT P 97

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No Yes  
Of Unsound Mind? No Yes  
2. Are you under guardianship as a person of unsound mind? No Yes  
3. Are you afflicted with a transmissible disease? No Yes  
4. Are you related to the groom closer than second cousin? No Yes  
5. Are you now under the 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 Joshua Blanton  
Residence of father (if deceased so state) Same P.O. Box 114, Hendricks, Ind.  
Occupation of father Sanitary Body Shop, White Hills, Ind.  
Birthplace of father (State or foreign country) Clay City, Ind.  
8. Full maiden name of mother Geneva Louise Woods  
Residence of mother (if deceased so state) Same  
Occupation of mother Seamstress: Self Race of mother white  
Birthplace of mother (State or foreign country) Bellerive, Ind.

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

Signed Anne E. Blanton  
New Address Same  
Subscribed and sworn to before me this 23rd day of December, 1969  
John L. Smith Clerk Hendricks Circuit Court

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

State of Indiana, Hendricks } ss: Father has consent, waived by court. Mother hereby gives her consent.  
County of

Signed Lela I. Earles  
Subscribed and sworn to before me this 23rd day of December, 1969  
John L. Smith 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 23rd December 1969, and filed in Hendricks County. Clerk of 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 26 day of December, 1969, authorizing the joining together as husband and wife of James O. Earles and Anne E. Blanton.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Harry Lee Lewis hereby certify that on the 28th day of December, 1969, at Plainfield, Hendricks County, State of Indiana, one thousand nine hundred and 69, of Hendricks County, State of Indiana, State of Indiana, Groom James O. Earles and, Bride Anne E. Blanton were by me united 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 December, 1969.

Signed Harry Lee Lewis  
Official Designation Preacher  
30 day of December, 1969  
Signed John Gammon Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of December, 1969.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 483  
File Book 3  
12-23-69  
Date of Application

MALE

Medical Examination Report Dated Dec. 18, 1969

Name of Physician \_\_\_\_\_

FEMALE

Medical Examination Report Dated Dec. 19, 1969

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: Fred First Donald Middle Weber Last  
Date of Birth: April Month 22 Day 1908 Year  
Place of Birth (State or foreign country) Lafayette, Indiana  
Residence Address: 221 S. Jefferson Street or R. R. Danville City Hend. County Ind. State  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race: White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Bailer Maint. Hend. Co. Hospital  
Date of birth 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 A. Weber  
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 Gustava B. Pitzer  
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 Fred Weber  
New Address 221 S. Jefferson St.

Subscribed and sworn to before me this 23rd day of December, 1969.  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22nd day of December, 1969, authorizing the joining together as husband and wife

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

I, Emery Parks hereby certify that on the 31st day of December, one thousand nine hundred and sixty nine at Danville, County of Hendricks, State of Indiana, Groom Fred Weber of Hendricks County, State of Indiana and, Bride Evelyn Hughes of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 31st day of December, 1969.

Signed Emery Parks

Official Designation Minister  
2nd day of January, 1970

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. 484

File Book 31

12-29-69

Date of Application

## MALE

Medical Examination Report Dated 12-15-69

Name of Physician Thomas A. Rafalski

## FEMALE

Medical Examination Report Dated 12-15-69

Name of Physician Thomas A. Rafalski

ALL QUESTIONS 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 Gary Middle Steven Last Holderfield  
Date of Birth Month June Day 30th Year 1950  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 337 N. Washington Street or R. R. None City Indianapolis County Hendricks State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_Usual Occupation Shipping Clerk - J. & J. Co.Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree U.S.☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Lawrence Paul Holderfield  
Residence of father (if deceased so state) 4087 Belmont St. Indianapolis, Ind.  
Occupation of father Mechanic Race of father W.  
Birthplace of father (State or foreign country) Illinois  
12. Full maiden name of mother Helma Catherine Robinson  
Residence of mother (if deceased so state) 4087 Belmont St. Indianapolis, Ind.  
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 \_\_\_\_\_

Signed Harry Steven HolderfieldNew Address 337 N. WASHINGTON ST.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
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 27th day of December, 1969.  
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 \_\_\_\_\_ 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 \_\_\_\_\_  
of Indiana dated the 27th day of December, 1969, authorizing the joining together as husband and wife  
of Gary Steven Holderfield and Sheila Rae Eaton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Arnold Damron hereby certify that on the 27 day of December,  
one thousand nine hundred and 69 at Danville, County of Hendricks,  
State of Indiana, Groom Gary Holderfield of Hendricks County, State of Indiana,  
and, Bride Sheila Eaton of Hendricks County, State of Indiana.

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 27 day of Dec., 1969.

Signed Rev. Arnold Damron  
Official Designation Baptist Minister  
30 day of December, 1969

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

No. 484  
File Book 31  
Date of Application 12-29-69

HENDRICKS County

## MALE

Medical Examination Report Dated 12-15-69

Name of Physician Thomas A. Rafalski

## FEMALE

Medical Examination Report Dated 12-15-69

Name of Physician Thomas A. Rafalski

ALL QUESTIONS 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 Gary Steven Holderfield  
Date of Birth June 30th 1950  
Place of Birth (State or foreign country) Indiana  
Residence Address 337 W. Washington 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 Shipping Clerk - J. & J. Co.

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

☐ Other (Specify) \_\_\_\_\_

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

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

Name Age Address

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

11. Full name of father Lawrence Paul Holderfield

Residence of father (if deceased so state) 4087 Belmont St. Indianapolis, Ind.

Occupation of father Mechanic Race of father W.

Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Helma Catharine Rehottle

Residence of mother 4087 Belmont St. Indianapolis, Ind.

Occupation of mother \_\_\_\_\_

Birthplace of mother \_\_\_\_\_

State of Indiana, \_\_\_\_\_

County of HENDRICKS

Subscribed and sworn to \_\_\_\_\_

CONSENT OF PAREN

We, the parents, of this

signs, state facts which

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State of Indiana, \_\_\_\_\_

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

Sign \_\_\_\_\_

Sign \_\_\_\_\_

Subscribed and sworn to \_\_\_\_\_

## FEMALE APPLICANT

Name Sheila Rae Eaton  
Date of Birth April 12 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address 502 S. Tenth St. Indianapolis Ind.  
Maiden Name if Different \_\_\_\_\_

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation In School

Date of birth verified 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 James Owen Eaton

Residence of father (if deceased so state) 502 S. Tenth St. Indianapolis, Ind.

Occupation of father Bank Clerk Race of father W.

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Northey Louise Spencer

Residence of mother (if deceased so state) 502 S. Tenth St. Indianapolis, Ind.

Occupation of mother Accountant Race of mother W.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, \_\_\_\_\_

County of HENDRICKS

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

Signed Sheila Rae Eaton

(Legal Guardians)  
I, James O. Eaton + Dorothy L. Eaton, hereby give my consent for  
my daughter, Sheila Rae Eaton to  
marry Gary S. Holderfield.

(Legal Guardian) James O. and Dorothy L. Eaton  
subscribed and sworn to before me this 22nd day of Dec, 1969

Leslie Zimmerman  
Notary Public  
Dec. 4-24-1970

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 \_\_\_\_\_ 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, here was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court

of Indiana dated the 27th day of December, 1969, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Gary Steven Holderfield and Sheila Rae Eaton

I, Rev. Arnold Damron, hereby certify that on the 27 day of December, \_\_\_\_\_

one thousand nine hundred and 69, at Danville, County of Hendricks, \_\_\_\_\_

State of Indiana, Groom Gary Holderfield of Hendricks County, State of Indiana, \_\_\_\_\_

and, Bride Sheila Eaton of Hendricks County, State of Indiana, \_\_\_\_\_

were 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 27 day of Dec, 1969. Signed Rev. Arnold Damron

Official Designation Baptist Minister

30 day of December, 1969

Signed John Gammon 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. 484  
File Book 31  
Date of Application 12-23-69

## MALE

Medical Examination Report Dated 12-15-69Name of Physician Thomas A. Rafalski

## FEMALE

Medical Examination Report Dated 12-15-69Name of Physician Thomas A. Rafalski

ALL QUESTIONS 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 Gary Steven Holderfield  
Date of Birth June 30th 1950  
Place of Birth (State or foreign country) Indiana  
Residence Address 337 N. Washington Hamlet 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 Shipping Clerk - J. & J. Co.Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree W. H.☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a  
county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Lawrence Paul Holderfield  
Residence of father (if deceased so state) 4087 Belmont St. Hamlet Ind.  
Occupation of father Mechanic Race of father W.  
Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Helma Catharine Robinson  
Residence of mother (if deceased so state) 4087 Belmont St. Hamlet Ind.  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) Indiana

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

## FEMALE APPLICANT

Name Sheila Rae Eaton  
Date of Birth April 12 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address 502 S. Union St. Hamlet Ind.  
Maiden Name if Different \_\_\_\_\_

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 In SchoolDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree \_\_\_\_\_☐ Other (Specify) \_\_\_\_\_

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

7. Full name of father James Owen Eaton  
Residence of father (if deceased so state) 502 S. Union St. Hamlet Ind.  
Occupation of father Book Clerk Race of father W.  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Harriet Louise Spencer  
Residence of mother (if deceased so state) 502 S. Union St. Hamlet Ind.  
Occupation of mother Accountant 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 Sheila Rae EatonNew Address 337 N. Washington

Subscribed and sworn to  
CONSENT OF P.  
We, the parents,  
signs, state facts

I, LAWRENCE HOLDERFIELD, hereby give my consent for  
my Son, Gary Steven Holderfield to  
marry Sheila Eaton.

subscribed and sworn to before me this 19 day of DEC 1969

Notary Public  
NOTARY PUBLIC STATE OF INDIANA at LARGE  
MY COMMISSION EXPIRES MAR. 1, 1973  
Bonded Through WV

Subscribed and sworn to

COMPLETE IF

HENDRICKS 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 27th day of December 1969 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. Arnold Damron at Danville County of Hendricks  
one thousand nine hundred and 69 of Hendricks County, State of Indiana  
State of Indiana, Groom Gary Holderfield of Hendricks County, State of Indiana  
and, Bride Sheila Eaton  
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 27 day of Dec. 1969

Signed Rev. Arnold Damron  
Official Designation Baptist Minister  
30 day of December 1969  
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. 485  
File Book 3  
23 December 1969  
Date of Application

MALE  
Medical Examination Report Dated 23 December 1969  
Name of Physician Wiley J. Terry MD

FEMALE  
Medical Examination Report Dated 19 December 69  
Name of Physician Sos Kefin 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 A. Clark  
Date of Birth January 27 1950  
Place of Birth Wilmington, W.  
Residence Address 313A36FF Danville, W.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) USA  
Usual Occupation ES USA  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) MSJD. 352 69 01
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to 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 Robert Clark Sr.  
Residence of father (if deceased so state) Same Danville, W.  
Occupation of father Banker Race of father White  
Birthplace of father (State or foreign country) Clinton, W.  
12. Full maiden name of mother Eva Margaret Thompson  
Residence of mother (if deceased so state) Same  
Occupation of mother H.W. Race of mother White  
Birthplace of mother (State or foreign country) Madaga, W.

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

Signed David A. Clark  
New Address 355 Ft. Mandan WSD 21 FROM

Subscribed and sworn to before me this 23rd day of December, 1969  
Clerk John Gambold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Dated 26 Dec 69 attached

State of Indiana, HENDRICKS ss:

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

Subscribed and sworn to before me this 27th day of December, 1969  
Clerk John Gambold Jr.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of December, 1969, authorizing the joining together as husband and wife

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

I, Norman L. Weaver hereby certify that on the 27th day of December, 1969, at Danville, County of Hendricks, State of Indiana, Groom David A. Clark of Hendricks County, State of Indiana, and, Bride Cathy L. Ford of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of December, 1969.

Signed Norman L. Weaver  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of January, 1970.

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. 485  
File Book 3  
Date of Application 23 December 1969

MALE  
Medical Examination Report Dated 23 December 1969  
Name of Physician Wiley J. Terry MD

FEMALE  
Medical Examination Report Dated 19 December 69  
Name of Physician Dos Kefin 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 A. Clark  
Date of Birth January 27 1950  
Place of Birth W. Amersale, W.  
Residence Address Rt 3 Box 36 FF Danville Ind, W.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation E3 USA  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) MIJD. D 52 69 01

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

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
11. Full name of father <u>Henry Robert Clark Sr.</u>		
Residence of father (if deceased so state) <u>Same Danville Ind.</u>		
Occupation of father <u>Banker</u>		
Birthplace of father (State or foreign country) <u>Clinton, W.</u>		
12. Full maiden name of mother <u>Eva Margaret Sharp</u>		
Residence of mother (if deceased so state) <u>Same</u>		
Occupation of mother <u>HW.</u>		

**FEMALE APPLICANT**

Name Cathy L. Ford  
Date of Birth December 2 1953  
Place of Birth Griffin Ga  
Residence Address 342 Meadmont Danville Ind, W.  
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) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Elijah William Ford  
Residence of father (if deceased so state) Same Danville Ind.  
Occupation of father Route Car  
Birthplace of father (State or foreign country) Flat Rock TIL
- Full maiden name of mother Juanita Henderson  
Residence of mother (if deceased so state) Same  
Occupation of mother Secy. for Ford  
Birthplace of mother (State or foreign country) Gr. Am, Ga

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

Signed Cathy L. Ford

We E.W. Ford - Juanita Ford, hereby give our consent for  
our Daughter, Cathy Lynn Ford to  
marry David Allen Clark.

Subscribed and sworn to before me this 26th day of Dec. 1969

my commission expires  
Sept. 13, 1970

Joseph L. Ford  
Notary Public  
JOSEPH L. FORD

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court  
of Indiana dated the 27th day of December, 1969, authorizing the joining together as husband and wife  
of David A. Clark and Cathy L. Ford  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Norman L. Weaver hereby certify that on the 27th day of December,  
one thousand nine hundred and 69 at Danville, County of Hendricks,  
State of Indiana, Groom David A. Clark of Hendricks County, State of Indiana  
and, Bride Cathy L. Ford of Hendricks County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS  
County.  
Dated this 27th day of December, 1969.

Signed Norman L. Weaver

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of January, 1970.

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. 485  
File Book 3  
Date of Application 23 December 1969

MALE  
Medical Examination Report Dated 23 December 1969  
Name of Physician Wiley J. Terry MD

FEMALE  
Medical Examination Report Dated 19 December 69  
Name of Physician Sos Kefin 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 A. Clark  
Date of Birth January 27 1950  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 313A36FF 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 E3 USA

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) MSJD. 052 69 01

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

Name Age Address

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

11. Full name of father Henry Robert Clark Sr.  
Residence of father (if deceased so state) Same Danville, Ind.  
Occupation of father Banker: American Race of father White  
Birthplace of father (State or foreign country) Clinton, Ind.  
12. Full maiden name of mother Eva Margaret Sharp  
Residence of mother (if deceased so state) Same Danville, Ind.  
Occupation of mother H/W. Race of mother White

FEMALE APPLICANT

Name Cathy L. Ford  
Date of Birth December 2 1953  
Place of Birth (State or foreign country) Griffin, Ga.  
Residence Address 342 Meadow Dr. 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 Student: Divale HS. 11th

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

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

7. Full name of father Elijah William Ford  
Residence of father (if deceased so state) Same Danville, Ind.  
Occupation of father Route Carrier Race of father White  
Birthplace of father (State or foreign country) Flat Rock, Ill.  
8. Full maiden name of mother Savita Henderson  
Residence of mother (if deceased so state) Same Danville, Ind.  
Occupation of mother Secy. for Ford Race of mother White  
Birthplace of mother (State or foreign country) Griffin, Ga.

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

Signed Cathy L. Ford  
New Address 342 Meadow Dr. Danville, Ind.

We, Mr. and Mrs. H.R. Clark Sr., hereby give <sup>our</sup> consent for  
<sup>our</sup> Son, David Allen Clark to  
marry Cathy Ford.

H.R. Clark Sr.  
Eva M. Clark

Subscribed and sworn to before me this 26 day of December 1969

Doris J. Mitchell  
Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY CLERK  
HENDRICKS 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 27th day of December, 1969, authorizing the joining together as husband and wife of David A. Clark and Cathy L. Ford.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Norman L. Weaver hereby certify that on the 27th day of December, one thousand nine hundred and 69, at Danville, County of Hendricks, State of Indiana, Groom David A. Clark of Hendricks County, State of Indiana and, Bride Cathy L. Ford of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 27th day of December, 1969.

Signed Norman L. Weaver  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of January, 1970.  
Signed John Gamble Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 486  
File Book 31  
12-24-69  
Date of Application

MALE  
Medical Examination Report Dated 12-23-69  
Name of Physician Thomas Walker

FEMALE  
Medical Examination Report Dated 12-23-69  
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 Dallas Lee Hubble  
Date of Birth 6 10 1951  
Place of Birth (State or foreign country) Indiana  
Residence Address 141 Maple Street 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) \_\_\_\_\_  
Usual Occupation Brigade Air Conditioning  
Date of birth 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 Delmar Lloyd Hubble  
Residence of father (if deceased so state) same  
Occupation of father Truck Elevator Race of father white  
Birthplace of father (State or foreign country) Montgomery Co.  
12. Full maiden name of mother Georgia Jane Essex  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Bourne Co.

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

New Address \_\_\_\_\_  
Subscribed and sworn to before me this 24 day of Dec, 1969  
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 Delmar L. Hubble Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 24 day of Dec, 1969  
John Gambrell Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, \_\_\_\_\_ and \_\_\_\_\_  
\_\_\_\_\_ Court by written order issued \_\_\_\_\_  
HENDRICKS 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 \_\_\_\_\_  
of Indiana dated the 29th day of Dec, 1969, authorizing the joining together as husband and wife  
of Dallas Lee Hubble and Raeann Yarling  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev R. B. Achison hereby certify that on the 31st day of December  
one thousand nine hundred and 69 at Indianapolis County of Marion  
State of Indiana, Groom Dallas Lee Hubble of Hendricks County, State of Indiana  
and, Bride Raeann Yarling of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County. \_\_\_\_\_  
Dated this 31st day of December, 1969.  
Signed R. B. Achison  
Official Designation Ordained Minister  
6 day of January, 1970.  
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

No. 486  
File Book 31  
12-24-69  
Date of Application

MALE  
Medical Examination Report Dated 12-23-69  
Name of Physician Thomas Walker

FEMALE  
Medical Examination Report Dated 12-23-69  
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 Dallas Lee Hubble  
Date of Birth 10 10 1951  
Place of Birth (State or foreign country) Lebanon, Indiana  
Residence Address 141 Maple Street 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) \_\_\_\_\_  
Usual Occupation Brigade Air Conditioning  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

(b) Are you supporting or contributing to their support? Yes ☐ No ☒  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒  
11. Full name of father Delmar Lloyd Hubble  
Residence of father (if deceased so state) same  
Occupation of father Fisher Elevator Race of father white  
Birthplace of father (State or foreign country) Montgomery Co.  
12. Full maiden name of mother Georgia Jane Essex  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Boone Co.

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

FEMALE APPLICANT  
Name Raeann Yarling  
Date of Birth 12 30 1952  
Place of Birth (State or foreign country) Indianapolis  
Residence Address R #1 Box 221 Pittsboro Hendricks Ind.  
Maiden Name if Different Patterson

Previous Marital 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) 113-52-226830
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Full name of father Willard Raymond Yarling  
Residence of father (if deceased so state) same  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Shelby Co. Ind.

8. Full maiden name of mother Margaret Marion Shook  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Marion Co.

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

New Address \_\_\_\_\_  
Subscribed and sworn to before me this 24 day of Dec, 1969  
John Garbace Jr. Clerk HENDRICKS Circuit Court

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

I, Georgia Hubble, hereby give my consent for  
my son, Dallas Lee Hubble to  
marry Raeann Yarling.

Georgia Hubble  
subscribed and sworn to before me this 27th day of December, 1969  
My commission expires 1-17-1971  
State of Indiana  
County of Hendricks  
Mary E. Meredith  
Notary Public

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 29th day of Dec, 1969, authorizing the joining together as husband and wife of Dallas Lee Hubble and Raeann Yarling.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. R. B. Achison, hereby certify that on the 31st day of December, 1969, at Indianapolis, County of Marion, State of Indiana, one thousand nine hundred and 69 of Hendricks County, State of Indiana, State of Indiana, Groom Dallas Lee Hubble and, Bride Raeann Yarling were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 31st day of December, 1969.  
Signed R. B. Achison  
Official Designation Ordained Minister, 1970  
day of January  
Signed John Garbace 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. 487  
File Book 31  
Date of Application 29 December 1969

MALE  
Medical Examination Report Dated 27 Dec 1969  
Name of Physician Elmer L. Koch MD.

FEMALE  
Medical Examination Report Dated 27 December 1969  
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 William L. Maddux  
Date of Birth October 29 1943  
Place of Birth Indianapolis, Ind.  
Residence Address 3150 W. 30th Indpls, Marion, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Spec A. U.S. Army  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) RA 57948813  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address  
(b) Are you supporting or contributing to their 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 Nelson Maddux Sr.  
Residence of father (if deceased so state) Same Indpls, Ind.  
Occupation of father Sheetmetal Mech. Indpls, Ind. Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.  
12. Full maiden name of mother May Elizabeth Taugan  
Residence of mother (if deceased so state) Same Indpls, Ind.  
Occupation of mother Travel Agent, Marion, 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 William L. Maddux  
New Address HAC. USA. FRADA 108 white  
Subscribed and sworn to before me this 29th day of December, 1969  
Clerk John J. Samuels HENDRICKS Circuit Court

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

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

FEMALE APPLICANT  
Name Judy E. Maddux  
Date of Birth October 20 1944  
Place of Birth Indianapolis, Ind.  
Residence Address Ex 164 N. Salem Ind, Ind.  
Maiden Name if Different Judy Ellen Perkins  
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 Rate Clerk: American States.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 7902  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father George Edward Perkins  
Residence of father (if deceased so state) N. Salem, Ind.  
Occupation of father Machinist: Allison Race of father white  
Birthplace of father (State or foreign country) Connersville, Ind.  
8. Full maiden name of mother Martha Mabel Nolan  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) New Winchester, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Judy E. Maddux  
New Address Same (New Marion)  
Subscribed and sworn to before me this 29th day of December, 1969  
Clerk John J. Samuels HENDRICKS Circuit Court

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

State of Indiana, 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. 3rd Ward

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 29th day of December, 1969, authorizing the joining together as husband and wife of William L. Maddux and Judy E. Maddux.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Louis O. Crouch hereby certify that on the 30 day of Dec, one thousand nine hundred and sixty-nine at New Salem, County of Hendricks, State of Indiana, Groom William Lee Maddux of Marion County, State of Ind and, Bride Judy Ellen Maddux of Marion County, State of Ind were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this 30th day of Dec, 1969.

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of January, 1969.  
Signed Louis O. Crouch Official Designation United Methodist Pastor  
Signed John J. Samuels Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 488

File Bk 31

Date of Application Dec 29, 1969

MALE

Medical Examination Report Dated 12-23-69

Name of Physician M. O. Scamalone

FEMALE

Medical Examination Report Dated 12-23-69

Name of Physician M. O. Scamalone

ALL QUESTIONS 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 Douglas W. Smith  
Date of Birth Aug 31 1949  
Place of Birth Boone Co., Ind.  
Residence Address P.O. Box 102, Lexington, Hendricks, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Marine

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

☒ Other (Specify) I.D. Card Service #2470539

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 1 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Melvin Wayne Smith  
Residence of father (if deceased so state) Same  
Occupation of father Construction  
Birthplace of father (State or foreign country) Boone Co., Ind.  
12. Full maiden name of mother Margaret Lucian Pierson  
Residence of mother (if deceased so state) Same  
Occupation of mother S.C. Perry  
Birthplace of mother (State or foreign country) Beach Grove, Ind.

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

Signed Douglas W. Smith

New Address Twenty Nine Palms California

Subscribed and sworn to before me this 29 day of Dec 1969  
John Gambold, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Vickie Johnson  
Date of Birth Oct 6 1951  
Place of Birth Beach Grove, Ind.  
Residence Address P.O. Box 26 Lexington, Hendricks, Ind.  
Maiden Name if Different Same  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Leonard Lester Johnson  
Residence of father (if deceased so state) Same  
Occupation of father Telephone Co. Race of father W.  
Birthplace of father (State or foreign country) Marion, Senn  
8. Full maiden name of mother Jeanita Mary  
Residence of mother (if deceased so state) 1317 Cuyt.  
Occupation of mother Unemployed 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 Vickie J. Johnson

New Address

Subscribed and sworn to before me this 29 day of Dec 1969  
John Gambold, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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, and filed in \_\_\_\_\_ 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 2nd day of January 1970, authorizing the joining together as husband and wife of Douglas W. Smith and Vickie J. Johnson

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 3rd day of January, 1970, at 2:30 pm, 1st Baptist Church, Lexington, Ind., County of Hendricks, State of Indiana, one thousand nine hundred and 70

State of Indiana, Groom Douglas W. Smith of Hendricks County, State of Indiana, and, Bride Vickie J. 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 2nd day of January, 1970.  
Signed Rev. Raymond L. Rader  
Official Designation Pastor, 1st Baptist Church, Lexington, Indiana  
1st day of Jan 1970  
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. 488  
File Bk 31  
Date of Application Dec 29, 1969

MALE  
Medical Examination Report Dated 12-23-69  
Name of Physician M. O. Scamalone

FEMALE  
Medical Examination Report Dated 12-23-69  
Name of Physician M. O. Scamalone

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

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

MALE APPLICANT

Name Douglas W. Smith  
Date of Birth Aug 31 1949  
Place of Birth (State or foreign country) Home Co., Ind.  
Residence Address POB. 102 Ligon, 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 Marine  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) I.D. Card Service #2470539

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

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

FEMALE APPLICANT

Name Vickie Johnson  
Date of Birth Oct 6 1951  
Place of Birth (State or foreign country) French Grove, Ind.  
Residence Address POB. 26 Ligon, 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 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 Leonard Lester Johnson  
Residence of father (if deceased so state) Same  
Occupation of father Telephone Co. Race of father W.  
Birthplace of father (State or foreign country) Indian, Tenn.

(b) Are you suc  
(c) Are you con  
their support

11. Full name of fa  
Residence of fa  
Occupation of f  
Birthplace of fa  
12. Full maiden na  
Residence of m  
Occupation of m  
Birthplace of m  
State of Indiana  
County of

I, Melvin Smith & Margaret Smith, hereby give my consent for  
my son, Douglas Wayne Smith to  
marry Vickie Jean Johnson

Melvin Smith and Margaret Smith  
subscribed and sworn to before me this 27 day of December 1969

Subscribed and sworn to before me this 27 day of December 1969  
My Commission  
Expired Feb. 2, 1973

Marlene Dale  
Notary Public

CONSENT OF PA

We, the parents, of this applicant hereby give consent for their marriage and sign, 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 \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day 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 \_\_\_\_\_  
HENDRICKS 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 \_\_\_\_\_  
of Indiana dated the 2nd day of January, 1970, authorizing the joining together as husband and wife  
of Douglas W. Smith and Vickie J. Johnson  
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 3rd day of January,  
one thousand nine hundred and 70, at Ligon, Ind., County of Hendricks,  
State of Indiana, Groom Douglas W. Smith of Hendricks County, State of Indiana,  
and, Bride Vickie J. Johnson of Hendricks County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County, \_\_\_\_\_, 1970.  
Dated this 2nd day of January, 1970.  
Signed Rev. Raymond L. Rader  
Official Designation Pastor 1st Baptist Church  
Ligon, Indiana, 1970.  
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. 489  
File Book 31  
Date of Application 30 Dec 1969

MALE  
Medical Examination Report Dated 29 Dec 1969  
Name of Physician Lloyd Terry MD

FEMALE  
Medical Examination Report Dated 29 Dec 1969  
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 Kenneth Harold Mason  
Date of Birth September 11 1931  
Place of Birth Ind: Angola, Ind.  
Residence Address R2 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 Farm: Self

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

☐ Other (Specify) 4792

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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  
Kenneth Wayne 19 R2 Coatesville  
Frank Shepherd 10  
Merilee Ann 8

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

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

11. Full name of father Harold Everett Mason

Residence of father (if deceased so state) Deceased

Occupation of father \_\_\_\_\_ Race of father White

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

12. Full maiden name of mother Hazel La Grande Vanderweide

Residence of mother (if deceased so state) R2 Coatesville, Ind.

Occupation of mother Retired Race of mother White

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 Kenneth Harold Mason

New Address R2 Coatesville, Ind.

Subscribed and sworn to before me this 30th day of December, 1969

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Marlene Young  
Date of Birth September 6 1940  
Place of Birth New Winchester, Ind.  
Residence Address R2 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 Debutante: Self

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

☐ Other (Specify) on lic. 1520-40366

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

Residence of father (if deceased so state) Deceased

Occupation of father \_\_\_\_\_ Race of father White

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

8. Full maiden name of mother Mary Loraine Miller

Residence of mother (if deceased so state) R2 Coatesville, Ind.

Occupation of mother Retired A/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.

Signed Ruth Marlene Young

New Address Same

Subscribed and sworn to before me this 30th day of December, 1969

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: \_\_\_\_\_

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

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

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

Clerk \_\_\_\_\_

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 1970, authorizing the joining together as husband and wife Kenneth Harold Mason and Ruth Marlene Young

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

I, Frank Bunn hereby certify that on the 10th day of January, 1970, at New Winchester, County of Hendricks, State of Indiana, Groom Kenneth Harold Mason of Hendricks County, State of Indiana and, Bride Ruth Marlene Young of Hendricks County, State of Indiana were by me united 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 January, 1970.

Signed Frank Bunn

Official Designation Minister

Signed John Gambrell Jr Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of January, 1970.

HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 490  
File 4631  
Date of Application 12-30-69

MALE  
Medical Examination Report Dated 12-22-69  
Name of Physician Dr. David B. Haggard

FEMALE  
Medical Examination Report Dated 12-22-69  
Name of Physician Dr. 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 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 School - Ind State University  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Draft Card & Drivers License #3652  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a 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 Harvey Eugene Burns  
Residence of father (if deceased so state) same  
Occupation of father Sellen Ind. Ins. Co. white  
Birthplace of father (State or foreign country) Shelby, Indiana  
12. Full maiden name of mother Betty Jean Craig  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife white  
Birthplace of mother (State or foreign country) Jasper, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of...  
Signed Michael Eugene Burns  
New Address Terre Haute, Indiana  
Subscribed and sworn to before me this 30 day of Dec, 1969.  
John Lambell, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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  
d.t. 31 Dec 1969 attached  
State of Indiana, Hendricks } ss:  
County of...  
Signed Harvey Eugene Burns Father  
Signed [Signature] Mother  
Subscribed and sworn to before me this 30 day of Dec, 1969.  
John Lambell, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, I hereby certify that on the 10th day of January, 1970, at Plainfield, County of Hendricks, State of Indiana, Groom Michael Eugene Burns of Marion and, Bride Patricia Elaine Morgan of Marion were by me united 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 January, 1970.  
Signed Robert J. DeLong  
Official Designation Clergyman  
15 day of January, 1970  
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, authorizing the joining together as husband and wife of Indiana, dated the 3rd day of January, 1970, and Patricia Elaine Morgan. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Robert J. DeLong, hereby certify that on the 10th day of January, 1970, at Plainfield, County of Hendricks, State of Indiana, Groom Michael Eugene Burns of Marion and, Bride Patricia Elaine Morgan of Marion were by me united 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 January, 1970.  
Signed Robert J. DeLong  
Official Designation Clergyman  
15 day of January, 1970  
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 ☒ 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) # 892  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father Paul Eugene Morgan  
Residence of father (if deceased so state) same  
Occupation of father Chevrolet  
Birthplace of father (State or foreign country) Vincennes, Ind.  
8. Full maiden name of mother Norma Jean Leslie  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife white  
Birthplace of mother (State or foreign country) Indianapolis, Ind.  
State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of...  
Signed Patricia Elaine Morgan  
New Address Terre Haute, Indiana  
Subscribed and sworn to before me this 30 day of Dec, 1969.  
John Lambell, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  
State of Indiana, Hendricks } ss:  
County of...  
Signed [Signature] Father  
Signed [Signature] Mother  
Subscribed and sworn to before me this day of 1969.  
John Lambell, Jr. Clerk



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 490

File Bk 31

12.30.69

Date of Application

MALE

Medical Examination Report Dated 12.22.69

Name of Physician Dr David B. Taggard

FEMALE

Medical Examination Report Dated 12.22.69

Name of Physician Dr David B. Taggard

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

MALE APPLICANT

Name Michael Eugene Burns  
Date of Birth 6 27 1950  
Place of Birth Indianapolis  
Residence Address 25 Michael Dr. Indianapolis Ind.  
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages 0  
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation School - Ind State University

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

☐ Other (Specify) Birth Cert & Driver License # 59261

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

(a) List their full names, ages and addresses

Name Age Address

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

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

11. Full name of father Harvey Eugene Burns

Residence of father (if deceased so state) same

Occupation of father Tellur. Ind. Insur. Corp. Race of father white

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

12. Full maiden name of mother Betty Jane Craig

Residence of mother (if deceased so state) same

Occupation of mother Housewife Race of mother white

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

State of Indiana, HEN

County of HEN

New Ad

Subscribed and sworn to John DeLong

CONSENT OF PARENT:

We, the parents, of this

signs, state facts which

Mother

State of Indiana, HI

County of HI

Signe

Signe

Subscribed and sworn t

COMPLETE IF

HENDRICKS

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 3rd day of January, 1970, 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 J. DeLong, hereby certify that on the 10th day of January

at Plainfield, County of Hendricks

one thousand nine hundred and 70 of Hendricks County, State of Indiana

State of Indiana, Groom Michael Eugene Burns of Marion County, State of Indiana

and, Bride Patricia Elaine Morgan of Hendricks County, State of Indiana

were by me united 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 January, 1970.

Signed Robert J. DeLong

Official Designation Clergyman, 1970

Signed John Gamble, Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of January, 1970.

Signed John Gamble, Clerk

I, Betty Jane Burns, hereby give my consent for  
my son, Michael Eugene Burns to  
marry Patricia Elaine Morgan.

Betty Jane Burns

subscribed and sworn to before me this 31st day of Dec, 1969

Lucile Domroese  
Notary Public

my Commission expires 8/6/73



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 491

File Book 31

1-2-70  
Date of Application

MALE

Medical Examination Report Dated 12-26-69  
Name of Physician Dr. James Black

FEMALE

Medical Examination Report Dated 12-26-69  
Name of Physician Dr. 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 Phillip Leo Wynkoop  
Date of Birth 8 Sep 1948

Place of Birth (State or foreign country) Indiana  
Residence Address Rt #3 Box 302 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) White

Usual Occupation Painter - Nat. M. Island

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Registration Card  
☐ Other (Specify) Driver License # 253148327

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Michael Leo Wynkoop  
Residence of father (if deceased so state) same  
Occupation of father Painter Race of father white  
Birthplace of father (State or foreign country) Brownsburg Hendricks Ind.

12. Full maiden name of mother Loyn's May F. Social  
Residence of mother (if deceased so state) same  
Occupation of mother Alison's Race of mother white  
Birthplace of mother (State or foreign country) Indiana Ind.

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

Signed Phillip L. Wynkoop  
New Address Rt #3 Brownsburg

Subscribed and sworn to before me this 2nd day of January, 1970  
John Lambrecht Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Vicky Sue Sears  
Date of Birth 15 6 1951

Place of Birth (State or foreign country) Greencastle Putnam Co. Indiana  
Residence Address 506 Elm. Greencastle Putnam Ind.

Maiden Name if Different \_\_\_\_\_

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 loyd black Sears  
Residence of father (if deceased so state) 316 N. Adams Greencastle Ind.  
Occupation of father Bar tender Race of father white  
Birthplace of father (State or foreign country) Putnam Co. Ind.

8. Full maiden name of mother Marilyn Jean Stewart  
Residence of mother (if deceased so state) Greencastle Indiana  
Occupation of mother unemployed 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 Vicky Sue Sears  
New Address Rt #3 Brownsburg

Subscribed and sworn to before me this 2nd day of January, 1970  
John Lambrecht Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1970, authorizing the joining together as husband and wife of Phillip Leo Wynkoop and Vicky Sue Sears.

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

I, Lester B. Yearick hereby certify that on the tenth day of January, one thousand nine hundred and seventy at Brownsburg, County of Hendricks, State of Indiana, Groom Phillip L. Wynkoop of Hendricks County, State of Indiana and, Bride Vicky S. Sears of Putnam County, State of Indiana.

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

Dated this tenth day of January, 1970.

Signed Lester B. Yearick  
Official Designation Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of January, 1970.

Signed John Gauld Jr Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 492  
File Book 31  
Date of Application 1-2-70

MALE

Medical Examination Report Dated 12-24-69  
Name of Physician Dr. Joseph Kerlin

FEMALE

Medical Examination Report Dated 12-24-69  
Name of Physician Dr. Joseph Kerlin

ALL QUESTIONS 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 Ernest Lee Newby  
Date of Birth 4 5 1951  
Place of Birth (State or foreign country) Indiana  
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 Farming

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

☐ Other (Specify) # 3324 - St. Vincent Hospital

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

Name Age Address

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

11. Full name of father James Carol Newby  
Residence of father (if deceased so state) same  
Occupation of father Farming Race of father white  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Janita Kathleen Harris  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Ernest Lee Newby  
New Address P.O. #1 Coatesville Ind.

Subscribed and sworn to before me this 2nd day of Jan, 1970  
John Gambold Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed James C. Newby Father  
Signed Janita K. Harris Mother  
Subscribed and sworn to before me this 2nd day of January, 1970  
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 January 2, 1970 and filed 3 day waiver  
in Clerk's Office HENDRICKS 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 \_\_\_\_\_, 1970, authorizing the joining together as husband and wife of Indiana dated the 2nd day of January and Joyce Melanie Davis  
Be it further remembered, the following marriage certificate was filed in my office, to-wit: Ernest Lee Newby County of Hendricks  
I, John R. Underwood at Coatesville County, State of Indiana  
one thousand nine hundred and 70 of Hendricks County, State of Indiana  
State of Indiana, Groom Ernest Lee Newby  
and, Bride Joyce Melanie 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 HENDRICKS County.  
Dated this 2nd day of January, 1970

Signed John R. Underwood  
Official Designation Minister  
day of January, 1970  
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. 73  
File Book 31  
1-2-70  
Date of Application

MALE  
Medical Examination Report Dated 12-29-69  
Name of Physician Hendrick

FEMALE  
Medical Examination Report Dated 2-29-69  
Name of Physician Hendrick

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

MALE APPLICANT

Name Andrew Clark Hooten  
Date of Birth June 8 1949  
Place of Birth (State or foreign country) Indiana  
Residence Address RR 1 Box 71 Linton 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 Service - Army  
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  
(b) Are you supporting or contributing to their support? Yes ☐ No ☒  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Roscoe Jacob Hooten  
Residence of father (if deceased so state) RR 1 Salem Ind.  
Occupation of father Laborer - Ford Race of father W  
Birthplace of father (State or foreign country) England Ind.  
12. Full maiden name of mother Constance A. Siska  
Residence of mother (if deceased so state) RR 1 Linton  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Portland Oregon

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

Subscribed and sworn to before me this 2 day of Jan, 1970  
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 Roscoe J. Hooten Father  
Signed Constance A. Hooten Mother  
Subscribed and sworn to before me this 2 day of Jan, 1970  
John Gambold Jr Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Superior Court by written order issued Jan 2 1970 and filed  
in Clerks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court  
of Indiana dated the 2 day of January, 1970, authorizing the joining together as husband and wife  
Andrew Clark Hooten and Janice Sheryl Barnett  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Raymond E. Rader hereby certify that on the 3rd day of January,  
one thousand nine hundred and 70 at 11:30 a.m. First Baptist Church Linton Ind. County of Hendricks,  
State of Indiana, Groom Andrew Clark Hooten of Hendricks County, State of Indiana  
and, Bride Janice Sheryl 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 2nd day of January, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of February, 1970  
Signed John Gambold Jr Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 4

File Book 31

1-3-70

Date of Application

MALE

Medical Examination Report Dated 1-2-70

Name of Physician Heinlein

FEMALE

Medical Examination Report Dated 1-2-70

Name of Physician 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, representa-

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

MALE APPLICANT

Name First Harry Middle Zane Last Johnson  
Date of Birth 8 January 24 1947  
Place of Birth (State or foreign country) Methodist Hospital  
Residence Address 7777 W. Wash. 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 Service Station - Tire Man  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or  
home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Thomas Vernon Johnson  
Residence of father (if deceased so state) R R 2 Box 265 Judges  
Occupation of father Truck Driver Race of father W  
Birthplace of father (State or foreign country) Judges Ind
12. Full maiden name of mother Helen Adelia South  
Residence of mother (if deceased so state) Same  
Occupation of mother Telephone Operator 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  
County of in this application is true and correct.

Signed Harry Zane Johnson  
New Address 7777 W. Wash. Judges

Subscribed and sworn to before me this 3 day of Jan, 1970  
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  
Court by written order issued \_\_\_\_\_  
Hendricks 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 \_\_\_\_\_  
of Indiana dated the 8th day of January, 1970, 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, Paul Nicholas Block, hereby certify that on the eighth day of January,  
at Indianapolis, County of \_\_\_\_\_, State of \_\_\_\_\_,  
one thousand nine hundred and Seventy \_\_\_\_\_  
State of Indiana, Groom Harry Zane Johnson, of \_\_\_\_\_  
and, Bride Linda Lou McCloud, 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 eighth day of January, 1970.

Signed Paul Nicholas Block  
Official Designation Minister, Second Friends  
day of January, 1970  
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. 5  
File Book 31  
Date of Application 6 January 1970

## MALE

Medical Examination Report Dated 3 Jan 1970

Name of Physician Lloyd Terry M.D.

## FEMALE

Medical Examination Report Dated 2 Jan 1970

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 Perry A. Ratliff  
Date of Birth 1900  
Place of Birth W. Va.  
Residence Address RI Hixton Hwy. W. Va.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐  
Color or Race White  
Usual Occupation Retired  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) apric R341-00286

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Wesley Ratliff  
Residence of father (if deceased so state) Deceased  
Occupation of father Deceased  
Birthplace of father (State or foreign country) Roanoke, Va.  
12. Full maiden name of mother Josephine Pigg  
Residence of mother (if deceased so state) Deceased  
Occupation of mother Deceased  
Birthplace of mother (State or foreign country) Des Moines, Iowa

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

Signed Perry A. Ratliff

New Address RI Bx 109 R. Hixton, W. Va.

Subscribed and sworn to before me this 6th day of January, 1970  
Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 6th day of January, 1970  
Clerk

## FEMALE APPLICANT

Name Seannette Ray  
Date of Birth 1898  
Place of Birth Maytown, Ky.  
Residence Address RI Bx 109 Pittsburg, W. Va.  
Maiden Name if Different Seannette Gibbs  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐  
Color or Race White  
Usual Occupation Retired  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) apric R 000-98510

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

8. Full maiden name of mother Nancy "D" Hanson  
Residence of mother (if deceased so state) Deceased  
Occupation of mother Deceased  
Birthplace of mother (State or foreign country) Maytown, Ky.

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

Signed Seannette Ray

New Address 6th Jan 1970

Subscribed and sworn to before me this 6th day of January, 1970  
Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 6th day of January, 1970  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of January, 1970, authorizing the joining together as husband and wife Perry A. Ratliff and Seannette Ray.

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

I, Louis D. Crouch, hereby certify that on the 11th day of January, one thousand nine hundred and 70 at North Salem, County of Hendricks, State of Indiana, Groom Perry A. Ratliff of Hendricks County, State of Indiana and, Bride Seannette Ray of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of January, 1970.

Signed Louis D. Crouch

Official Designation United Methodist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of January, 1970.

Signed John Gamble, Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 6  
File Book 31  
Date of Application 6 Jan 1970

MALE  
Medical Examination Report Dated 5 Jan 1970  
Name of Physician Lloyd Terry MD.

FEMALE  
Medical Examination Report Dated 5 Jan 1970  
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, represents-  
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 Student: Cascade 12th  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) 386483.
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or  
home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages?  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

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

11. Full name of father: Marion David Western Sr.  
Residence of father (if deceased so state) Same Clayton, Ind.  
Occupation of father Self: Taran owner Race of father white  
Birthplace of father (State or foreign country) N. Bellville Ind.  
12. Full maiden name of mother: Sue Anna Jackson  
Residence of mother (if deceased so state) Same  
Occupation of mother Self: Taran owner 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  
County of in this application is true and correct.  
Signed Marion D. Western Jr.  
New Address R2 Bx 175 Clayton, Ind.  
Subscribed and sworn to before me this 6th day of Jan 1970  
Clerk Hendricks Circuit Court

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

State of Indiana, Hendricks } ss:  
County of Signed Marion D. Western Jr. Father  
Signed Sue Anna Jackson Mother  
Subscribed and sworn to before me this 6th day of Jan 1970  
Clerk John Gamble 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 Jan 1970 and filed  
in Hendricks County authorizes and directs the issuance of a marriage license to the above named parties.  
34 3 Grand  
go war

RETURN 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 6 day of January, 1970, authorizing the joining together as husband and wife  
Marion D. Western Jr. and Bonnie L. Singleton  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, W. David Richards hereby certify that on the 17th day of January  
at Salem United Methodist Church, County of Hendricks  
one thousand nine hundred and 70 of Hendricks County, State of Indiana  
State of Indiana, Groom: Marion David Western Jr. and, Bride: Bonnie Louise Singleton  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of  
County. Dated this 17th day of January, 1970.

Signed Rev. W. David Richards  
Official Designation United Methodist Minister  
19 day of January, 1970  
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  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Student: Cascade 12th  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) 5113
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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: Bessie Singleton  
Residence of father (if deceased so state) Same Davis Ind.  
Occupation of father Retired. Race of father white  
Birthplace of father (State or foreign country) Thom Hill, Tenn  
8. Full maiden name of mother: Mary Kathleen Butler  
Residence of mother (if deceased so state) Same  
Occupation of mother Hom Race of mother white  
Birthplace of mother (State or foreign country) Medical Co, Ky.

State of Indiana, Hendricks } ss: I depose and state the information given  
County of in this application is true and correct.  
Signed Bonnie L. Singleton  
New Address 6th day of Jan 1970  
Subscribed and sworn to before me this 6th day of Jan 1970  
Clerk Hendricks Circuit Court

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

State of Indiana, Hendricks } ss:  
County of Signed Bessie Singleton Father  
Signed Mrs. Frank K. Singleton Mother  
Subscribed and sworn to before me this 6th day of Jan 1970  
Clerk John Gamble Clerk

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the  
of Indiana dated the 6 day of January, 1970, authorizing the joining together as husband and wife  
Marion D. Western Jr. and Bonnie L. Singleton  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, W. David Richards hereby certify that on the 17th day of January  
at Salem United Methodist Church, County of Hendricks  
one thousand nine hundred and 70 of Hendricks County, State of Indiana  
State of Indiana, Groom: Marion David Western Jr. and, Bride: Bonnie Louise Singleton  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of  
County. Dated this 17th day of January, 1970.

Signed Rev. W. David Richards  
Official Designation United Methodist Minister  
19 day of January, 1970  
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. 7  
File Book 31  
Date of Application 1/10/70

MALE  
Medical Examination Report Dated Jan 10-1970  
Name of Physician Eli C. Coats M.D.

FEMALE  
Medical Examination Report Dated Jan 10-1970  
Name of Physician Eli C. Coats M.D.

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

MALE APPLICANT

Name John Thomas Doty  
Date of Birth July 22 1949  
Place of Birth (State or foreign country) Indiana  
Residence Address 9417 W. 10th 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) \_\_\_\_\_  
Usual Occupation Steel Worker - J. & S. Steel Co.  
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Jordan Doty  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Ind.  
12. Full maiden name of mother Margaret Magdalena Hufsch  
Residence of mother (if deceased so state) 1112 S. Highland Rd.  
Occupation of mother Homemaker 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 John Thomas Doty  
New Address 9417 W 10th St

Subscribed and sworn to before me this 10 day of Jan, 1970  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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: I depose and state the information given in this application is true and correct.

Signed \_\_\_\_\_ Father  
Signed Margaret M. Jelford Mother

Subscribed and sworn to before me this 10 day of Jan, 1970  
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name Nancy Sue Gerth  
Date of Birth April 6 1947  
Place of Birth (State or foreign country) Ind.  
Residence Address 9417 W. 10th St. Indianapolis Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Church Choir  
Date of birth 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 Elmer Siefert Hufsch  
Residence of father (if deceased so state) 9417 W. 10th St. Ind.  
Occupation of father Retired Farmer Race of father W.  
Birthplace of father (State or foreign country) Indiana  
8. Full maiden name of mother Worthy Katharine Stout  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Indiana

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

Signed Nancy Sue Gerth  
New Address 9417 W 10th St, Indianapolis, Ind.

Subscribed and sworn to before me this 10 day of Jan, 1970  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

\_\_\_\_\_ Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Jan, 1970, 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 A. Watson hereby certify that on the twenty-fourth day of January, one thousand nine hundred and seventy, at Shiloh United Methodist Church, County of Hendricks, State of Indiana, Groom John Thomas Doty of Hendricks County, State of Indiana and, Bride Nancy Sue Gerth of Hendricks County, State of Indiana were by me united 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 January, 1970.

Signed Donald A. Watson  
Official Designation Pastor, Shiloh United Methodist

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of February, 1970.

Signed John Gambold, Jr. Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 8

File Book 31

1-10-70

Date of Application

MALE

Medical Examination Report Dated 1-8-70

Name of Physician Dr. Walter McManis

FEMALE

Medical Examination Report Dated 1-8-70

Name of Physician Dr. 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-

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

MALE APPLICANT

Name First James Middle Lyle Last Breedlove  
Date of Birth Month 8 Day 23 Year 1928  
Place of Birth (State or foreign country) Indianapolis  
Residence Address 1013 S. Haldeemere Street or R. R. City Marion County State Indiana  
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 Plant Supt. - Louisville & Chicago

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

☐ Other (Specify) Drivers License #B634-28342

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

Name Age Address

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

11. Full name of father Otto James Breedlove  
Residence of father (if deceased so state) deceased  
Occupation of father Race of father white  
Birthplace of father (State or foreign country) Effingham Ill.

12. Full maiden name of mother Lertunde Spaulding  
Residence of mother (if deceased so state) 241 Greenville Ind.  
Occupation of mother unemployed Race of mother white  
Birthplace of mother (State or foreign country) Chicago, Illinois

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

Signed James Lyle Breedlove

New Address

Subscribed and sworn to before me this 10 day of January, 1970  
John Lambres Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Betty Middle Louise Last Curbeaux  
Date of Birth Month 16 Day 30 Year 1927  
Place of Birth (State or foreign country) Bloomington  
Residence Address 228 S. 2nd Street or R. R. City Monroe County State Indiana  
Maiden Name if Different Mitchell  
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 Hostess - Howard Johnson - Speedway

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Mitchell  
Residence of father (if deceased so state) deceased  
Occupation of father Race of father white  
Birthplace of father (State or foreign country) Bloomington Ind.

8. Full maiden name of mother Lellie Mae Rogers  
Residence of mother (if deceased so state) 1624 N. Applegate Ind.  
Occupation of mother Apt. Bldg. Manager Race of mother white  
Birthplace of mother (State or foreign country) Bloomington Ind.

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

Signed Betty Louise Curbeaux

New Address 1938 N. Hickley Apt 33

Subscribed and sworn to before me this 10 day of January, 1970

John Lambres Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 \_\_\_\_\_

HENDRICKS 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 \_\_\_\_\_ day of \_\_\_\_\_, 1970, authorizing the joining together as husband and wife of James Lyle Breedlove and Betty Louise Curbeaux

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_, at \_\_\_\_\_ County, State of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_, and, Bride \_\_\_\_\_

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County, \_\_\_\_\_, 19\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_ Official Designation \_\_\_\_\_, 19\_\_\_\_  
Clerk

Signed \_\_\_\_\_ 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. 8  
File Book 31  
Date of Application 1-10-70

MALE

Medical Examination Report Dated 1-8-70

Name of Physician Dr. Walter McManis

FEMALE

Medical Examination Report Dated 1-8-70

Name of Physician Dr. 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James Lyle Bredlove  
Date of Birth 8 22 1928  
Place of Birth (State or foreign country) Indianapolis  
Residence Address 1013 S. Waldemere Indianapolis Indiana  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2  
Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

FEMALE APPLICANT

Name Betty Louise Curbeaux  
Date of Birth 6 30 1927  
Place of Birth (State or foreign country) Bloomington  
Residence Address 228 S. Main Bloomington Indiana  
Maiden Name if Different Mitchell  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

STATE OF INDIANA  
MARRIAGE LICENSE

No. 8  
Bk 31 page 579

To any person authorized and empowered by the laws of the State of Indiana to solemnize marriage, GREETINGS:  
You are hereby authorized to join together as husband and wife,

Groom James Lyle Bredlove  
and  
Bride Betty Louise Curbeaux

for which this shall be your sufficient authority. Given under my signature and seal as Clerk of the Circuit Court of Hendricks County, Indiana, this 10 day of January 19 70.

John Campbell Jr.  
Clerk

SEAL

NOTICE TO OFFICIANT:

The official solemnizing this marriage must complete this form. The original marriage certificate shall be given to the persons married. The duplicate marriage certificate, marriage license, and record of marriage are to be completed and filed in the office of the clerk of the county in which the marriage license was issued within 30 days of the marriage solemnization.

A LICENSE TO MARRY SHALL BECOME NULL AND VOID UNLESS A MARRIAGE IS SOLEMNIZED THEREUNDER WITHIN SIXTY DAYS AFTER ITS ISSUANCE. (Chap. 117, Ind. Acts 1959)

DUPLICATE

I, \_\_\_\_\_  
of \_\_\_\_\_  
at \_\_\_\_\_  
(Groom) \_\_\_\_\_  
State of \_\_\_\_\_  
(Bride) \_\_\_\_\_  
State of \_\_\_\_\_  
cense issued for that purpose  
Dated this \_\_\_\_\_ day of \_\_\_\_\_

Bride needs  
proof of age

\_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ hundred and \_\_\_\_\_  
\_\_\_\_\_, State of Indiana,  
\_\_\_\_\_, County,  
\_\_\_\_\_, County,  
\_\_\_\_\_ in marriage as authorized by a marriage li-  
\_\_\_\_\_, County.

Official Designation \_\_\_\_\_

\_\_\_\_\_ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ County.  
Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_ Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ Signed \_\_\_\_\_ HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 9  
File Book 31  
Date of Application 12 Jan 1970

MALE  
Medical Examination Report Dated 7 January 1970  
Name of Physician Fred Workman MD

FEMALE  
Medical Examination Report Dated 7 January 1970  
Name of Physician Fred Workman 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 Eugene A. Blunk Jr.  
Date of Birth December 22, 1935  
Place of Birth Indianapolis, Ind.  
Residence Address 812 Johnson Rd. Mooresville, Morgan Co., Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
69 Johnson

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

Usual Occupation Welder: Chevrolet

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Clematis Hospital - 5870

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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  
Terry Eugene 8 901 1/2 S. Auburn Ind.  
Kimberly Sue 2 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 Eugene Alva Blunk Sr.  
Residence of father (if deceased so state) Same, Mooresville, W.  
Occupation of father Machinist: Ford Motor Race of father White  
Birthplace of father (State or foreign country) Morgan Co., Ind.  
12. Full maiden name of mother Martha Marie Richardson  
Residence of mother (if deceased so state) Same  
Occupation of mother Substg. Block's Race of mother White  
Birthplace of mother (State or foreign country) Ill.

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

Signed Eugene A. Blunk Jr.

New Address 111 Indiana St. Mooresville Ind.

Subscribed and sworn to before me this 12th day of January, 1970  
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:

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

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

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

FEMALE APPLICANT

Name Marcia Lynn Crawford  
Date of Birth April 16, 1946  
Place of Birth Marietta Ga. Ind.  
Residence Address Rt. 203 Pitts, Hen, Ind.  
Maiden Name if Different Marcia L. Blanton  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
68 Hen

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

Usual Occupation Manager: Tuchman Cleaners

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-46-019193

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

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

Occupation of father Custodian: 3rd School Race of father White

Birthplace of father (State or foreign country) Ind.

8. Full maiden name of mother Geneva Louise Wood

Residence of mother (if deceased so state) Same

Occupation of mother Sanitary: Home Race of mother White

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

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

Signed Marcia Lynn Crawford

New Address Ind.

Subscribed and sworn to before me this 12th day of January, 1970  
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:

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

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

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

RETURN 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 10 day of January, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Keith L. Wade hereby certify that on the 17 day of Jan.

one thousand nine hundred and Seventy at Mooresville, County of Morgan

State of Indiana, Groom Eugene A. Blunk Jr. of Morgan County, State of Indiana

and, Bride Marcia Lynn Crawford of Hendricks County, State of Indiana

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 17 day of Jan., 1970

Signed Keith L. Wade

Official Designation Judge, Mooresville City Court

Signed John Gamble Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of January, 1970







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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 11  
File January 15, 1920  
Book 31  
Date of Application

MALE  
Medical Examination Report Dated 1-10-20  
Name of Physician Dr. Lloyd Perry M.D.

FEMALE  
Medical Examination Report Dated 1-5-20  
Name of Physician Dr. Robert 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 Charles Drennan  
Date of Birth 9 1907  
Place of Birth (State or foreign country) Indianapolis  
Residence Address 86 Walnut Danville Hendricks 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 Superior - Hummer Bros. Coal Co.

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

☐ Other (Specify) Drivers License # 0655-0749

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

Name Age Address

(b) Are you supporting or contributing to their 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 Frederick Drennan

Residence of father (if deceased so state) deceased

Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_

Birthplace of father (State or foreign country) Ireland

12. Full maiden name of mother Ella Kate Belmont

Residence of mother (if deceased so state) deceased

Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_

Birthplace of mother (State or foreign country) Ireland

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Charles F. Drennan

New Address 195 W. Marion, Danville

Subscribed and sworn to before me this 15 day of January, 1920.

John Lambert Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } ss:

County of HENDRICKS

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

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

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

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

FEMALE APPLICANT

Name Allice Opal Dickerson  
Date of Birth 5 1911  
Place of Birth (State or foreign country) Danville  
Residence Address 195 W. Marion Danville Hendricks Ind.  
Maiden Name if Different Dendren  
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation Cook - Petree's Nursing Home

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

☐ Other (Specify) \_\_\_\_\_

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

Residence of father (if deceased so state) deceased

Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_

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

8. Full maiden name of mother Grace Burris

Residence of mother (if deceased so state) deceased

Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_

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

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Allice Dickerson

New Address 195 W. Marion, Danville

Subscribed and sworn to before me this 15 day of January, 1920.

John Lambert Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, } 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 19 day of January, 1920, authorizing the joining together as husband and wife

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

I, Elden J. Coons hereby certify that on the 19th day of January,

one thousand nine hundred and 20 at Brownburg, County of Hendricks,

State of Indiana, Groom Charles F. Drennan of Hendricks County, State of Indiana,

and, Bride Allice Opal Dickerson of Hendricks County, State of Indiana,

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 19 day of Jan, 1920.

Signed Elden J. Coons

Official Designation Minister - Baptist

22 day of Jan, 1920.

Signed John Lambert 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. 12  
File 31  
January 17 1970  
Date of Application

MALE

Medical Examination Report Dated 1-15-70

Name of Physician Dr George Kentmety II

FEMALE

Medical Examination Report Dated 1-15-70

Name of Physician Dr George Kentmety II

ALL QUESTIONS 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 Last Beaman  
Date of Birth Month October Day 27 Year 1945  
Place of Birth (State or foreign country) Indianapolis Marion Ind.  
Residence Address Street or R. R. RR 3 Box 77A City Danville County Hendricks State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Surveyor  
Date of birth 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: Albert L. Beaman Jr.  
Residence of father (if deceased so state) Same  
Occupation of father: RR yard master Race of father: W  
Birthplace of father (State or foreign country) Hume Ind.  
12. Full maiden name of mother: Ethel Mary Leayel  
Residence of mother (if deceased so state) Same  
Occupation of mother: House wife Race of mother: W  
Birthplace of mother (State or foreign country) Judgels Ind.

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

Signed: Richard L. Beaman

New Address: 207 C Rockshire Rd Judgels

Subscribed and sworn to before me this 17 day of Jan 1970  
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:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1970  
Clerk

FEMALE APPLICANT

Name First Dayna Middle Rae Last Harris  
Date of Birth Month March Day 14 Year 1948  
Place of Birth (State or foreign country) Indianapolis Marion Ind.  
Residence Address Methodist Hospital Street or R. R. RR 1 Box 183-A City Danville County Hendricks State Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Office 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: Charles Raymond Harris  
Residence of father (if deceased so state) Same  
Occupation of father: Line Foreman Race of father: W  
Birthplace of father (State or foreign country) Judgels Ind.  
8. Full maiden name of mother: Edna Lucille Buzzard  
Residence of mother (if deceased so state) Same  
Occupation of mother: Lab Tech. Race of mother: W  
Birthplace of mother (State or foreign country) Wabash Ind.

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

Signed: Dayna Rae Harris

New Address: 207 C Rockshire Rd Judgels Ind

Subscribed and sworn to before me this 17 day of Jan 1970

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:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1970  
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 HENDRICKS 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 22 day of January 1970, authorizing the joining together as husband and wife of Richard L. Beaman and Dayna Rae Harris. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Henry Emerson Hill, hereby certify that on the 24 day of January 1970, at Indianapolis, County of Marion, State of Indiana, one thousand nine hundred and seventy of Marion County, State of Indiana, Groom: Richard L. Beaman and, Bride: Dayna Rae Harris of Hendricks County, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 24 day of January 1970.

Signed: Henry E. Hill  
Official Designation: Minister, Ben Davis Christian Church  
30 day of January 1970  
Clerk

Signed: John Gaudelot 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. 13  
File Book 31  
Jan. 17 - 1970  
Date of Application

**MALE**  
Medical Examination Report Dated 1-9-70  
Name of Physician J. M. Conner MD

**FEMALE**  
Medical Examination Report Dated \_\_\_\_\_  
Name of Physician Same

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Michael Kersey  
Date of Birth April 23 1948  
Place of Birth (State or foreign country) Mettsburg Ind  
Residence Address R.R. 11 Box 75-D Lafayette Tipton Ind  
Previous 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 Charles Edward Kersey  
Residence of father (if deceased so state) Same  
Occupation of father Inf. Co. Lilly Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Ethel Mae Alexander  
Residence of mother (if deceased so state) Same  
Occupation of mother Arch. Deputy Race of mother W  
Birthplace of mother (State or foreign country) Lafayette Ind

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

Signed David Michael Kersey

New Address 131-12 N. 12th Dr W. Lafayette

Subscribed and sworn to before me this 17 day of Jan, 1970.  
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 Barbara Kay Wagner  
Date of Birth May 7 1950  
Place of Birth (State or foreign country) Hammond Ind  
Residence Address 436 Trevor St. Brownsburg Hend. Ind.  
Maiden Name if Different \_\_\_\_\_

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Telephone 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 ☐

7. Full name of father Charles Ray Wagner

Residence of father (if deceased so state) Same

Occupation of father Stakeholder Van Camp Race of father W

Birthplace of father (State or foreign country) Tipton Haute Vige Ind

8. Full maiden name of mother Jeanne Hurst

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother W

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

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

Signed Barbara Kay Wagner

New Address 131-12 N. 12th Dr W. Lafayette

Subscribed and sworn to before me this 17 day of Jan, 1970

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 \_\_\_\_\_  
**HENDRICKS** County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 21 day of January, 1970, 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-fourth day of January, 1970, at Brownsburg, County of Hendricks, State of Indiana, Groom David Michael Kersey of Tipton County, State of Indiana, and, Bride Barbara Kay Wagner of Hendricks County, State of Indiana, were by me united 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 th day of January, 1970.

Signed Lester B. Yearick

Official Designation Cleryman

Signed John Gaulbold Jr Clerk

**HENDRICKS** Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of January, 1970.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 14  
File Book 31  
Date of Application 19 Jan 1970

MALE  
Medical Examination Report Dated 31 Dec 1969  
Name of Physician R.W. Kirtley, M.D.

FEMALE  
Medical Examination Report Dated 31 Dec 1969  
Name of Physician R.W. Kirtley, M.D.

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

MALE APPLICANT

Name First Middle Last  
Donald L. Ford  
Date of Birth Month Day Year  
April 6 1935  
Place of Birth (State or foreign country)  
Fowlerton, Grant Co., Ind.  
Residence Address Street or R. R. City County State  
Rt 3 Box 244 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 Carpenter: Self  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Apr lic F-630-35166

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Clayton Ford  
Residence of father (if deceased so state) Fowlerton, Ind.  
Occupation of father Retired Race of father white  
Birthplace of father (State or foreign country) Grant Co., Ind.  
12. Full maiden name of mother Noeen Elvira Sutton  
Residence of mother (if deceased so state) Same  
Occupation of mother Beautician Race of mother white  
Birthplace of mother (State or foreign country) Matthews, Ind.

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

Signed Donald L. Ford  
New Address 253 1/2 S. Ind. Danville, Ind.  
Subscribed and sworn to before me this 19th day of January, 1970  
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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  
Bernadine M. Lanning  
Date of Birth Month Day Year  
January 23 1936  
Place of Birth (State or foreign country)  
Greene Co., Ind.  
Residence Address 253 1/2 S. Ind. Danville, Ind.  
Maiden Name if Different Bernadine Woodward  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)   
Usual Occupation Cashier A & P  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Apr lic L-552-36063

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Norman Woodward  
Residence of father (if deceased so state) Syracuse, N.Y.  
Occupation of father Machinist Race of father white  
Birthplace of father (State or foreign country) New Albany, Ind.  
8. Full maiden name of mother Lucille Anna Blackmore  
Residence of mother (if deceased so state) Indpls, Ind.  
Occupation of mother Dispatch: Mayflower Race of mother white  
Birthplace of mother (State or foreign country) Scotland, Ind.

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

Signed Bernadine M. Lanning  
New Address Same  
Subscribed and sworn to before me this 19th day of January, 1970  
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 \_\_\_\_\_  
Hendricks 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 \_\_\_\_\_ Court, \_\_\_\_\_  
of Indiana dated the 23rd day of January, 1970, 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 Newman, hereby certify that on the 24th day of January, 1970, at \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_,  
one thousand nine hundred and 70, \_\_\_\_\_ of \_\_\_\_\_, County, State of \_\_\_\_\_,  
State of Indiana, Groom Donald L. Ford of \_\_\_\_\_, \_\_\_\_\_  
and, Bride Bernadine M. Lanning 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 23rd day of January, 1970.  
Signed Charles Newman  
Official Designation Minister, 1970  
26 day of January, 1970  
Signed John Gaudes Jr. Clerk  
Hendricks Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 15  
File Book 31  
19 Jan 1970  
Date of Application

MALE  
Medical Examination Report Dated 19 Jan 1970  
Name of Physician Elmer L. Koch MD.

FEMALE  
Medical Examination Report Dated 19 Jan 1970  
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 Alan Middle J Last Walls  
Date of Birth Month 9 Day 9 Year 1951  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address RI 3x319A 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 Seaman: U.S. Navy  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Navy ID 130 47736

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Harry Eugene Walls  
Residence of father (if deceased so state) Connersburg, Ind.  
Occupation of father Tool Check Alloy Race of father White  
Birthplace of father (State or foreign country) Odan, Ind.

12. Full maiden name of mother Joyce Ann Wilson  
Residence of mother (if deceased so state) RI 3x319A Danville, Ind.  
Occupation of mother H/W Race of mother White  
Birthplace of mother (State or foreign country) Odan, Ind.

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

Signed Alan J. Walls  
New Address Little Creek, Va.  
Subscribed and sworn to before me this 19th day of January, 1970  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 20 May 1966  
New Co. Mother has full custody

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 Court by written order issued 19 Jan 1970 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3da Warr + Bride ago and or proof re-nunat

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of January, 1970, authorizing the joining together as husband and wife

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

I, Fred H. Graham, hereby certify that on the nineteenth day of January, one thousand nine hundred and seventy, at Danville, County of Hendricks, State of Indiana, Groom Alan J. Walls and, Bride Barbara A. Mahnke of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19th day of January, 1970.

Signed Fred H. Graham  
Official Designation Justice of the Peace  
21 day of January, 1970.

Signed John Gambold Jr.  
HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name First Barbara Middle A Last Mahnke  
Date of Birth Month 9 Day 9 Year 1951  
Place of Birth (State or foreign country) Milwaukee, Wis.  
Residence Address 102 1/2 E Main 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 Waitress Westwood Inn.

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

☒ Other (Specify) \* See below (Wrs. Hunt. lre)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Irvin Mahnke  
Residence of father (if deceased so state) 2458 N. Pierce Milwaukee, Wis.  
Occupation of father Brew. Pabst. Race of father White  
Birthplace of father (State or foreign country) Milwaukee, Wis.

8. Full maiden name of mother Myrtle Ann Hohre  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Milwaukee, Wis.

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

Signed Barbara A. Mahnke  
New Address 102 1/2 E Main St, Danville, Ind.

Subscribed and sworn to before me this 19th day of January, 1970

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

No. 16  
File Book 31  
Date of Application 1-21-70

## MALE

Medical Examination Report Dated 1-21-70Name of Physician Thomas M. Walker

## FEMALE

Medical Examination Report Dated 1-21-70Name 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 Carl Thomas McDonald  
Date of Birth 11 Month 10 Day 1948 Year  
Place of Birth (State or foreign country) St. Joseph, Mo.  
Residence Address Rt 3 Box 623A 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 Air ForceDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) St. Joseph Mo. St. File # 70164

- 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

- 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 Calvin McDonald  
Residence of father (if deceased so state) Same  
Occupation of father General Motors Allison white  
Birthplace of father (State or foreign country) St. Joseph, Mo.  
12. Full maiden name of mother Eva Colleen Burton  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) St. Joseph, Mo.

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

New Address \_\_\_\_\_

Subscribed and sworn to before me this 21st day of Jan, 1970  
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 Kathy Ann Rainey  
Date of Birth 12 Month 1951 Year  
Place of Birth (State or foreign country) Indianapolis  
Residence Address Rt 3 Box 100K Brownsburg Hendricks Ind.  
Maiden Name if Different \_\_\_\_\_

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 UnemployedDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Indpls 113-51-097737

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Beryl Rainey  
Residence of father (if deceased so state) Same  
Occupation of father Engineer Race of father white  
Birthplace of father (State or foreign country) Indpls Ind.  
8. Full maiden name of mother Kathleen Deloris Phelps  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed Kathy Ann Rainey

New Address \_\_\_\_\_

Subscribed and sworn to before me this 21st day of Jan, 1970  
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 1-21-70  
in HENDRICKS County Superior Court by written order issued 3 Day Waiver  
in Clerk 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 \_\_\_\_\_  
of Indiana dated the 21st day of Jan, 1970, authorizing the joining together as husband and wife  
of Carl Thomas McDonald and Kathy Ann Rainey  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Eld. Forrest S. Judd hereby certify that on the 24 day of January  
one thousand nine hundred and 70 at Indianapolis, County of Marion  
State of Indiana, Groom Carl Thomas McDonald of Hendricks County, State of Indiana  
and, Bride Kathy Ann Rainey of Hendricks County, State of Indiana  
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 January, 1970.  
Signed Eld. Forrest S. Judd  
Official Designation Pastor Westwood Baptist Church  
\_\_\_\_\_ day of January, 1970  
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. 17  
File Book 31  
22 Jan 1970  
Date of Application

MALE  
Medical Examination Report Dated 22 Jan 1970  
Name of Physician A.N. Scudder MD

FEMALE  
Medical Examination Report Dated 22 Jan 1970  
Name of Physician A.N. Scudder MD

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

MALE APPLICANT

Name First Middle Last  
Clarence R. Cooper  
Date of Birth Month Day Year  
September 7 1929  
Place of Birth (State or foreign country)  
Huntersburg, Ind.  
Residence Address Street or R. R. City County State  
R8 Bx 372 Hartsburg, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
68 years  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Conductor, Penn-Central  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-29-040843

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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  
Jack Allan 17 1/2 1734 N. Oxford, WPH  
Bill Danielle 12  
Cheryl Lynn 12

- 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 Alonzo Lee Cooper  
Residence of father (if deceased so state) Decatur  
Occupation of father Race of father white  
Birthplace of father (State or foreign country) Tenn  
12. Full maiden name of mother Berta Marie Davis  
Residence of mother (if deceased so state) Decatur  
Occupation of mother Race of mother white  
Birthplace of mother (State or foreign country) Hinton, Ind.

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

Signed [Signature] New Address R1 Bx 196A Pittsburg, W

Subscribed and sworn to before me this 22nd day of Jan, 1970

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 1970, 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 26th day of January, one thousand nine hundred and seventy at \_\_\_\_\_, County of Hendricks, State of Indiana, Groom Clarence R. Cooper of Hendricks County, State of Indiana and, Bride Bettina P. Cameron of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26th day of January, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of January, 1970.

Signed Walter R. Bartholomew  
Official Designation Methodist Minister

Signed John Gauld Jr Clerk

HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last  
Bettina P. Cameron  
Date of Birth Month Day Year  
February 1 1940  
Place of Birth (State or foreign country)  
Indianapolis, Ind.  
Residence Address Street or R. R. City County State  
R1 Bx 196A Pittsburg, Ind.  
Maiden Name if Different Bettina Priscilla Barte  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
July 68 Hwt.  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Bartender, Bigby Tr. Tavern  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Joseph Morris Barte  
Residence of father (if deceased so state) R1 Bx 71 Gattsville, Ind.  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Missou.

8. Full maiden name of mother Priscilla Marie Danson  
Residence of mother (if deceased so state) same  
Occupation of mother PT line tree Race of mother white  
Birthplace of mother (State or foreign country) Missou.

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

Signed Bettina P. Cameron

New Address 22nd St

Subscribed and sworn to before me this 22nd day of Jan, 1970

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

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

Clerk \_\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS County

No. 18  
File Book 31  
Jan. 23 1970  
Date of Application

MALE

Medical Examination Report Dated 1-22-70

Name of Physician David Haggard MD

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

MALE APPLICANT

Name First Smith Middle Forrest Last Vern  
Date of Birth Month June Day 21 Year 1921  
Place of Birth (State or foreign country) Detroit  
Residence Address Street or R. R. 1001 S. Rybolt City Michigan  
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Retired  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) 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  
none

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Vern C. Smith  
Residence of father (if deceased so state) 305 S. Edgewood Royce East  
Occupation of father Retired Race of father W Mich  
Birthplace of father (State or foreign country) Grand Rapids Mich

12. Full maiden name of mother Sadie Bruce  
Residence of mother (if deceased so state) deceased  
Occupation of mother — Race of mother W  
Birthplace of mother (State or foreign country) Algona Co Mich

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of Hendricks  
Signed x Fred Vern Smith  
New Address 1001 S. Rybolt Judges

Subscribed and sworn to before me this 23 day of Jan, 1970.  
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

Medical Examination Report Dated 1-22-70

Name of Physician David Haggard MD

FEMALE APPLICANT

Name First Estella Middle A. Last Stuart  
Date of Birth Month July Day 19 Year 1902  
Place of Birth (State or foreign country) Chicago  
Residence Address Street or R. R. RR 2 Box 141 City Ill.  
Maiden Name if Different Plainfield Ind. Ind.  
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Housewife  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father Claude Morris  
Residence of father (if deceased so state) Deceased  
Occupation of father — Race of father W  
Birthplace of father (State or foreign country) Dallas, Texas

8. Full maiden name of mother Pearl Brownfield  
Residence of mother (if deceased so state) Deceased  
Occupation of mother — Race of mother W  
Birthplace of mother (State or foreign country) Louisville Ky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of Hendricks  
Signed Estella A. Stuart  
New Address 1001 S. Rybolt

Subscribed and sworn to before me this 23 day of Jan, 1970.  
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 Hendricks County Superior Court by written order issued 1-23-70 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 23 day of January, 1970, authorizing the joining together as husband and wife of Forrest Vern Smith and Estella A. Stuart.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Fred N. Graham, hereby certify that on the 26th day of January, 1970, at Danvers, County of Hendricks, one thousand nine hundred and seventy, of Marion County, State of Indiana, Groom Forrest Vern Smith, of Hendricks County, State of Indiana, and, Bride Estella A. Stuart, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 26th day of January, 1970.

Signed Fred N. Graham  
Official Designation Justice of the Peace  
28 day of January, 1970.  
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. 19  
File Book 31  
24 Jan 1970  
Date of Application

## MALE

Medical Examination Report Dated 7 January 1970  
Name of Physician Sas. Black M.D.

## FEMALE

Medical Examination Report Dated 7 Jan 1970  
Name of Physician Sas. 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 Alfred Newton Newson  
Date of Birth February 20 1950  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address Ap't K122 Wilkerson Bldg, 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 Tuck Driver, St. Ind.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Sel. Sr. 12 216 50 690

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Alvin Nathan Newson  
Residence of father (if deceased so state) R18 Bx103 Indpls, Ind.  
Occupation of father Clerk, Allco Race of father white  
Birthplace of father (State or foreign country) Warrington, Ind.  
12. Full maiden name of mother Elsie Darnell  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Williford, Ark.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Alfred Newton Newson

New Address Ap't K122 Wilkerson Bldg, Ind.

Subscribed and sworn to before me this 24th day of Jan, 1970  
Clerk John Gamble Jr HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed Alvin Nathan Newson Father

Signed Elsie Darnell Mother

Subscribed and sworn to before me this 24th day of Jan, 1970  
Clerk John Gamble Jr HENDRICKS Circuit Court

## FEMALE APPLICANT

Name Claudia Rae Edwards  
Date of Birth Jan 23 1953  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 8805 W. 30th Indpls, Ind.  
Maiden Name if Different \_\_\_\_\_

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 791

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Edwards  
Residence of father (if deceased so state) Same Indpls, Ind.  
Occupation of father Mont. Allen Race of father white  
Birthplace of father (State or foreign country) Mitchell, Ind.  
8. Full maiden name of mother Sean Ellen Turner  
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 Claudia Rae Edwards

New Address Same

Subscribed and sworn to before me this 24th day of Jan, 1970  
Clerk John Gamble Jr HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed Eugene Edwards Father

Signed Sean E. Edwards Mother

Subscribed and sworn to before me this 24th day of Jan, 1970  
Clerk John Gamble Jr HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of January, 1970, authorizing the joining together as husband and wife

and Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. John Hartzler hereby certify that on the 7 day of February, one thousand nine hundred and 70 at Speedway, County of Marion, State of Indiana, Groom Alfred Newton Newson of Hendricks County, State of Indiana and, Bride Claudia Rae Edwards 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 7 day of February, 1970.

Signed Rev. John Hartzler

Official Designation Roman Catholic Church

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of February, 1970.

Signed John Gamble Jr Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 20  
File Book 31  
1-24-70  
Date of Application

MALE

Medical Examination Report Dated 1-20-70

Name of Physician Elmer L. Koch

FEMALE

Medical Examination Report Dated 1-20-70

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 First Robert Middle Lawrence Last Reckel Jr.  
Date of Birth Month June Day 4 Year 1946  
Place of Birth (State or foreign country) Beech Grove  
Residence Address 203 W. Tilden Street or R. R. 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 Computer 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? 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 L. Reckel Sr.  
Residence of father (if deceased so state) Box 54 Coatesville  
Occupation of father Self-Employed Race of father W  
Birthplace of father (State or foreign country) Dupont Ind.  
12. Full maiden name of mother Dorothy Louise O'Hair  
Residence of mother (if deceased so state) Same  
Occupation of mother Works with father Race of mother W  
Birthplace of mother (State or foreign country) Fillmore Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Robert Lawrence Reckel Jr.  
New Address Rock Shore Apts. Dupont Ind.

Subscribed and sworn to before me this 24 day of Jan, 1970.  
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 Rita Middle Kaye Last Lund  
Date of Birth Month May Day 21 Year 1949  
Place of Birth (State or foreign country) 21  
Residence Address RR 2 Box 97A Marion Ind.  
Maiden Name if Different 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 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 Jack R. Lund  
Residence of father (if deceased so state) Same  
Occupation of father Process Eng. Race of father W  
Birthplace of father (State or foreign country) Tennessee Ind.

8. Full maiden name of mother Thelma E. Gibbons  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Tennessee

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Rita Kaye Lund

New Address Rock Shore Apts

Subscribed and sworn to before me this 24 day of Jan, 1970.  
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 Court by written order issued \_\_\_\_\_ and filed \_\_\_\_\_  
HENDRICKS 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 \_\_\_\_\_, 1970, authorizing the joining together as husband and wife of Indiana dated the 31st day of January, and Rita Kaye Lund  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Edward M. Laughlin, hereby certify that on the 7th day of February, \_\_\_\_\_, County of Hendricks, State of Indiana, Groom Robert L. Reckel Jr. and, Bride Rita Kaye Lund  
one thousand nine hundred and 70 of Hendricks County, State of Indiana, 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 January, 1970.  
Witnesses: John E. Reckel  
Rita Robb  
Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1970.  
Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_  
9th day of February, 1970.  
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. 21  
File Bk 31  
1-24-70  
Date of Application

MALE  
Medical Examination Report Dated 1-24-70  
Name of Physician John P. Calhoun, M.D.

FEMALE  
Medical Examination Report Dated 1-24-70  
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 Eric D. Clark  
Date of Birth June 13 1943  
Place of Birth Bremen, Ind.  
Residence Address 626 N. Lafayette, South Bend, St. Joseph, Ind.  
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Marion Co. 1968  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation M.D.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Drivers License - Issued Registration  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Eric D. Clark  
Residence of father (if deceased so state) Rt. 2, N. Liberty, Ind.  
Occupation of father Dr. Driver Race of father W.  
Birthplace of father (State or foreign country) N. Liberty, Ind.  
12. Full maiden name of mother Louis G. Whitacre  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W Race of mother W.  
Birthplace of mother (State or foreign country) Cambria, M.D.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Eric D. Clark

New Address \_\_\_\_\_  
Subscribed and sworn to before me this 24 day of Jan., 1970.  
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT  
Name Kay B. Clark  
Date of Birth June 20 1943  
Place of Birth La Porte, Ind.  
Residence Address 130 Lakewood Dr. Ct., Brownsville, Hendricks, Ind.  
Maiden Name if Different Baughman  
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Marion Co. 1968  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Teacher  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Drivers License - Letter from Ben Davis, High School Principal

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Warren L. Baughman  
Residence of father (if deceased so state) Rt. 2, N. Liberty, Ind.  
Occupation of father Welder Race of father W.  
Birthplace of father (State or foreign country) N. Liberty, Ind.  
8. Full maiden name of mother Mary Ruth Walsh  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W Race of mother W.  
Birthplace of mother (State or foreign country) Triner, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Kay Clark  
New Address 626 N. Lafayette St. South Bend, Ind.  
Subscribed and sworn to before me this 24 day of Jan., 1970.  
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:  
County of HENDRICKS  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_  
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of January, 1970, authorizing the joining together as husband and wife of Eric D. Clark and Kay B. Clark.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, David J. Markey, hereby certify that on the 1st day of February, one thousand nine hundred and 70, at Brownsville, County of Hendricks, State of Indiana, Groom Eric D. Clark of St. Joseph County, State of Indiana and, Bride Kay B. 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 1st day of February, 1970.

Signed David J. Markey  
Official Designation Pastor Northview Church of H. H.  
Signed John Lambold, Jr. Clerk HENDRICKS Circuit Court  
Filed and recorded in accordance with the laws of the State of Indiana this 4th day of February, 1970.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 22  
File Book 31  
1-26-70  
Date of Application

MALE  
Medical Examination Report Dated 1-26-70  
Name of Physician John Ellett

FEMALE  
Medical Examination Report Dated 1-26-70  
Name of Physician John Ellett

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Michael Duane Bassett  
Date of Birth 9 3 1950  
Place of Birth Greencastle  
Residence Address Rt #1 Box 406A Clayton 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 Plastic Equipment Inc. - Set-Up Man  
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree  
☐ Other (Specify) Dispute # Putnam Co - 34796B

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Frank Bufford Bassett  
Residence of father (if deceased so state) Bloomington Ind.  
Occupation of father Red-Cab Race of father white  
Birthplace of father (State or foreign country) Dear Station Ind.  
12. Full maiden name of mother Marquerite Louise Cain  
Residence of mother (if deceased so state) same as groom  
Occupation of mother Plastic Equipment Inc. Race of mother white  
Birthplace of mother (State or foreign country) Putnam Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Michael Duane Bassett

New Address \_\_\_\_\_  
Subscribed and sworn to before me this 26 day of Jan, 19 70  
John Gambel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Consent form 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 \_\_\_\_\_  
HENDRICKS County Superior Court by written order issued 1-26-70  
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 \_\_\_\_\_ Circuit Court  
of Indiana dated the 26 day of January, 19 70, authorizing the joining together as husband and wife  
of Michael Duane Bassett and Janice Lynell Shoemaker  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Everett V. Smock hereby certify that on the 30th day of January,  
one thousand nine hundred and Seventy at Hazelwood County, State of Indiana  
State of Indiana, Groom Michael Duane Bassett of Hendricks County, State of Indiana  
and, Bride Janice Lynell Shoemaker of Putnam County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County. \_\_\_\_\_  
Dated this 30th day of January, 19 70.  
Signed Everett V. Smock  
Official Designation Minister, 19 70.  
2nd day of February, 19 70.  
Signed John Gambel Jr. Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

FEMALE APPLICANT

Name Janice Lynell Shoemaker  
Date of Birth 12 13 1951  
Place of Birth Greencastle  
Residence Address Rt #1 Fillmore Putnam 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 P. R. Machinery  
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree  
☐ Other (Specify) Dispute # 37397B - Putnam Co.

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Edgar Shoemaker  
Residence of father (if deceased so state) Fillmore Ind.  
Occupation of father B.M. Greencastle Race of father white  
Birthplace of father (State or foreign country) Greencastle Ind.  
8. Full maiden name of mother Betty Lou Whitaker  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother white  
Birthplace of mother (State or foreign country) Putnam Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Janice Lynell Shoemaker

New Address \_\_\_\_\_  
Subscribed and sworn to before me this 26 day of Jan, 19 70  
John Gambel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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. 22

File Book 31

1-26-70

Date of Application

MALE

Medical Examination Report Dated 1-26-70

Name of Physician John Ellett

FEMALE

Medical Examination Report Dated 1-26-70

Name of Physician John Ellett

ALL QUESTIONS 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 Michael Duane Bassett  
Date of Birth 9 3 1950  
Place of Birth Greencastle  
Residence Address Rt 1 Box 406A 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 Plastic Equipment Inc. - Set-Up ManDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Hospital Putnam Co. - 34796B

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Frank Bufford BassettResidence of father (if deceased so state) Bloomington Ind.Occupation of father Red Cab Race of father WhiteBirthplace of father (State or foreign country) Dear River Ind.12. Full maiden name of mother Marguerite Louise CainResidence of mother (if deceased so state) same as groomOccupation of mother same as groomBirthplace of mother (State or foreign country) Putnam Co. Ind.

State of Indiana, \_\_\_\_\_

County of \_\_\_\_\_

New \_\_\_\_\_

Subscribed and sworn to \_\_\_\_\_

CONSENT OF PARENTS

We, the parents, of the \_\_\_\_\_

signs, state facts which \_\_\_\_\_

\_\_\_\_\_

State of Indiana, \_\_\_\_\_

County of \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Subscribed and sworn to \_\_\_\_\_

I, MARGUERITE BASSETT, hereby give my consent formy son, Michael Duane Bassett tomarry Janice Shoemaker. I Marguerite Bassett, Mother further state that I have

full custody of my son Michael through legal separation granted in Hendricks Co., 1965

subscribed and sworn to before me this 22nd day of January 19 70

[Signature]  
Notary Public

MARK OF HENDRICKS  
SUPERIOR  
CIRCUIT COURT  
DANVILLE, INDIANA

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 1-26-70

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 HENDRICKS Circuit Court

We It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 19 70 authorizing the joining together as husband and wife of Indiana dated the 26 day of January and \_\_\_\_\_

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_

I, Everett V. Smock hereby certify that on the 30th day of January, County of Hendricks

one thousand nine hundred and seventy at Hazelwood County, State of Indiana

State of Indiana, Groom Michael Duane Bassett of Putnam County, State of Indiana

and, Bride Janice Lynell Shoemaker 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, \_\_\_\_\_ Signed Everett V. Smock

Dated this 30th day of January, 19 70 Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19 70

Signed Joan 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

HENDRICKS County

No. 23  
File 311  
Date of Application 1-27-70

MALE  
Medical Examination Report Dated 1-22-70  
Name of Physician David B. Haggard, M.D.

FEMALE  
Medical Examination Report Dated 1-22-70  
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 Harry W. Kern  
Date of Birth Aug. 8, 1943  
Place of Birth (State or foreign country) Indph., Ind.  
Residence Address R.R.#1, Box 259, Merrill, Hendricks, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Divorce, Marion Co., Dec. 1969  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Router Salesman Coke Co.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address  
Justine Marie 7 - 235 W. Hough, Indph.  
Harry Wayne 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 Wayne W. Kern  
Residence of father (if deceased so state) None  
Occupation of father Electrician Race of father W.  
Birthplace of father (State or foreign country) Indph., Ind.  
12. Full maiden name of mother Delma J. Baumhuffer  
Residence of mother (if deceased so state) same  
Occupation of mother H/W 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 Harry W. Kern

New Address \_\_\_\_\_

Subscribed and sworn to before me this 27 day of Jan, 1970.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Phyllis E. Brown  
Date of Birth July 14, 1953  
Place of Birth (State or foreign country) Crawfordsville  
Residence Address 6327 Debbie Ct., Indph., Marion, Ind.  
Maiden Name if Different Hultz  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Oct. 1969 Montgomery Co.  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation H/W  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Clarence Hultz

Residence of father (if deceased so state) deceased

Occupation of father \_\_\_\_\_ Race of father W.

Birthplace of father (State or foreign country) Montgomery Co., Ind.

8. Full maiden name of mother Eileen Hultz

Residence of mother (if deceased so state) 1012 E Pike, Crawfordsville

Occupation of mother H/W 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 Phyllis E. Brown

New Address 6327 Debbie Ct., Indph.

Subscribed and sworn to before me this 27 day of Jan, 1970.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 1970, 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 F. Harad hereby certify that on the 31st day of January, 1970, at Marionville, County of Marion, State of Indiana, Groom Harry W. Kern and, Bride Phyllis Eileen 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 31st day of January, 1970.

Signed Charles F. Harad

Official Designation J.P.

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of February, 1970.

Signed John G. Ganssler Jr. Clerk

HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 24  
File Book 31  
Date of Application 1-29-70

## MALE

Medical Examination Report Dated 1-26-70

Name of Physician Dr. M. O. Scamaron

## FEMALE

Medical Examination Report Dated 1-30-70

Name of Physician Dr. 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 Roger Dale Southard  
Date of Birth 6 18 1947  
Place of Birth (State or foreign country) Indiana  
Residence Address 136 Main Ellettsville, 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 Manager Trainee - Sears Roebuck  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) #6003 - Methodist Hospital

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a  
home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Leonard Southard  
Residence of father (if deceased so state) same as above  
Occupation of father Stewart-Warner Race of father white  
Birthplace of father (State or foreign country) Madison, Indiana  
12. Full maiden name of mother Mary Catherine Lee  
Residence of mother (if deceased so state) same  
Occupation of mother housewife Race of mother white  
Birthplace of mother (State or foreign country) Decatur, Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Roger D. Southard  
New Address 55 West Robert Dr. Apt. D, INDIANAPOLIS

Subscribed and sworn to before me this 29 day of Jan, 1970  
John Lambrecht Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 Diane Shaw  
Date of Birth 9 26 1949  
Place of Birth (State or foreign country) Indiana  
Residence Address Methodist Hospital Chapel Ellettsville, Hendricks Indiana  
Maiden Name if Different Patricia Shaw

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Therapist National Bank  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 9142 - Methodist Hospital

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Gilbert Taylor Shaw  
Residence of father (if deceased so state) same  
Occupation of father LC Cassidy Jones Race of father white  
Birthplace of father (State or foreign country) Subs., Ky.  
8. Full maiden name of mother Blanche Marie Morris  
Residence of mother (if deceased so state) same  
Occupation of mother Researcher Tel. Bank Race of mother white  
Birthplace of mother (State or foreign country) Subs., Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Patricia Shaw

New Address \_\_\_\_\_

Subscribed and sworn to before me this 29 day of Jan, 1970  
John Lambrecht Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 \_\_\_\_\_ Court, authorizing the joining together as husband and wife of Indiana dated the 3rd day of February, 1970, and Patricia Diane Shaw  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Phil Frew, hereby certify that on the 6th day of February,  
at Indianapolis, County of Marion,  
one thousand nine hundred and 70, of Hendricks County, State of Indiana,  
State of Indiana, Groom Roger Dale Southard of Hendricks County, State of Indiana,  
and, Bride Patricia Diane Shaw of Hendricks County, State of Indiana,  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_  
County, \_\_\_\_\_  
Dated this 6th day of February, 1970.  
Signed Rev. Phil Frew  
Official Designation Methodist Minister  
Signed John Lambrecht Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Signed \_\_\_\_\_ Clerk HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 25  
File Book 31  
29 Jan 1970  
Date of Application

## MALE

Medical Examination Report Dated 27 Jan 1970  
Name of Physician Thos. M. Walker MD.

## FEMALE

Medical Examination Report Dated 27 Jan 1970  
Name of Physician Thos. M. Walker MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name Johnny Dowell  
Date of Birth May 25 1945  
Place of Birth Indpls, Ind.  
Residence Address 619 S. Grant St. B'burg Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Capsel Imprinter: Lilly.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Sel Se. 12 30 45 95

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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: Oscar Denson Dowell  
Residence of father (if deceased so state): same B'burg Ind.  
Occupation of father: Retired Race of father: white  
Birthplace of father (State or foreign country): Jackson, Tenn.  
12. Full maiden name of mother: Nell Fay Lienert  
Residence of mother (if deceased so state): same  
Occupation of mother: Produce: Grocery Race of mother: white  
Birthplace of mother (State or foreign country): Lake City, Tenn.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed: Johnny Dowell  
New Address: 619 S. Grant St. B'burg Ind.  
Subscribed and sworn to before me this 29th day of Jan, 1970  
Clerk: HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Karen S. Smither  
Date of Birth April 12 1945  
Place of Birth Indpls, Ind.  
Residence Address 619 S. Grant St. B'burg Ind.  
Maiden Name if Different: Karen S. Robbins  
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 Production: Lilly.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Emp. I.D.

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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: Keith Verneal Robbins  
Residence of father (if deceased so state): 2505 S. Concord, Indpls.  
Occupation of father: Garage: Lilly Race of father: white  
Birthplace of father (State or foreign country): Indpls, Ind.

8. Full maiden name of mother: Charlotte Roseleen Robinette  
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: Karen S. Smither  
New Address: same  
Subscribed and sworn to before me this 29th day of Jan, 1970  
Clerk: HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_  
authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN 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 2 day of February, 1970, 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. Fule Jr hereby certify that on the 7th day of March,  
one thousand nine hundred and 70 at Brownburg, County of Hendricks,  
State of Indiana, Groom Johnny Dowell of Hendricks County, State of Indiana  
and, Bride Karen S. Smither of Hendricks County, State of Indiana,  
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 March, 1970.  
Signed: Clarence E. Fule Jr  
Official Designation: Lincoln Twp Justice of the Peace Hendricks Co.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of March, 1970.  
Signed: John Gauld Jr Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 26  
File Book 31

HENDRICKS County

MALE

Medical Examination Report Dated 24 January 1970  
Name of Physician D.N. Scudder M.D.

FEMALE

Medical Examination Report Dated 24 January 1970  
Name of Physician A.N. Scudder M.D.

Date of Application

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Edwin B. Arbuckle  
Date of Birth July 27 1930  
Place of Birth Ottawa, Ill.  
Residence Address R1 Bx 157 Brownsburg, 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 Elect Tech: 2way Radio  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Apr. Lic A612

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Lester Arbuckle  
Residence of father (if deceased so state) same Brownsburg, Ind.  
Occupation of father Retired Foreman Race of father White  
Birthplace of father (State or foreign country) B'burg, Ind.  
12. Full maiden name of mother Helen Lavonia Hallett  
Residence of mother (if deceased so state) same  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Ottawa, Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Edwin B. Arbuckle  
New Address R3 Bx 37, Brownsburg, Ind.  
Subscribed and sworn to before me this 31st day of January, 1970  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 Father  
Signed \_\_\_\_\_ Mother  
Signed \_\_\_\_\_ 19\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Sharon S. Gregg  
Date of Birth Sept 16 1937  
Place of Birth Indianapolis, Ind.  
Residence Address R3 Bx 37 Brownsburg, 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 Sergey Tech: Marine Gen.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Top Permit 6713070

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Blanchard Kenneth Gregg  
Residence of father (if deceased so state) same Brownsburg, Ind.  
Occupation of father Engineer: Butte Race of father White  
Birthplace of father (State or foreign country) Pittsboro, Ind.  
8. Full maiden name of mother Lola Louise Hadley  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother White  
Birthplace of mother (State or foreign country) Danville, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

Signed Sharon S. Gregg  
New Address same  
Subscribed and sworn to before me this 31st day of January, 1970  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Father  
Signed \_\_\_\_\_ Mother  
Signed \_\_\_\_\_ 19\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
Court by written order issued \_\_\_\_\_  
HENDRICKS County \_\_\_\_\_  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 19\_\_\_\_, authorizing the joining together as husband and wife of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rex Wileard R. Fair, hereby certify that on the 14th day of February, 1970, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and seventy of Hendricks, County, State of Indiana, and, Bride Sharon Suzanne Gregg of Hendricks, County, State of Indiana, 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 5th day of February, 1970.  
Signed Rex Wileard R. Fair  
Official Designation United Methodist Minister, 1970.  
Signed John Gamble Sr Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 27  
File Book 31  
Date of Application 1-31-70

HENDRICKS County

MALE

Medical Examination Report Dated 1-19-70

Name of Physician Dr. M. O. Scammon

FEMALE

Medical Examination Report Dated 1-19-70

Name of Physician Dr. M. O. Scammon

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Ernest Baldau  
Date of Birth 3 2 1946  
Place of Birth (State or foreign country) Indiana  
Residence Address Rt 1 Box 250 Gettysburg 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 Alison

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Selective Service  
☐ Other (Specify) Drums License # B44-46122 Official

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Ernest Dale Baldau  
Residence of father (if deceased so state) same  
Occupation of father Farmer Race of father white  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Henrietta Larson Allen  
Residence of mother (if deceased so state) same  
Occupation of mother Domestic - Office Race of mother white  
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.

Signed Robert E. Baldau  
New Address 118 N. Maple Pittsboro, Ind.

Subscribed and sworn to before me this 31 day of January, 1970  
John Hancock Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Julia Kay Tubbs  
Date of Birth 27 1 1949  
Place of Birth (State or foreign country) Indiana  
Residence Address Rt 1 Jameson Boone 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 Mayflower

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Id.  
☐ Other (Specify) Drums License #140-49187

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Lewis Hugoe  
Residence of father (if deceased so state) Rt 1 Jameson  
Occupation of father Alison Race of father white  
Birthplace of father (State or foreign country) Montgomery Co.  
8. Full maiden name of mother Theresa Grace Robbins  
Residence of mother (if deceased so state) same  
Occupation of mother HR Mallory Race of mother white  
Birthplace of mother (State or foreign country) Jameson Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Julia Kay Tubbs  
New Address 118 N. Maple Pittsboro

Subscribed and sworn to before me this 31 day of January, 1970  
John Hancock Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother

Subscribed and sworn to before me this \_\_\_\_\_ day 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 \_\_\_\_\_ Court by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to wit:

I, William E. Tressler hereby certify that on the 21st day of February, one thousand nine hundred and seventy at Jameson, County of Boone, State of Indiana, Groom Robert Ernest Baldau of Hendricks County, State of Indiana and, Bride Julia Kay Tubbs 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 21st day of February, 1970.

Signed William E. Tressler

Official Designation United Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of February, 1970.

Signed John Hancock Jr. Clerk

HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 28

File Book 31

Feb 2-1970

Date of Application

## MALE

Medical Examination Report Dated 1-31-70

Name of Physician A. H. Sudduth M.D.

## FEMALE

Medical Examination Report Dated 1-31-70

Name of Physician A. H. Sudduth M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

## MALE APPLICANT

Name First Gregory Middle Oliver Last Oliver  
Date of Birth Month Feb Day 6 Year 1953  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address RR3 Box 71A Danville, 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 Minister, R.D.H.Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) 113-53-053631-Indpls

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Morgan Kelley  
Residence of father (if deceased so state) Unknown  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Pennsylvania  
12. Full maiden name of mother Norma Baker  
Residence of mother (if deceased so state) RR3 Box 71A Danville  
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 Gregory OliverNew Address RR3 Box 71A Danville, Ind

Subscribed and sworn to before me this 2 day of Feb, 1970.  
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 \_\_\_\_\_

Signed Norma Baker Mother

Signed \_\_\_\_\_

Subscribed and sworn to before me this 2 day of Feb, 1970.  
John Campbell, Jr. Clerk

## COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

in Clerks Office County HENDRICKS Court by written order issued 2-5-70 and filed 3 Day Weaver Age

authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Weaver Age

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February and Wilma Hensley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rea D. M. Senlana hereby certify that on the 7th day of February, 1970, at Brownburg, County of Hendricks, State of Indiana, one thousand nine hundred and Seventy of Hendricks County, State of Indiana, Groom Gregory Oliver and, Bride Wilma Jean Hensley were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of February, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of February, 1970.

Signed John Campbell, Jr. Clerk HENDRICKS Circuit Court

## FEMALE APPLICANT

Name First Wilma Middle Hensley Last Hensley  
Date of Birth Month Aug Day 11 Year 1953  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 2137 Jefferson Danville, Indiana  
Maiden Name Wilma Hensley

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 \_\_\_\_\_

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Withen Menard Hospital Lebanon

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Ray Hensley, Jr.  
Residence of father (if deceased so state) 2137 Jefferson Danville  
Occupation of father Ray Hensley, Jr.  
Birthplace of father (State or foreign country) Kentucky  
8. Full maiden name of mother Faye Hensley  
Residence of mother (if deceased so state) 2137 Jefferson 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.  
County of \_\_\_\_\_

Signed Wilma HensleyNew Address RR3 Box 71A Danville

Subscribed and sworn to before me this 2 day of Feb, 1970.  
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 \_\_\_\_\_

Signed Faye Hensley

Signed \_\_\_\_\_

Subscribed and sworn to before me this 2nd day of Feb, 1970.  
John Campbell, Jr. Clerk



