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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 29
File Book 32
2-3-70
Date of Application

MALE
Medical Examination Report Dated 2-2-70
Name of Physician Joseph Kerlin M.D.

FEMALE
Medical Examination Report Dated 2-2-70
Name of Physician 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle F. Last Strainer
Date of Birth: Month Oct. Day 8 Year 1944
Place of Birth (State or foreign country): Lockport Ill.
Residence Address: Street or R. R. RR 2 Box 72 City Danville County Hend State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Clerk, Lumber Yard
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

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

Name	Age	Address
David Gerald	4	RR2
Dean Marie	19 mo.	
awarded children by court		

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John P. [redacted] Strainer
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Chicago Ill.
12. Full maiden name of mother Antonia D. Smerdell
    Residence of mother (if deceased so state) RR 2 Box 72 Danville
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Cleveland Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Jerry F. Strainer
New Address RR 2 Danville Ind.
Subscribed and sworn to before me this 3 day of Feb, 19 70
John Gambrel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Janice Middle Elaine Last Hamilton
Date of Birth: Month July Day 11 Year 1951
Place of Birth (State or foreign country): Kokomo Howard Ind.
Residence Address: Street or R. R. RR 2 Box 72 City Danville County Hend State Ind.
Maiden Name if Different White
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Housewife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Howard White
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Frankfort Ind.
8. Full maiden name of mother Izadeda Switzer
   Residence of mother (if deceased so state) 1111 N. Phillips Kokomo
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Kokomo Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Janice E. Hamilton
New Address RR 2 Danville
Subscribed and sworn to before me this 3 day of Feb, 19 70
John Gambrel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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 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 February, 1970, authorizing the joining together as husband and wife Jerry F. Strainer and Janice Elaine Hamilton

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

I, Malcolm R. Neier hereby certify that on the 7th day of February, one thousand nine hundred and 70 at Coatesville, County of Hendricks, State of Indiana, Groom Jerry F. Strainer of Hendricks County, State of Indiana, and, Bride Janice Elaine Hamilton of Howard County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of February, 1970.

Signed Malcolm R. Neier Pastor
Official Designation Coatesville Missionary Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of March, 1970.

Signed John Gambrel Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 30
File Book 31
2-3-70
Date of Application

MALE
Medical Examination Report Dated 1-29-70
Name of Physician Dr Leni Martin Jacobs MD.

FEMALE
Medical Examination Report Dated 1-29-70
Name of Physician Dr. Bree M Jacobs

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

MALE APPLICANT

Name: First Robert Middle Eugene Last Keller, Jr.
Date of Birth: Month 11 Day 3 Year 1952
Place of Birth (State or foreign country): Putnam Co. Hospital Greencastle Indiana
Residence Address: R#2 Box 317 Street or R. R. Plainfield City Hendricks County Indiana State
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: School -
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree # 39366 B - Putnam Co Hospital
☐ Other (Specify) Drivers Licens #K460-5243

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

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

Signed Robert E Keller Jr.
New Address.....
Subscribed and sworn to before me this 3 day of February, 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, County of HENDRICKS } ss:
Signed Father's Consent Attached Father
Signed Mildred Dona Keller Mother
Subscribed and sworn to before me this 3 day of Feb, 1970.
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Joyce Middle Elaine Last Dugger
Date of Birth: Month 10 Day 7 Year 1952
Place of Birth (State or foreign country): Clinton Indiana
Residence Address: R#1 Street or R. R. Stilesville City Hendricks County Indiana 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 Vermillion Co Hospital #29246
☐ Other (Specify) Drivers Licens # D260-52407

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Leon Dugger
   Residence of father (if deceased so state): Dane
   Occupation of father: Machine Repairman Allison Race of father: white
   Birthplace of father (State or foreign country): Tipp Co. Indiana
8. Full maiden name of mother: Linda Lee Whitsell
   Residence of mother (if deceased so state): Dane
   Occupation of mother: Housewife Race of mother: white
   Birthplace of mother (State or foreign country): Indianapolis Ind.

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

Signed Joyce E Dugger
New Address.....
Subscribed and sworn to before me this 3rd day of Feb, 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, County of HENDRICKS } ss:
Signed Father's Consent Attached Father
Signed Linda Lee Duggar Mother
Subscribed and sworn to before me this 3 day of Feb, 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 Circuit Court by written order issued 2-4-70 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Waiver & Age Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 4th day of February, 1970, authorizing the joining together as husband and wife Robert Eugene Keller Jr and Joyce Elaine Dugger
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 7th day of February, one thousand nine hundred and Seventy at Amo, County of Hendricks, State of Indiana, Groom Robert Eugene Keller Jr of Hendricks County, State of Indiana, and, Bride Joyce Elaine Dugger of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 4th day of February, 1970.

Signed Rev. Douglas R. Kline
Official Designation Pastor, Amo Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of February, 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. 30
File Book 31
2-3-70
Date of Application

MALE
Medical Examination Report Dated 1-29-70
Name of Physician Dr Rene' Martin Jacobs MD.

FEMALE
Medical Examination Report Dated 1-29-70
Name of Physician Dr. Rene M Jacobs

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

MALE APPLICANT

Name: First Robert Middle Eugene Last Keller, Jr.
Date of Birth: Month 11 Day 3 Year 1952
Place of Birth (State or foreign country) Putnam Co. Hospital Greencastle Indiana
Residence Address: Street or R. R. R#2 Box 317 City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: School -
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree # 393665 - Putnam Co Hospital
☐ Other (Specify) Drivers License #K460-5243

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Keller
    Residence of father (if deceased so state) Dead
    Occupation of father Electrical Supervisor - Bridgport Race of father White
    Birthplace of father (State or foreign country) Hilsville Indiana
12. Full maiden name of mother Mildred Jane Eggard
    Residence of mother (if deceased so state) Dead

FEMALE APPLICANT

Name: First Joyce Middle Elaine Last Dugger
Date of Birth: Month 10 Day 7 Year 1952
Place of Birth (State or foreign country) Clinton Indiana
Residence Address: Street or R. R. R#1 City Hillsville County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Vermillion Co Hospital #29,246
☐ Other (Specify) Drivers Liscense # D200-52407

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Leon Dugger
   Residence of father (if deceased so state) Dead
   Occupation of father Machine Repairman Allison's Race of father white
   Birthplace of father (State or foreign country) Tipp Co. Indiana
8. Full maiden name of mother Linda Lou Whitsell
   Residence of mother (if deceased so state) Dead
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Indianapolis Ind

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

James Leon Dugger

..... 19 70
HENDRICKS Circuit Court

riage. If only one parent
ecessary.....

Father
Mother
19 70
John Linwood Jr. Clerk

I, James Leon Dugger, hereby give my consent for my daughter, Joyce Elaine Dugger to marry Robert Eugene Keller Jr.

James Leon Dugger

Subscribed and sworn to before me this 3rd day of FEBRUARY 19 70

HENDRICKS COUNTY
STATE OF INDIANA

Ellen J Shelton
Notary Public
11-20-73

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 2-4-70 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Waiver & Age Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 4th day of February, 19 70, authorizing the joining together as husband and wife Robert Eugene Keller Jr and Joyce Elaine Dugger

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 7th day of February, one thousand nine hundred and seventy at Ames, State of Indiana, Groom Robert Eugene Keller Jr of Hendricks County, State of Indiana, and, Bride Joyce Elaine Dugger of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4th day of February, 19 70.

Signed Rev Douglas R. Kline
Official Designation Pastor, Ames Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of February, 19 70.

Signed John Gamrell Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 30
File Book 31
2-3-70 Date of Application

MALE
Medical Examination Report Dated 1-29-70
Name of Physician Dr. Rene' Marvin Jacobs M.D.

FEMALE
Medical Examination Report Dated 1-29-70
Name of Physician Dr. Rene M. Jacobs

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

MALE APPLICANT

Name: First Robert Middle Eugene Last Keller, Jr.
Date of Birth: Month 11 Day 3 Year 1952
Place of Birth (State or foreign country): Putnam Co. Hospital Greencastle Indiana
Residence Address: Street or R. R. R#2 Box 317 City Danville County Hendricks State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: School.
Date of birth verified by: ☑ Birth Cert. # 39366 B - Putnam Co Hospital ☐ Judicial Decree
☐ Other (Specify) Drivers Licence # K460-5243

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Keller, Sr.
    Residence of father (if deceased so state) Same
    Occupation of father Electrical Supervisor - Bridgeport Race of father White
    Birthplace of father (State or foreign country) Tilleville Indiana
12. Full maiden name of mother Mildred Iona Eggers
    Residence of mother (if deceased so state) Same

FEMALE APPLICANT

Name: First Joyce Middle Elaine Last Dugger
Date of Birth: Month 10 Day 7 Year 1952
Place of Birth (State or foreign country): Clinton Indiana
Residence Address: Street or R. R. R#1 City Tilleville County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Vermillion Co Hospital #29246
☐ Other (Specify) Drivers Licence # D260-52407

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Leon Dugger
   Residence of father (if deceased so state) Same
   Occupation of father Machine Repairman Illeco Race of father White
   Birthplace of father (State or foreign country) Tipp Co Indiana
8. Full maiden name of mother Linda Lee Whitsell
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Joyce Dugger

..... 19 70
HENDRICKS Circuit Court

riage. If only one parent
necessary.....

.....Father
.....Mother
..... 19 70
John Gamrell Jr., ...Clerk

I, Robert E Keller Sr, hereby give my consent for my Son, Robert E Keller Jr to marry Joyce Dugger.

Robert E Keller

Subscribed ad sworn to before me this 3 day of Feb 19 70

Ray Burah
Notary Public
Dec 16th 1972

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 2-4-70 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Waiver & Age Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* February, 19 70, *authorizing the joining together as husband and wife* Robert Eugene Keller, Jr. *and* Joyce Elaine Dugger
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* 7th *day of* February, *one thousand nine hundred and* Seventy *at* Ano, *State of Indiana, Groom* Robert Eugene Keller Jr *of* Hendricks *County, State of* Indiana, *and, Bride* Joyce Elaine Dugger *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 4th *day of* February, 19 70.

Signed Rev. Douglas R. Kline
Official Designation Pastor, Ano Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* February, 19 70.
Signed John Gamrell Jr. .....*Clerk*
HENDRICKS .....*Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 31
File Book 32
3 Febry 1970
Date of Application

MALE
Medical Examination Report Dated 2 Feb 1970
Name of Physician Jas Black M.D.

FEMALE
Medical Examination Report Dated 2 Feb 1970
Name of Physician Jas. Black M.D.

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

MALE APPLICANT

Name: First Stephen Middle W. Last Tipton
Date of Birth: Month September Day 5 Year 1951
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R.R. R3, Bx 55A City Danville County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Grocery clerk: A&P
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 9389

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

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

Signed Stephen W Tipton
New Address Go to Center R3 Bx 623A Biby, Ind
Subscribed and sworn to before me this 3rd day of Febry, 19 70
John Gambrel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Parents divorced June 68 Hendricks Co. - Mother has custody her notarized consent attached.

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

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 3rd day of Febry, 19 70
John Gambrel Jr. Clerk

FEMALE APPLICANT

Name: First Kathryn Middle D. Last McDonald
Date of Birth: Month February Day 27 Year 1951
Place of Birth (State or foreign country) St. Joseph Mo.
Residence Address: Street or R. R. R3 Bx 623A City Biby County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student: Speedway Ac. (Beauty)
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 124-51-006541

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Calvin McDonald
   Residence of father (if deceased so state) Same Biby Ind
   Occupation of father Inspector: Allison Race of father White
   Birthplace of father (State or foreign country) St Joseph, Mo.
8. Full maiden name of mother Era Colleen Burton
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Cook Biby Ind. Race of mother White
   Birthplace of mother (State or foreign country) Dawn, Mo

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

Signed Kathryn D. McDonald
New Address Same
Subscribed and sworn to before me this 3rd day of Febry, 19 70
John Gambrel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named applicants by the Clerk of the 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 of Indiana dated the 7 day of February, 19 70, authorizing the joining together as husband and wife Stephen W. Tipston and Kathryn D. McDonald

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

I, Rev. Thomas E. Berry hereby certify that on the 21 st day of February, one thousand nine hundred and 70 at Avon, County of Hendricks, State of Indiana, Groom Stephen W. Tipston of Hendricks County, State of Indiana, and, Bride Kathryn D. McDonald of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 st day of February, 19 70.

Signed Rev. Thomas E. Berry
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of February, 1970
Signed John Gambrel Jr. Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 31
File Book 32
3 Febry 1970
Date of Application

MALE
Medical Examination Report Dated 2 Feb 1970
Name of Physician Jas Black M.D.

FEMALE
Medical Examination Report Dated 2 Feb 1970
Name of Physician Jas. Black M.D.

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

MALE APPLICANT

Name: First Stephen Middle W. Last Tipton
Date of Birth: Month September Day 5 Year 1951
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R3, Bx 55A City Danville County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Grocery clerk: A&P
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 9389

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

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

Signed Stephen W Tipton
New Address Going to Denver (R3 Bx 623A Bburg Ind
Subscribed and sworn to before me this 3rd day of Febry 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this ma
signs, state facts which render the consent of the other parent u
Parents divorced
Hendricks Co. - Mother has her notarized consent - - -

State of Indiana, County of HENDRICKS } ss:

Signed
Signed
Subscribed and sworn to before me this 3rd day of Feb
John Gambold Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY HENDRICKS County
in authorizes and d

RETURN OF MA

Be It Remembered, there was filed in my offic ... Court of Indiana dated the 7 day of February, 19 70, authorizing the joining together as husband and wife Stephen W. Tipton and Kathryn D. McDonald

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

I, Rev. Thomas E. Berry hereby certify that on the 21 st day of February, one thousand nine hundred and 70 at Avon, County of Hendricks, State of Indiana, Groom Stephen W. Tipton of Hendricks County, State of Indiana, and, Bride Kathryn D. McDonald of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 st day of February, 19 70.

Signed Rev. Thomas E. Berry
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of February, 1970.

Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Kathryn Middle D. Last McDonald
Date of Birth: Month February Day 27 Year 1951
Place of Birth (State or foreign country) St. Joseph Mo.
Residence Address: Street or R. R. R3 Bx 623A City Bburg County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student: Speedway Ac. (Beauty)
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 124-51-006541

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Calvin McDonald
   Residence of father (if deceased so state) Same Bburg Ind
   Occupation of father Inspector: Allison Race of father White
   Birthplace of father (State or foreign country) St. Joseph, Mo.
8. Full maiden name of mother Era Colleen Burton
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Cook B'burg Sch. Race of mother White
   Birthplace of mother (State or foreign country) Dawn, Mo

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

Signed Kathryn D. McDonald
New Address Same
Subscribed and sworn to before me this 3rd day of Febry, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Bettie Jean Tipton, Mother of Stephen Tipton, here by give my consent for him to marry Kathy McDonald.
I have full custody of my son through a divorce obtained in the county of Hendricks by the date of

FILED
FEB - 3 1970
John Gambold Jr.
CLERK HENDRICKS CIRCUIT SUPERIOR COURT

Bonnie L. Thiele
Notary Public
Commission
expires 10/30/72

No. 32
File Book 32

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Date of Application

MALE
Medical Examination Report Dated 2 Feb 1970
Name of Physician Jos. C. Kerlin MD

FEMALE
Medical Examination Report Dated 2 Feb. 1970
Name of Physician Jos. C. Kerlin MD.

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

MALE APPLICANT

Name: First Jack Middle L. Last Tate
Date of Birth: Month Nov Day 19 Year 1942
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 6237 N. Evett City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Fireman. Link-Belt.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 7934 12-216 Selfe. 42-88

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

Name	Age	Address

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

11. Full name of father Verdelow Lee Tate
Residence of father (if deceased so state) Same Indpls, Ind.
Occupation of father Molder. U.S. Rubber Place of father White
Birthplace of father (State or foreign country) Henderson, Ky.
12. Full maiden name of mother Rosalie Lee Denton
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Henderson, Ky.

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

Signed Jack L. Tate
New Address 2503 Debonaire Ln, Indpls, Ind.
Subscribed and sworn to before me this 3rd day of February, 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, County of ..... } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary Middle A. Last Gibson
Date of Birth: Month August Day 30 Year 1948
Place of Birth (State or foreign country) London Ky.
Residence Address: Street or R. R. Apt 4 249 E. Main St. City Dville County Hen. State Ind.
Maiden Name if Different Mary A. Blankenship
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 23 Jan 70 Montgomery Co.
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Time Keeper. Link Belt.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #420

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Levi Henderson Blankenship.
Residence of father (if deceased so state) RL Lebanon, Ind
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) London, Ky.
8. Full maiden name of mother Evelyn George
Residence of mother (if deceased so state) same
Occupation of mother Nurse Aid. HCH Race of mother White
Birthplace of mother (State or foreign country) London, Ky.

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

Signed Mary A. Gibson
New Address Same
Subscribed and sworn to before me this 3rd day of Feb, 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of February, 1970, authorizing the joining together as husband and wife Jack L. Tate and Mary A. Gibson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham hereby certify that on the 14th day of February, one thousand nine hundred and Seventy at Danville, County of Hendricks, State of Indiana, Groom Jack L. Tate of Marion County, State of Indiana, and, Bride Mary A. Gibson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 14th day of February, 1970.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of February, 1970.
Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 138, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 33
File Book 32
2/6/70
Date of Application

MALE
Medical Examination Report Dated Jan 27, 1970
Name of Physician Hurst Heppard

FEMALE
Medical Examination Report Dated Jan 27, 1970
Name of Physician Hurst Heppard

ALL QUESTIONS MUST BE ANSWERED. Chapter 138, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gene Middle [illegible] Last Combs

Date of Birth: Month Dec Day 31 Year 1936

Place of Birth (State or foreign country) Boone Co Kentucky

Residence Address: Street or R. R. PO Box 211 City Clayton County Hend State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Educational

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Dr. Lic C313 36483

☐ Other (Specify)

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

Name	Age	Address
Eugene	8 yrs	1631 Tarpon Ave Plainfield
Elana	6 yrs	" "

(b) Are you supporting or contributing to their 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 Oberlin Combs, Sr
    Residence of father (If deceased so state) Indiana
    Occupation of father Operator Engineer Race of father White
    Birthplace of father (State or foreign country) Clay Co Virginia
12. Full maiden name of mother Bonnie Fern Lafever
    Residence of mother (If deceased so state) Indiana
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Crystal, Kentucky

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

Signed Gene Combs
New Address 1631 Tarpon Ave Plainfield Ind
Subscribed and sworn to before me this 6th day of Feb 1970
John Crawford Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Carolyn Middle [illegible] Last Combs

Date of Birth: Month May Day 8 Year 1938

Place of Birth (State or foreign country) Cave Hill Indiana

Residence Address: Street or R. R. 1631 Tarpon Ave City Plainfield County Hend State Ind

Maiden Name If Different

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Asst in Physic.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Dr. Lic C313 34218

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Wilbur Fowler
   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 Marie Kathryn Canfield
   Residence of mother (If deceased so state) Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Carolyn Combs
New Address 1631 Tarpon Ave Plainfield
Subscribed and sworn to before me this 6th day of Feb 1970
John Crawford Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of February, 1970, authorizing the joining together as husband and wife Gene Combs and Carolyn Combs

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

I, Bruce A. Brown hereby certify that on the 14th day of February, one thousand nine hundred and 70 at Danville, County of Hendricks, State of Indiana, Groom Gene Combs of Hendricks County, State of Indiana, and, Bride Carolyn Combs of Hendricks County, State of Indiana, were by me united 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 February 1970.

Signed Bruce A. Brown
Official Designation Pastor Whitelick U.P. Church

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of February, 1970.

Signed John Crawford Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 34
File 2-7-70
Book 31
Date of Application

MALE
Medical Examination Report Dated Dr Lloyd Terry MD 2-5-70
Name of Physician

FEMALE
Medical Examination Report Dated Dr Lloyd Terry
Name of Physician 2-5-70

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

MALE APPLICANT

Name: First Clifford Middle Leslie Last Wheeler
Date of Birth: Month 3 Day 10 Year 1931
Place of Birth (State or foreign country): Burden City Kansas
Residence Address: Street or R. R. 450 W. Mill City Danville County Hendricks State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: Engineering - General Hospital
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Burden City, Kansas

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

Name	Age	Address
Douglas Allen Wheeler	7	RH1 Box 19A Danville
Bedford Hubert Wheeler	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 Victor O. Wheeler
    Residence of father (if deceased so state) 450 W. Mill
    Occupation of father Well-Driller Race of father white
    Birthplace of father (State or foreign country) Kansas
12. Full maiden name of mother Leola Mae Vining
    Residence of mother (if deceased so state) same
    Occupation of mother Housewife Race of mother white
    Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Clifford L Wheeler
New Address.....
Subscribed and sworn to before me this 1 day of Feb, 19 70
John Sanford Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Dinah Middle Kay Last Tinder
Date of Birth: Month 7 Day 24 Year 1943
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 147 S. Cross City Danville County Hendricks State Indiana
Maiden Name if Different Dowin
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Sec. Abstract & Title, Danville
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Methodist Hospital Indpls 5260

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Oliver E. Dowin
   Residence of father (if deceased so state) deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Hendricks Co. Ind.
8. Full maiden name of mother Beulah Sales
   Residence of mother (if deceased so state) same as above
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Hendricks Co Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Dinah Kay Tinder
New Address.....
Subscribed and sworn to before me this 1 day of Feb, 19 70
John Sanford Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of Feb, 19 70, authorizing the joining together as husband and wife Clifford Leslie Wheeler and Dinah Kay Tinder
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L. Weaver hereby certify that on the 14th day of February, one thousand nine hundred and 70 at Danville, County of Hendricks, State of Indiana, Groom Clifford Leslie Wheeler of Hendricks County, State of Indiana, and, Bride Dinah Kay Tinder of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 11th day of February, 1970.

Signed Norman L. Weaver
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of February, 1970.
Signed John Gansell Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 35
File Book 32
2-7-70
Date of Application

MALE
Medical Examination Report Dated 2-6-70
Name of Physician C Elaine Lane MD.

FEMALE
Medical Examination Report Dated 2-6-70
Name of Physician C. Elaine Lane 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 Charles Middle Deneve Last Berlin
Date of Birth: Month 4 Day 7 Year 1922
Place of Birth (State or foreign country) Clayton Indiana
Residence Address 971 Hopkins Ave Street or R. R. Plainfield City Hendricks 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 Letter Carrier - Post Office Plainfield
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence # B645-2267

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

Name	Age	Address
Richard W. Berlin	18	971 Hopkins Ave Plainfield
Nancy Jane "	16	
Roger Keith "	13	

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Floyd Lee Berlin
    Residence of father (if deceased so state) deceased
    Occupation of father ..... Race of father .....
    Birthplace of father (State or foreign country) Clayton Indiana
12. Full maiden name of mother Goldie Marie Wright
    Residence of mother (if deceased so state) 109 W. Main, Plainfield
    Occupation of mother Retired Race of mother White
    Birthplace of mother (State or foreign country) Tell, Indiana

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

Signed Charles Deneve Berlin
New Address Rt 1 Box 158, Plainfield
Subscribed and sworn to before me this 7 day of Feb, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Dorothy Middle Ann Last Root
Date of Birth: Month 9 Day 3 Year 1925
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address Rt 1 Box 158 Street or R. R. Plainfield City Hendricks County Ind State
Maiden Name if Different Vardiman
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Registered Nurse - St Francis
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence # R300-25363

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Emmett McClure
   Residence of father (if deceased so state) deceased
   Occupation of father ..... Race of father .....
   Birthplace of father (State or foreign country) Petersburg Indiana
8. Full maiden name of mother Anna Laura Gardner
   Residence of mother (if deceased so state) Rt 1 Box 133 Plainfield
   Occupation of mother Retired Race of mother white
   Birthplace of mother (State or foreign country) Colfax, Indiana

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

Signed Dorothy Ann Root
New Address Rt 1 Box 158, Plainfield Ind.
Subscribed and sworn to before me this 7 day of Feb, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of February, 19 70, authorizing the joining together as husband and wife Charles Deneve Berlin and Dorothy Ann Root

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

I, Cruden Braysha hereby certify that on the 12th day of February, one thousand nine hundred and 70 at Mooresville, County of Morgan, State of Indiana, Groom Charles Deneve Berlin of Hendricks County, State of Indiana, and, Bride Dorothy Ann Root of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12th day of February, 19 70.

Signed Cruden Braysha
Official Designation Minister First Christian Church Mooresville Indiana

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of February, 19 70.

Signed John Gambold 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. 36

File Book 32

Date of Application 7 February 70

MALE
Medical Examination Report Dated 31 Jan 1970
Name of Physician Glenn Baker M.D

FEMALE
Medical Examination Report Dated 31 Jan 1970
Name of Physician Glenn Baker M.D

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

MALE APPLICANT

Name: First Gary Middle Lewis Last Hicks.

Date of Birth: Month September Day 18 Year 1943

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

Residence Address: Street or R. R. RR 8 Bx 139 City Indpls County Hen, State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Prog Trainee: Ind State H/W.

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

☑ Other (Specify) diary I.D. 592 46 26

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Lewis Hicks.
    Residence of father (if deceased so state) Same
    Occupation of father Sanitar. Insp. Race of father White
    Birthplace of father (State or foreign country) Greene Co., Ind.
12. Full maiden name of mother Dorothy Blanche Brinsley.
    Residence of mother (if deceased so state) Same
    Occupation of mother Clerk. Gram Clerk Race of mother White
    Birthplace of mother (State or foreign country) Weymouth, England.

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

Signed Gary Lewis Hicks

New Address RR 8 3123 Fontana Dr Lakeside T.C.

Subscribed and sworn to before me this 7th day of Feb 70

John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Evelyn Middle Kay Last Herron

Date of Birth: Month November Day 13 Year 1943

Place of Birth (State or foreign country) Wichita Kansas

Residence Address: Street or R. R. 3123 Fontana Dr. City Lakeside T.C. County Hen, State Ind.

Maiden Name if Different Evelyn Kay Van Orden

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 69 Hen.

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

Usual Occupation Seg. U.S. Steel

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

☐ Other (Specify) Oper lic 1H650-43455

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 J Van Orden
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country).....
8. Full maiden name of mother Kathryn Dee Grinn Conrow.
   Residence of mother (if deceased so state) Augusta, Kan.
   Occupation of mother Secy. Race of mother White
   Birthplace of mother (State or foreign country) Wichita, Kan.

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

Signed Evelyn Kay Herron

New Address Same

Subscribed and sworn to before me this 7th day of Feb 70

John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 19 70, authorizing the joining together as husband and wife Gary Lewis Hicks and Evelyn Kay Herron

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

I, John A. Pattison hereby certify that on the 14th day of February, one thousand nine hundred and 70 at Speedway, County of Marion, State of Indiana, Groom Gary Lewis Hicks of Hendricks County, State of Indiana, and, Bride Evelyn Kay Herron of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of February, 19 70.

Signed Rev. John A. Pattison

Official Designation United Methodist minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of February, 19 70.

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. 37
File Book 32
7 February 70
Date of Application

MALE
Medical Examination Report Dated 31 Jan 70
Name of Physician James Black MD.

FEMALE
Medical Examination Report Dated 31 Jan 70
Name of Physician James Black MD

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

MALE APPLICANT

Name: First Leslie Middle R. Last Swanke
Date of Birth: Month October Day 2 Year 1946
Place of Birth (State or foreign country) Chicago, Ill.
Residence Address: Street or R. R. Apt C 5821 Pat Irving Dr City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Personnel Services: RCA.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selfer. 12 11 46 201

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Edward Swankey
    Residence of father (if deceased so state) 558 Center, Frankfort, Ind.
    Occupation of father Chm Bd: Harbor Mfg: White Race of father White
    Birthplace of father (State or foreign country) Fargo N. D.
12. Full maiden name of mother Charlotte Myrtle Meinert
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W. Race of mother white
    Birthplace of mother (State or foreign country) Chicago, Ill.

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

Signed Leslie R. Swanke
New Address Apt C 5821 Pat Irving Dr. Indpls.
Subscribed and sworn to before me this 7th day of Feb, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Karen Middle T. Last Bowman
Date of Birth: Month September Day 3 Year 1947
Place of Birth (State or foreign country) Indpls (Ind.
Residence Address: Street or R. R. R2 3x161 City B'burg County Hen, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation clerk-typist: RCA.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 8723

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Vernon Willis Bowman
   Residence of father (if deceased so state) Same B'burg, Ind
   Occupation of father Conductor. Penn Cent. Race of father White
   Birthplace of father (State or foreign country) Wash. C.H., Ohio.
8. Full maiden name of mother Barbara Jean Connor
   Residence of mother (if deceased so state) Same
   Occupation of mother Key Punch: Union Carb. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Karen T. Bowman
New Address Same
Subscribed and sworn to before me this 7th day of Feb, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* February, 1970, *authorizing the joining together as husband and wife* Leslie R. Swanke *and* Karen T. Bowman

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

I, Lester B. Yearick *hereby certify that on the* fourteenth *day of* February, *one thousand nine hundred and* Seventy *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Leslie R. Swanke *of* Marion *County, State of* Indiana *and, Bride* Karen T. Bowman *of* Hendricks *County, State of* Indiana, *were by me united 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* February, 1970.

Signed Lester B. Yearick
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* February, 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. 38
File Book 32
2/7/70 Date of Application

MALE
Medical Examination Report Dated 1/23/70
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 1/23/70
Name of Physician Thomas Walker

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

MALE APPLICANT

Name: First William Middle R Last Love
Date of Birth: Month Day 29 Year 1949
Place of Birth (State or foreign country) Tennessee
Residence Address: Street or R. R. R.R. 1 Box 331 City Pittsboro County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Truck Driver
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Bailey Love
    Residence of father (if deceased so state) R.R. 1 Box 331 Pittsboro
    Occupation of father Farmer Race of father W.
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Verna M. King
    Residence of mother (if deceased so state) R.R. 1 Box 331 Pittsboro
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country).....

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

Signed William R. Love
New Address 120 N. Maple St. Pittsboro Ind.
Subscribed and sworn to before me this 7th day of February, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Brenda Middle M. Last Hendricks
Date of Birth: Month July Day 18 Year 1949
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R.R. 1 Box 274 City Pittsboro County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Cashier-Audit-Penney
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ms Lic - L100-45069

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Merle C. Hendricks
   Residence of father (if deceased so state) R.R. 1 Box 274 Pittsboro
   Occupation of father Operating Entrepreneur Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother L. Alene Bray
   Residence of mother (if deceased so state) R.R. 1 Box 274 Pittsboro
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Brenda M. Hendricks
New Address 120 N. Maple, Pittsboro, Ind.
Subscribed and sworn to before me this 7th day of February, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Feb, 19 70, *authorizing the joining together as husband and wife* William R. Love *and* Brenda M. Hendricks

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

I, Clyde D. Wake, *hereby certify that on the* 14 th *day of* February, *one thousand nine hundred and* Seventy *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* William R. Love *of* Hendricks *County, State of* Indiana, *and, Bride* Brenda M. Hendricks *of* Hendricks *County, State of* Indiana, *were by me united 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 th *day of* February, 19 70.

Signed Clyde D. Wake, minister
Official Designation The United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* February, 19 70.

Signed John G. 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. 39
File Book 32
2/7/70 Date of Application

MALE
Medical Examination Report Dated 2/3/70.
Name of Physician Walter McManus.

FEMALE
Medical Examination Report Dated 2/3/70
Name of Physician Walter McManus.

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

MALE APPLICANT

Name: First Brent Middle E. Last Merritt
Date of Birth: Month June Day 30 Year 1951
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 5105 W. 12th. City Indpls. County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation File Clerk - Amer States
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Stanley A. Merritt
    Residence of father (if deceased so state) 5105 W. 12th Indpls. Ind.
    Occupation of father Electric Welder Asbury Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Joan Mae Masson
    Residence of mother (if deceased so state) 5105 W 12 Indpls Ind.
    Occupation of mother Sick-Bett Race of mother W.
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed B. E. Merritt
New Address.....
Subscribed and sworn to before me this.....day of.....
John Hamblet Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PAR[ENTS] OR GU[ARDIAN]
We, the parents, of this applica[nt] signs, state facts which render
Notary Consent Atta[ched]

State of Indiana, County of HENDRICKS
Signed.....
Signed.....
Subscribed and sworn to before m[e]

COMPLETE IF MARRIA[GE]
HENDRICKS
in.....authorizes and directs the issuance of a marriage license to the above named parties.

FEMALE APPLICANT

Name: First Janice Middle K. Last Hensley
Date of Birth: Month Feb Day 13 Year 1950
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 329 Sheldon St. City Brownsburg County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation File Clerk - United St. Fidelity & Guar.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Newton E. Hensley
   Residence of father (if deceased so state) 329 Sheldon Brownsburg
   Occupation of father Farmer Teacher Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Virginia Ruth Martin
   Residence of mother (if deceased so state) 329 Sheldon Brownsburg.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Janice K. Hensley
New Address 2116 C Lynhurst Dr.
Subscribed and sworn to before me this 7th day of February, 1970.
John Hamblet Jr. Clerk HENDRICKS Circuit Court

Indianapolis Ind
Feb. 5, 1970

FILED
FEB - 7 1970
John Hamblet Jr.
CLERK HENDRICKS CIRCUIT SUPERIOR COURT

State of Indiana
County of Marion

I Stanley Merritt give my consent for my son Brent E. Merritt to be married to Janice Hensley

Signed Stanley Merritt

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 1970, authorizing the joining together as husband and wife Brent E. Merritt and Janice K. Hensley.

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

I, Charles R. DeRoy hereby certify that on the 14th day of February, one thousand nine hundred and 70 at Mt Pleasant Baptist Church, County of Marion, State of Indiana, Groom Brent E. Merritt of Marion County, State of Indiana, and, Bride Janice K. 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 14th day of February, 1970.

Signed Charles R. DeRoy
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of February, 1970.

Signed John Hamblet Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 40
File Book 32
2-9-70
Date of Application

MALE
Medical Examination Report Dated 1-29-70
Name of Physician T. D. Daugherty MD

FEMALE
Medical Examination Report Dated 1-29-70
Name of Physician T. D. Daugherty

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

MALE APPLICANT

Name: First Randy Middle Joe Last Oren
Date of Birth: Month 7 Day 24 Year 1945
Place of Birth (State or foreign country): Columbus Bartholomew Indiana
Residence Address: 2415 South St. Street or R. R. Columbus City Bartholomew 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: Meat Cutter - Columbus
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

Signed: Randy Joe Oren
New Address: Columbus Indiana
Subscribed and sworn to before me this 9 day of Feb, 19 70
John Gambrel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Rosemary Middle Last Smith
Date of Birth: Month 2 Day 10 Year 1951
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: R#1 Street or R. R. Lizton City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: 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: Leon O. Smith
   Residence of father (if deceased so state): deceased
   Occupation of father..... Race of father: white
   Birthplace of father (State or foreign country): Tipton Ind.
8. Full maiden name of mother: Katherine L. Fo Hendricks
   Residence of mother (if deceased so state): Same as Bride
   Occupation of mother: Aircraft Electronics-Assy Race of mother: white
   Birthplace of mother (State or foreign country): Tipton Ind.

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

Signed: Rosemary Smith
New Address: Columbus Indiana
Subscribed and sworn to before me this 9 day of Feb, 19 70
John Gambrel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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 13th day of Feb, 19 70, authorizing the joining together as husband and wife Randy Joe Oren and Rosemary Smith

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 15th day of Feb, one thousand nine hundred and 70 at 2:30 pm Church Lizton Ind, County of Hendricks, State of Indiana, Groom Randy Joe Oren of Bartholomew County, State of Indiana, and, Bride Rosemary 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 13th day of February, 19 70.

Signed Raymond L. Rader
Official Designation Pastor 1st Baptist Church Lizton Ind

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of Feb, 19 70.

Signed John Gambrel Jr Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4
File Bk 32
2-9-70
Date of Application

MALE
Medical Examination Report Dated 2/9/70
Name of Physician Lloyd Terry, M.D.

FEMALE
Medical Examination Report Dated 2/9/70
Name of Physician Lloyd Terry, M.D.

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

MALE APPLICANT

Name: First Robin Middle Craig Last Alexander
Date of Birth: Month April Day 24 Year 1949
Place of Birth (State or foreign country) Lafayette, Ind.
Residence Address: Street or R. R. 467 W. Main St 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 Navy
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) U.S. armed forces ID Card 6546309

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with apy court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Kenneth John Alexander
    Residence of father (if deceased so state) Same
    Occupation of father Alexander Elec. Race of father W.
    Birthplace of father (State or foreign country) Crawfordsville, Ind.
12. Full maiden name of mother Martha Rosamond Herbold
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W Race of mother W.
    Birthplace of mother (State or foreign country) Otterbein, Ind.

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

Signed Robin C. Alexander
New Address.....
Subscribed and sworn to before me this 9 day of Feb. 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Kenneth J. Alexander Father
Signed Martha Alexander Mother
Subscribed and sworn to before me this 9 day of Feb 70
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name: First Shirley Middle ann Last Rutledge
Date of Birth: Month July Day 8 Year 1950
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. P.O. Box 364 City Danville County Hendricks State Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Ayers-
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Leroy Goldsby Rutledge
   Residence of father (if deceased so state) Same
   Occupation of father Self Employed Race of father W.
   Birthplace of father (State or foreign country) Hend. Co. Kaintown, Ind.
8. Full maiden name of mother Leota Stanley
   Residence of mother (if deceased, so state) Same
   Occupation of mother H/W Race of mother W.
   Birthplace of mother (State or foreign country) Danville, Hend Co, Ind.

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

Signed Shirley Rutledge
New Address.....
Subscribed and sworn to before me this 9 day of Feb. 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 19 70, authorizing the joining together as husband and wife Robin Craig Alexander and Shirley Ann Rutledge
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Herbert D. Pettengill Sr hereby certify that on the 14th day of February, one thousand nine hundred and Seventy at Danville, County of Hendricks, State of Indiana, Groom Robin Craig Alexander of Hendricks County, State of Indiana and, Bride Shirley Ann Rutledge of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 14th day of February, 19 70.

Signed Herbert D. Pettengill Sr
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of February, 19 70.
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. 42
File Book 32
2-10-70
Date of Application

MALE
Medical Examination Report Dated 2-7-70
Name of Physician Dr C. N. Sanders

FEMALE
Medical Examination Report Dated 2-7-70
Name of Physician Dr. C. N. Sanders

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Edward Last Williams

Date of Birth: Month 5 Day 11 Year 1947

Place of Birth (State or foreign country) Crawfordsville Indiana

Residence Address 506 Enderly Street or R. R. Brownsburg City Hendricks County Indiana State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Manager Finance Liberty Loans Corp.

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

☐ Other (Specify) Drivers License # W452-47211 Certificate

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William Walter Williams
    Residence of father (if deceased so state) 415 Seavey, Brownsburg, Ind
    Occupation of father Rail Rip & Valve Race of father white
    Birthplace of father (State or foreign country) Lexington Indiana
12. Full maiden name of mother Devereaux Rush
    Residence of mother (if deceased so state) same
    Occupation of mother Blocks Race of mother white
    Birthplace of mother (State or foreign country) Crawfordsville Ind

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

Signed Timothy E Williams
New Address 506 Enderly Brownsburg

Subscribed and sworn to before me this 10 day of Feb, 19 70
John Crenbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sandra Middle Kay Last Willis

Date of Birth: Month 4 Day 26 Year 1951

Place of Birth (State or foreign country) Oakland City Indiana

Residence Address 139 Deer Acres Dr Street or R. R. Brownsburg City Hendricks County Indiana State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sales - Blocks

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

☐ Other (Specify) Drivers License # W430-51186

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Junior Willis
   Residence of father (if deceased so state) same
   Occupation of father unemployed Race of father white
   Birthplace of father (State or foreign country) Princeton Ind.
8. Full maiden name of mother Shirley Eloise Olds
   Residence of mother (if deceased so state) same
   Occupation of mother Elec Lablyp Race of mother white
   Birthplace of mother (State or foreign country) Princeton Ind.

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

Signed Sandra K. Willis
New Address 506 Enderly Brownsburg

Subscribed and sworn to before me this 10 day of Feb 8, 19 70
John Crenbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of February, 19 70 authorizing the joining together as husband and wife Timothy Edward Williams and Sandra Kay Willis

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 first day of February, one thousand nine hundred and Seventy at Brownsburg, County of Hendricks, State of Indiana, Groom Timothy E. Williams of Hendricks County, State of Indiana, and, Bride Sandra K. Willis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of February, 19 70.

Signed Lester B. Yearick
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of February, 19 70.

Signed John Crenbold Jr. Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 43
File Book 32
2-10-70
Date of Application

MALE
Medical Examination Report Dated 2/3/70
Name of Physician Fred Warbinton

FEMALE
Medical Examination Report Dated 2/3/70
Name of Physician Fred Warbinton

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

MALE APPLICANT

Name: First Richard Middle [illegible] Last Hughes
Date of Birth: Month January Day 13 Year 1940
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 76 Mt. Comfort Rd. City Franklin County Johnson 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 Police Dept - Franklin.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. Lic. Dept. 6860746

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

Name Age Address

(b) Are you supporting or contributing to their 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 Walter Hughes
Residence of father (if deceased so state) Deceased.
Occupation of father..... Race of father.....
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mildred Watson
Residence of mother (if deceased so state) 76 Mt. Comfort Road Rt. Franklin.
Occupation of mother Cook - Masonic Home Race of mother W.
Birthplace of mother (State or foreign country) Indiana.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Richard Hughes
New Address 49 Circle Dr. Franklin Indiana
Subscribed and sworn to before me this 10 day of February, 1970
John Grunbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Deborah Middle [illegible] Last Eggers
Date of Birth: Month April Day 4 Year 1949
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 203 Raymond St. City Plainfield 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 Public Service of Ind. - Greenwood
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. Lic - E262-49164

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Samuel Milton Eggers
Residence of father (if deceased so state) 203 Raymond, Plainfield
Occupation of father Bus Druggist Race of father W.
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Margaret Abendschein
Residence of mother (if deceased so state) 203 Raymond Plainfield
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Deborah Eggers
New Address 49 Circle Dr. Franklin, Indiana
Subscribed and sworn to before me this 10 day of February, 1970
John Grunbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17th *day of* February, 1970, *authorizing the joining together as husband and wife* Richard Hughes *and* Deborah Eggers
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins *hereby certify that on the* 21st *day of* February, *one thousand nine hundred and* 70 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Richard Eugene Hughes *of* Johnson *County, State of* Indiana *and, Bride* Deborah Ann Eggers *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 21st *day of* February, 1970.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* February, 1970.
Signed John Grunbold Jr *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 44
File Book 32
2-13-70
Date of Application

MALE
Medical Examination Report Dated 2-4-70
Name of Physician Dr. N. T. Raff

FEMALE
Medical Examination Report Dated 2-6-70
Name of Physician Dr. Fred Washington

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

MALE APPLICANT

Name: First Lile Middle James Last
Date of Birth: Month Feb Day 5 Year 1945
Place of Birth (State or foreign country) Arkansas
Residence Address: Street or R. R. Wall City Bayou County Clayton State Ark.
Previous 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) Ark. Lic. 0770-7339 Ark Lic.

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles Vaughn James
    Residence of father (if deceased so state) Arkansas
    Occupation of father Farmer Race of father W.
    Birthplace of father (State or foreign country) Arkansas
12. Full maiden name of mother Beulah Celeta Conklin
    Residence of mother (if deceased so state) Arkansas
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Missouri

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

Signed Lile James
New Address Wolf Bayou Ark Route 2

Subscribed and sworn to before me this 13 day of Feb, 19 70.
John Swinford, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Kathy Middle Last Spurlin
Date of Birth: Month July Day 17 Year 1947
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 1 Box 313A City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. Lic. N. 164-47257

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Nelson Spurlin
   Residence of father (if deceased so state) RR 1 Box 313A Plainfield
   Occupation of father Bldg Supt. Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Opal Lucille Burkett
   Residence of mother (if deceased so state) R.R. 1 Box 313A Plainfield
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Kathy Spurlin
New Address Wolf Bayou Arkansas

Subscribed and sworn to before me this 13 day of Feb, 19 70
John Swinford, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 2-13-70 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* 13 *day of* February, 19 70, *authorizing the joining together as husband and wife* Lile James *and* Kathy Spurlin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Merel L. Frost *hereby certify that on the* 14th *day of* February, *one thousand nine hundred and* 70 *at* Hendricks-Danville *State of Indiana, Groom* Lile James *County of* Hendricks, *and, Bride* Kathy Spurlin *of* Cleburne *County, State of* Arkansas *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County, State of* Indiana, *Dated this* 14th *day of* Feb, 19 70.

Signed Merel L. Frost
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* Feb, 19 70.
Signed John Swinford Jr. *Clerk* HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 45
File Book 32
2-14-70
Date of Application

MALE
Medical Examination Report Dated 2-6-70
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 2-6-70
Name of Physician Thomas Walker

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

MALE APPLICANT

Name: First Richard Middle Dean Last Hodgin
Date of Birth: Month 5 Day 22 Year 38
Place of Birth (State or foreign country) Richmond Indiana
Residence Address: 416 Trevor Street or R. R. Brownsburg City Hendricks 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 Attorney
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Drivers License #325-3822

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

Name	Age	Address
Richard Dean Jr.	6½	same as father
Pamela Marie	3½	" "
Angela Lynn	2	" "

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

11. Full name of father Richard Kenyon Hodgin
Residence of father (if deceased so state) deceased
Occupation of father ____ Race of father White
Birthplace of father (State or foreign country) Pittsburg, Penn
12. Full maiden name of mother Mary Mildred Hunt
Residence of mother (if deceased so state) deceased
Occupation of mother ____ Race of mother White
Birthplace of mother (State or foreign country) Whitesville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Richard Dean Hodgin
New Address 416 Trevor St. Brownsburg
Subscribed and sworn to before me this 14 day of Feb, 19 70.
John Gambrel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Cledith Middle Charlene Last Rosenbalm
Date of Birth: Month 6 Day 14 Year 29
Place of Birth (State or foreign country) Glasgow Ky
Residence Address: 1202 E. Orange Street or R. R. Indpls City Marion County Indiana State
Maiden Name if Different Wilcox
Previous Marital Status: Never Married ☐ Number of Previous Marriages 4
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Drivers License R251-29256

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Cecil Wilcox
Residence of father (if deceased so state) Glasgow Ky
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Luvady Wilson
Residence of mother (if deceased so state) deceased
Occupation of mother ____ Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Cledith Charlene Rosenbalm
New Address ____
Subscribed and sworn to before me this 14 day of Feb, 19 70.
John Gambrel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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* February, 19 70., *authorizing the joining together as husband and wife* Richard Dean Hodgin and Cledith Charlene Rosenbalm
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, M. P. Marra *hereby certify that on the* 21 *day of* February, *one thousand nine hundred and* Seventy, *at* Jeffersonville, *County of* Clark, *State of Indiana, Groom* Richard Dean Hodgin *of* Brownsburg *County, State of* Ind. *and, Bride* Cledith Charlene Rosenbalm *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 21 *day of* Feby, 19 70.
Signed M. P. Marra
Official Designation J. P.
Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* February, 19 70.
Signed John Gambrel Jr. *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 46
File 32
2-14-70
Date of Application

MALE
Medical Examination Report Dated 2-13-70
Name of Physician

FEMALE
Medical Examination Report Dated 2-13-70
Name of Physician Carl Hemlein

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

MALE APPLICANT

Name: First James Middle Robert Last Murphy
Date of Birth: Month December Day 5 Year 1948
Place of Birth (State or foreign country) Sullivan County Indiana
Residence Address: Street or R. R. Box 26 City Clayton County Hend State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation mech.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x James Robert Murphy
New Address.....
Subscribed and sworn to before me this 14 day of Feb., 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle Ann Last Reed
Date of Birth: Month Aug Day 31 Year 1951
Place of Birth (State or foreign country) Hendricks Co Ind.
Residence Address: Street or R. R. RR 1 City Clayton County Hendricks State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Marshall Melvin Reed
   Residence of father (if deceased so state) RR 1 Clayton
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Katherine Ann Sargent
   Residence of mother (if deceased so state) Same
   Occupation of mother Maid Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Barbara A. Reed
New Address.....
Subscribed and sworn to before me this 14 day of Feb., 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 1970, authorizing the joining together as husband and wife James Robert Murphy and Barbara Ann Reed

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

I, Keith Purcell hereby certify that on the 19th day of February, one thousand nine hundred and Seventy at Brownsville, County of Hendricks, State of Indiana, Groom James Robert Murphy of Hendricks County, State of Indiana, and, Bride Barbara Ann Reed of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of February, 1970.

Signed Keith Purcell
Official Designation Justice of the Peace Liberty Township

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of February, 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. 47
File Bk 32
1-14-70
Date of Application

MALE
Medical Examination Report Dated 2/14/70
Name of Physician Eli A. Coats, M.D.

FEMALE
Medical Examination Report Dated 2/14/70
Name of Physician Eli A. Coats, M.D.

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

MALE APPLICANT

Name: First Timothy Middle C. Last Callahan
Date of Birth: Month June Day 27 Year 1946
Place of Birth (State or foreign country) Indpls. Ind
Residence Address: Street or R. R. R#1, Reelsville City Putnam County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Putnam Co June 24, 1969
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Bus Driver
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address
Teresa Kay	5	R#1 Reelsville

(Father has custody)

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

11. Full name of father Garrett Dudley Callahan
Residence of father (if deceased so state) Same
Occupation of father Machinest Race of father W.
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Lena Mae Wood
Residence of mother (if deceased so state) Same
Occupation of mother H/W Race of mother W.
Birthplace of mother (State or foreign country) Indpls, Ind

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

Signed Timothy C. Callahan
New Address

Subscribed and sworn to before me this 14 day of Feb, 19 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Dena Middle F. Last Hanger
Date of Birth: Month Jan. Day 31 Year 1950
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. R#3 Bx 3, City Danville, County Hendricks, State Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Ind. Bell - Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Ind Bell Id. Card - Beginner Permit #B431706

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 David Hanger
Residence of father (if deceased so state) 5831 W. Southport Rd, Indpls, Ind.
Occupation of father Machinest Race of father W
Birthplace of father (State or foreign country) Shelbina, Missouri
8. Full maiden name of mother Helen Vivian Doyle
Residence of mother (if deceased so state) 5831 W. Southport Rd., Indpls, Ind
Occupation of mother Saleslady Race of mother W
Birthplace of mother (State or foreign country) Indpls., Ind.

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

Signed Dena F. Hanger
New Address

Subscribed and sworn to before me this 14 day of Feb, 19 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 2/14/70 and filed in Clerks' Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* February, 19 70, *authorizing the joining together as husband and wife* Timothy C. Callahan *and* Dena F. Hanger

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

I, Fred N. Graham *hereby certify that on the* 14 th *day of* February, *one thousand nine hundred and* seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Timothy C. Callahan *of* Putnam *County, State of* Indiana *and, Bride* Dena F. Hanger *of* Hendricks *County, State of* Indiana, *were by me united 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 th *day of* February, 19 70.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* February, 19 70.

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. 48
File Book 32
2-14-70
Date of Application

MALE
Medical Examination Report Dated 2-11-70
Name of Physician Norman E. Whitney

FEMALE
Medical Examination Report Dated 2-11-70
Name of Physician Norman E. Whitney

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

MALE APPLICANT

Name: First Charles Middle Dwayne Last Miles
Date of Birth: Month 8 Day 17 Year 50
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. 64 North 500 E. 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: Unemployed - Bridgeport Brass
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Indpls. # 113-50-24818

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Darwin Miles
    Residence of father (if deceased so state): Same as above
    Occupation of father: Body Man Race of father: white
    Birthplace of father (State or foreign country): Indianapolis Ind
    Full maiden name of mother: Evelyn Jean Brock
    Residence of mother (if deceased so state): 5612 Emerson Ave Indpls.
    Occupation of mother: Mgr. Restaurant Race of mother: white
    Birthplace of mother (State or foreign country): Kentucky

State of Indiana, HENDRICKS County of } ss: I depose and state the information given in this application is true and correct.
Signed: Charles Dwayne Miles
New Address: RR 2 Box 76 Mooresville Ind.
Subscribed and sworn to before me this 14 day of Feb, 19 70
John Gambrel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary: Mothers notarized consent dated 19 Feb 1970 attached. Is the legal guardian of son.

State of Indiana, HENDRICKS County of } ss:
Signed: Harvie Miles Father
Signed: ..... Mother
Subscribed and sworn to before me this 14 day of Feb, 19 70
John Gambrel Jr. Clerk

FEMALE APPLICANT

Name: First Pamela Middle Kay Last Bain
Date of Birth: Month 3 Day 7 Year 1952
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. Rt #2 Box 76 City Mooresville County Morgan State Ind.
Maiden Name if Different .....
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Methodist Hospital Cert #2060

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Thomas Bain Sr.
   Residence of father (if deceased so state): Dead
   Occupation of father: Allison - Mach Oper. Race of father: white
   Birthplace of father (State or foreign country): Morgan Co. Ind.
8. Full maiden name of mother: Janet Carol Burns
   Residence of mother (if deceased so state): Dead
   Occupation of mother: Housewife Race of mother: White
   Birthplace of mother (State or foreign country): Morgan Co. Ind.

State of Indiana, HENDRICKS County of } ss: I depose and state the information given in this application is true and correct.
Signed: Pamela Kay Baird
New Address: R R #2 Box 76 Mooresville, Ind.
Subscribed and sworn to before me this 14 day of Feb, 19 70
John Gambrel Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary: Fathers notarized consent dated 19 Feb 1970 attached.

State of Indiana, HENDRICKS County of } ss:
Signed ..... Father
Signed: Janet Carol Bain Mother
Subscribed and sworn to before me this 14 day of Feb, 19 70
John Gambrel 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 Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* Charles Dwayne Miles. *day of* Feb, 19 70, *authorizing the joining together as husband and wife and* Pamela Kay Bain

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

I, Donald Endsley, *hereby certify that on the* 21st *day of* February, *one thousand nine hundred and* 70, *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Charles Dwayne Miles *of* Hendricks *County, State of* Indiana, *and, Bride* Pamela Kay Baird *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 21st *day of* February, 19 70.

Signed: Donald Endsley
Official Designation: Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* March, 19 70.

Signed: John Gambrel Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 48
File Book 32
2-14-70
Date of Application

MALE
Medical Examination Report Dated 2-11-70
Name of Physician Norman E. Whitney

FEMALE
Medical Examination Report Dated 2-11-70
Name of Physician Norman E. Whitney

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

MALE APPLICANT

Name: First Charles Middle Dwayne Last Miles
Date of Birth: Month 8 Day 17 Year 50
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 64 North 500 E. 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 Unemployed - Bridgeport Bros
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selph. # 113-50-24818

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Darwin Miles
    Residence of father (if deceased so state) Same as above
    Occupation of father Body Man Race of father White

FEMALE APPLICANT

Name: First Pamela Middle Kay Last Bain
Date of Birth: Month 3 Day 7 Year 1952
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. Rt 2 Box 76 City Mooresville County Morgan State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Methodist Hospital Cert #2060

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Thomas Bain Sr.
   Residence of father (if deceased so state) Dead
   Occupation of father Allison-Mod. Opr. Race of father white
   Birthplace of father (State or foreign country) Morgan Co. Ind.
8. Full maiden name of mother Janet Carol Burns
   Residence of mother (if deceased so state) Dead
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Morgan Co. Ind.

I, Evelyn Jean Miles, hereby give my consent for my son, Charles Dwayne Miles to marry Pamela Kay Bain.

FILED
FEB 19 1970
CLERK HENDRICKS SUPERIOR COURT

Evelyn Jean Miles

Subscribed and sworn to before me this 19th day of Feb 1970

Lura Ellen Kendall
Notary Public

Signed Charles Dwayne Miles Father
Signed ..... Mother
Subscribed and sworn to before me this 14 day of Feb, 1970
John Gambrel Jr. Clerk

Signed Pamela Kay Bain Mother
Subscribed and sworn to before me this 14 day of Feb, 1970
John Gambrel 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 Court by written order issued ..... and filed
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Feb, 1970, *authorizing the joining together as husband and wife* Charles Dwayne Miles *and* Pamela Kay Bain

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

I, Donald Endsley, hereby certify that on the 21st day of February, one thousand nine hundred and 70, at Mooresville, County of Morgan, State of Indiana, Groom Charles Dwayne Miles of Hendricks County, State of Indiana, and, Bride Pamela Kay Bain of Morgan County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of February, 1970.

Signed Donald Endsley
Official Designation Baptist minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of March, 1970.

Signed John Gambrel Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 48
File Book 32
2-14-70
Date of Application

MALE
Medical Examination Report Dated 2-11-70
Name of Physician Norman E. Whitney

FEMALE
Medical Examination Report Dated 2-11-70
Name of Physician Norman E. Whitney

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

MALE APPLICANT

Name: First Charles Middle Dwayne Last Miles
Date of Birth: Month 8 Day 17 Year 50
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 64 North 500 E. 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 Unemployed - Bridgeport Brass
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Indpls. # 113-50-248618

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Darwin Miles
    Residence of father (if deceased so state) Same as above
    Occupation of father Lathe Man Race of father White

FEMALE APPLICANT

Name: First Pamela Middle Kay Last Bain
Date of Birth: Month 3 Day 7 Year 1952
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. Rt 2 Box 76 City Mooresville County Morgan State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Methodist Hospital Cert #2060

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Thomas Bain Sr.
   Residence of father (if deceased so state) Dead
   Occupation of father Allisons - Mach Op. Race of father White
   Birthplace of father (State or foreign country) Morgan Co Ind.
8. Full maiden name of mother Janet Ewalt Burns
   Residence of mother (if deceased so state) Dead
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Morgan Co. Ind

I, John T Bain, hereby give my consent for my daughter, Pamela Kay Bain to marry Charles Dwayne Miles.

FILED
FEB 19 1970
CLERK HENDRICKS CIRCUIT SUPERIOR COURT

John T Bain

Subscribed and sworn to before me tis 19 day of Feb. 1970

Lura Ellen Kendall
Notary Public

Signed [illegible] Father
Signed ..... Mother
Subscribed and sworn to before me this 14 day of Feb, 19 70
John Gambrel Jr Clerk

Signed Janet Ewalt Bain Mother
Subscribed and sworn to before me this 14 day of Feb, 19 70
John Gambrel 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 Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Feb, 1970, authorizing the joining together as husband and wife Charles Dwayne Miles and Pamela Kay Bain

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

I, Donald Endsley hereby certify that on the 21st day of February, one thousand nine hundred and 70 at Mooresville, County of Morgan, State of Indiana, Groom Charles Dwayne Miles of Hendricks County, State of Indiana, and, Bride Pamela Kay Bain of Morgan County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of February, 1970.

Signed Donald Endsley
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of March, 1970.

Signed John Gambrel Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 49
File 32
2/14/70
Date of Application

MALE
Medical Examination Report Dated 2/5/70
Name of Physician Sands K. Irani, Lt. MC USNR.

FEMALE
Medical Examination Report Dated 2/4/70
Name of Physician Thomas Bailey

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

MALE APPLICANT

Name: First Gerald Middle Lee Last Lowry
Date of Birth: Month Jan. Day 25 Year 1950
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. R# 3 Danville, City, 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 Service
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) I.D. Card from Armed Forces of U.S. Card #13051527

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Austin Wm. Lowry
    Residence of father (if deceased so state) Same
    Occupation of father Heavy Equip. Operator Race of father W.
    Birthplace of father (State or foreign country) Indpls. Ind.
12. Full maiden name of mother Mary Catherine Mattingly
    Residence of mother (if deceased so state) Same
    Occupation of mother Cashier Race of mother W.
    Birthplace of mother (State or foreign country) Indpls., Ind.

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

Signed Gerald Lee Lowry
New Address.....
Subscribed and sworn to before me this 14 day of February, 19 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Fathers notarized consent dated 14 Febry 1970 attached.

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed Mary Catherine Lowry Mother
Subscribed and sworn to before me this 14 day of February, 19 70.
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name: First Wilma Middle Kay Last Bryant
Date of Birth: Month Feb. Day 21 Year 1951
Place of Birth (State or foreign country) Clay, Ky.
Residence Address: Street or R. R. 1124 Richland, City Indpls., County Marion, State Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Typist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License & Ins. Policy

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charlie Ray Bryant
   Residence of father (if deceased so state) Same
   Occupation of father Welder Race of father W.
   Birthplace of father (State or foreign country) Burkesville, Ky.
8. Full maiden name of mother Virginia Gertrude Stone
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother W.
   Birthplace of mother (State or foreign country) Clay, Ky.

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

Signed Wilma Kay Bryant
New Address.....
Subscribed and sworn to before me this 14 day of February, 19 70
John Gambold, Jr. Clerk HENDRICKS Circu

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, 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* 19 *day of* February, 19 70, *authorizing the joining together as husband and wife* Gerald Lee Lowry *and* Wilma Kay Bryant

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

I, Edward Mc Laughlin *hereby certify that on the* 21st *day of* February, *one thousand nine hundred and* Seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Gerald Lee Lowry *of* Hendricks *County, State of* Indiana, *and, Bride* Wilma Kay Bryant *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19th *day of* February, 19 70.

Signed Edward Mc Laughlin
Official Designation Catholic Priest - Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* February, 19 70.

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. 49
File 32
2/14/70
Date of Application

MALE
Medical Examination Report Dated 2/5/70
Name of Physician Sands K. Irani, Lt. MC USNR.

FEMALE
Medical Examination Report Dated 2/4/70
Name of Physician Thomas Bailey

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

MALE APPLICANT

Name: First Gerald, Middle Lee, Last Lowry
Date of Birth: Month Jan., Day 25, Year 1950
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. R# 3, City Danville, County Hendricks, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Service
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) I.D. Card from Armed Forces of U.S. Card #13051527

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Austin Wm. Lowry
    Residence of father (if deceased so state) Same
    Occupation of father Heavy Equip. Operator Race of father W.
    Birthplace of father (State or foreign country) Indpls., Ind.
12. Full maiden name of mother Mary Catherine Mattingly
    Residence of mother (if deceased so state) Same
    Occupation of mother Cashier Race of mother W.
    Birthplace of mother (State or foreign country) Indpls., Ind.

State of Indian
County of.....

Subscribed and

CONSENT OF
We, the parent
signs, state fa

State of Indian
County of.....

Subscribed and

COMPLETE

FEMALE APPLICANT

Name: First Wilma, Middle Kay, Last Bryant
Date of Birth: Month Feb., Day 2, Year 1951
Place of Birth (State or foreign country) Clay, Ky.
Residence Address: Street or R. R. 1124 Richland, City Indpls., County Marion, State Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Typist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License & Ins. Policy

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☑
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
7. Full name of father Charlie Ray Bryant
   Residence of father (if deceased so state) Same
   Occupation of father Welder Race of father W.
   Birthplace of father (State or foreign country) Burkesville, Ky.
8. Full maiden name of mother Virginia Gertrude Stone
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother W.
   Birthplace of mother (State or foreign country) Clay, Ky.

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

Signed Wilma Kay Bryant
New Address.....
Subscribed and sworn to before me this 14 day of February, 19 70

I, Austin William Lowry, hereby give my consent for my Son, Gerald Lee Lowry to marry Wilma Kay Lowry.

Austin William Lowry

Subscribed and sworn to before me this 14th day of February 19 70

Ruth E. Owens
Notary Public

My Commission expires Dec. 1, 1971

FILED
FEB 19 1970
John G. Gambold Jr.
CLERK HENDRICKS CIRCUIT COURT SUPERIOR COURT

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* February, 19 70, *authorizing the joining together as husband and wife* Gerald Lee Lowry *and* Wilma Kay Bryant

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

I, Edward Mc Laughlen *hereby certify that on the* 21st *day of* February, *one thousand nine hundred and* seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Gerald Lee Lowry *of* Hendricks *County, State of* Indiana *and, Bride* Wilma Kay Bryant *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19th *day of* February, 19 70.

Signed Edward Mc Laughlen
Official Designation Catholic Priest - Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* February, 19 70.

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. 52
File Bk 32
2/17/70
Date of Application

MALE
Medical Examination Report Dated 2/17/70
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 2/17/70
Name of Physician Irving Cohen

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

MALE APPLICANT

Name: First Bruce Middle (None) Last St John

Date of Birth: Month June Day 2 Year 1951

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

Residence Address: Street or R. R. RR 2 Box 16, City Indpls., 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 Salesman

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) U.S. Registration Cert. 12 30 51 180

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

Name	Age	Address

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

11. Full name of father Glenn Alan St. John
    Residence of father (if deceased so state) Same
    Occupation of father Salesman Race of father W
    Birthplace of father (State or foreign country) Morgan Co. Ind.
12. Full maiden name of mother Ruth Imogene Williams
    Residence of mother (if deceased so state) Same
    Occupation of mother Saleswoman Race of mother W.
    Birthplace of mother (State or foreign country) Martinsville, Ind.

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

Signed Bruce St John
New Address 278½ N Addison, Indpls.

Subscribed and sworn to before me this 17 day of Feb, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Glenn Alan St John Father
Signed Ruth Imogene St. John Mother

Subscribed and sworn to before me this 17 day of Feb, 19 70
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name: First Patricia Middle (None) Last Wainscott

Date of Birth: Month Jan. Day 28 Year 1951

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

Residence Address: Street or R. R. 278½ N. Addison, City Indpls., County Marion, State Ind.

Maiden Name if Different Same

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Cashier

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Max Jackson Wainscott
   Residence of father (if deceased so state) Dec'd
   Occupation of father..... Race of father W.
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Catherine Lucid
   Residence of mother (if deceased so state) 297 N. Mount, Indpls. Ind.
   Occupation of mother H/W Race of mother W.
   Birthplace of mother (State or foreign country) Marion Co., Ind.

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

Signed Patricia Wainscott
New Address Same

Subscribed and sworn to before me this 17 day of Feb, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 19 70, authorizing the joining together as husband and wife Bruce St. John and Patricia Wainscott

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

I, Sam P. Lumpkin hereby certify that on the 21st day of Feb. one thousand nine hundred and 70 at Plainfield 1st Baptist Church, County of Hendricks, State of Indiana, Groom, Bruce St. John of Hendricks County, State of Indiana, and, Bride Patricia Wainscott of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21st day of Feb, 19 70.

Signed Sam P Lumpkin
Official Designation Minister & Edu. Free Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of February, 19 70.

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. 53
File Bk 32
2/19/70
Date of Application

MALE
Medical Examination Report Dated 2/18/70
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 2/18/70
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: First John Middle C. Last Rylatt
Date of Birth: Month March Day 11 Year 1947
Place of Birth (State or foreign country) Chicago, Ill.
Residence Address: Street or R. R. 201 Main Apt 34 City Plfd. 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 Factory
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree
☐ Other (Specify) Drivers License & S.S. Registration Cert. # 123 07 991

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Paul Rylatt
    Residence of father (if deceased so state) 545 Marten, Plfd.
    Occupation of father Government Food Dreigdan. Race of father W.
    Birthplace of father (State or foreign country) Beloit Wisc.
12. Full maiden name of mother Jean Elizabeth Bilfuss
    Residence of mother (if deceased so state) Same
    Occupation of mother Personell-Blocks Race of mother W.
    Birthplace of mother (State or foreign country) Chicago, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed John P Rylatt
New Address 201 W Main Plainfield, Ind
Subscribed and sworn to before me this 19 day of Feb, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Leslie Middle J. Last McCormack
Date of Birth: Month Oct. Day 17 Year 1951
Place of Birth (State or foreign country) Sadples, Ind.
Residence Address: Street or R. R. 111 N. Vine City Plfd. County Hendricks State Ind
Maiden Name if Different Same
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Waitress
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Wm. McCormack
   Residence of father (if deceased so state) 76 Hillcrest, Mooresville
   Occupation of father Self Employed Business Race of father W.
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Billie Jan Allen
   Residence of mother (if deceased so state) same
   Occupation of mother H/W Race of mother W.
   Birthplace of mother (State or foreign country) Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Leslie McCormack
New Address 201 W. Main
Subscribed and sworn to before me this 18 day of Feb, 19 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 70, *authorizing the joining together as husband and wife* John P. Rylatt *and* Leslie J. McCormack
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*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 54
File Book 32
2-20-70
Date of Application

MALE
Medical Examination Report Dated 2-20-70
Name of Physician Dr. Scudder

FEMALE
Medical Examination Report Dated 2-20-70
Name of Physician Dr 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 Steven Middle Lee Last Shumaker
Date of Birth: Month 12 Day 21 Year 1949
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: 122 Hanley Street or R. R. Plainfield City Hendricks 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: Part Engr Student and Deluxe Check Printers
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Methodist Hospital 1231 Indpls

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Steven Lee Shumaker
New Address.....
Subscribed and sworn to before me this 20 day of Feb, 19 70.
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Helen Middle Annette Last Wise
Date of Birth: Month 9 Day 24 Year 1949
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: 101 E. Front Street or R. R. Brownsburg City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: State House - Part-time Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Methodist Hospital #9007 Indpls

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Gerald Wise Jr.
   Residence of father (if deceased so state) Same as above
   Occupation of father Western Electric Race of father white
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Bonnie Lou Schuricr
   Residence of mother (if deceased so state) deceased
   Occupation of mother..... Race of mother.....
   Birthplace of mother (State or foreign country) Hendricks Co Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Helen Annette Wise
New Address 2246 Rue DeJax Indpls
Subscribed and sworn to before me this 20 day of Feb, 19 70.
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Feb, 19 70, *authorizing the joining together as husband and wife* Steven Lee Shumaker *and* Helen Annette Wise
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins *hereby certify that on the* 14th *day of* March, *one thousand nine hundred and* 70 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Steven Lee Shumaker *of* Hendricks *County, State of* Indiana, *and, Bride* Helen Annette Wise *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 14th *day of* March, 19 70.

Signed Warren A. Robbins
Official Designation Christian minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* March, 19 70.
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. 54
File Book 32
2-20-70
Date of Application

MALE
Medical Examination Report Dated 2-20-70
Name of Physician Dr. Scudder

FEMALE
Medical Examination Report Dated 2-20-70
Name of Physician Dr 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 Steven Middle Lee Last Shumaker
Date of Birth: Month 12 Day 21 Year 1949
Place of Birth (State or foreign country) Indiana
Residence Address: 122 Henley Street or R. R. Plainfield City Hendricks 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 Part Time Student
Date of birth
☐ Other
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County.
Dated this 14 th day of March, 19 70.

Signed Warren A. Rabbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of March, 19 70.
Signed John Gaunt Jr Clerk
HENDRICKS
Circuit Court

FEMALE APPLICANT

Name: First Helen Middle Annette Last Wise
Date of Birth: Month 9 Day 24 Year 1949
Place of Birth (State or foreign country) Indiana
Residence Address: 101 S. Front Street or R. R. Brownsburg City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

STATE OF INDIANA } ss
COUNTY OF MARION }

WE, Enos Shumaker AND Betty Shumaker,

HEREBY GIVE OUR CONSENT FOR OUR SON, Steven Lee Shumaker, TO

MARRY Helen Annette Wise.

Enos E Shumaker
Signature

Betty J Shumaker
Signature

M B Smith
Notary Public

DATE FEB 13 1970

MY COMMISSION
EXPIRES SEPT 15th 1972

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 55
File Book 32
20 February 70
Date of Application

MALE
Medical Examination Report Dated 11 February 70
Name of Physician Irving Cohen MD

FEMALE
Medical Examination Report Dated 11 Febry 1970
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 Thomas Middle W. Last Beer
Date of Birth: Month Febru Day 7 Year 1944
Place of Birth (State or foreign country) Champaign, Ill.
Residence Address: Street or R. R. 216 W. Lincoln City P'fld County Hen, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Stock attendant: Sqr X
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 6027 Self 12 30 14 24

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Edward Beer.
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Cloverton, Minn.
12. Full maiden name of mother Delores Elane Wright Myers.
    Residence of mother (if deceased so state) 1495 Section P'fld.
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Virginia, Minn.

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

Signed Thomas W. Beer
New Address 216 W. Lincoln, P'fld, Ind.
Subscribed and sworn to before me this 20th day of February, 19 70
John Lankford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Diana Middle Mae Last Fox
Date of Birth: Month March Day 10 Year 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 132, Bx 198 City Mooresville County Morgan State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Sales: Block.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 2468

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Richard Everett Fox
   Residence of father (if deceased so state) Same Mooresville Ind.
   Occupation of father Rancher. Self. Race of father White
   Birthplace of father (State or foreign country) Indianapolis Ind
8. Full maiden name of mother Rosemary Opal Bradley
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis Ind.

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

Signed Diana Mae Fox
New Address Same.
Subscribed and sworn to before me this 20th day of February, 19 70
John Lankford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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* 25 *day of* February, 1970, *authorizing the joining together as husband and wife* Thomas W. Beer *and* Diana Mae Fox

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

I, Clifford W. Fookes *hereby certify that on the* 28 *day of* February, *one thousand nine hundred and* 70 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* Thomas W. Beer *of* Hendricks *County, State of* Indiana *and, Bride* Diana Mae Fox *of* Morgan *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 28 *day of* Feb. , 1970.

Signed Clifford W. Fookes
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* March, 1970.

Signed John Gankford Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 56
File Book 32
2-20-70
Date of Application

MALE
Medical Examination Report Dated 2-9-70
Name of Physician Joseph C. Kerlin MD

FEMALE
Medical Examination Report Dated 2-9-70
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: First Martin Middle G. Last Switzer Jr.
Date of Birth: Month October Day 9 Year 1922
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. R R 2 City Camby County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Steam Fitter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Martin S. Switzer
Residence of father (if deceased so state) D Deceased
Occupation of father — Race of father
Birthplace of father (State or foreign country) Veedersburg Ind
12. Full maiden name of mother Emma Truman
Residence of mother (if deceased so state) 312 W 7th Veedersburg
Occupation of mother Retired Race of mother W
Birthplace of mother (State or foreign country) Danville Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Martin G. Switzer Jr.
New Address Kingman Ind
Subscribed and sworn to before me this 20 day of Feb, 19 70.
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Mary Middle Frances Last Switzer
Date of Birth: Month December Day 12 Year 1931
Place of Birth (State or foreign country) Evansville Ind
Residence Address: Street or R. R. RR 1 City Brownsburg County Hendricks State Ind
Maiden Name if Different Jones
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 House wife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Henry Roman Jones
Residence of father (if deceased so state) St. Petersburg Fla.
Occupation of father Self Employed Race of father W
Birthplace of father (State or foreign country) Louisville Ky
8. Full maiden name of mother Frances Cash
Residence of mother (if deceased so state) St. Petersburg Fla.
Occupation of mother Home wife Race of mother W
Birthplace of mother (State or foreign country) Evansville Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Mary F. Switzer
New Address Kingman Ind
Subscribed and sworn to before me this 20 day of Feb, 19 70
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* February, 19 70, *authorizing the joining together as husband and wife* Martin G. Switzer Jr *and* Mary Frances Switzer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. D. Fuelder *hereby certify that on the* 20th *day of* March, *one thousand nine hundred and* 70 *at* Rockville, *County of* Parke, *State of Indiana, Groom* Martin G. Switzer Jr. *of* Hendricks *County, State of* Indiana, *and, Bride* Mary Frances Switzer *of* Parke *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 20 *day of* Mar, 19 70.

Signed C. D. Fuelder
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* March, 19 70.
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. 57
File Book 32
2-20-1970
Date of Application

MALE
Medical Examination Report Dated 2-5-70
Name of Physician

FEMALE
Medical Examination Report Dated 2-5-70
Name of Physician A. N. Scudder

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

MALE APPLICANT

Name: First Terry Middle Eugene Last Leep
Date of Birth: Month October Day 2 Year 1951
Place of Birth (State or foreign country) St Vincents
Residence Address: Street or R. R. 311 Williams Dr City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Machine Shop
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name | Age | Address

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

11. Full name of father Ray Leep
Residence of father (if deceased so state) Same
Occupation of father Tool Grinder Race of father W
Birthplace of father (State or foreign country) Vevay Ind.
12. Full maiden name of mother Mary Lou Demaree
Residence of mother (if deceased so state) Same
Occupation of mother Wind Finisher Race of mother W
Birthplace of mother (State or foreign country) Vevay Ind

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

Signed x Terry Eugene Leep
New Address Same
Subscribed and sworn to before me this 20 day of Feb, 1970.
John Gaunt Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed attached Father
Signed x Mary Lou Leep Mother
Subscribed and sworn to before me this 20 day of Feb, 1970.
John Gaunt Jr Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Darlene Last Cast
Date of Birth: Month Sept. Day 20 Year 1953
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 424 Enderly City Brownsburg County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation 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 Raymond Willard Cast
Residence of father (if deceased so state) Indpls - 4021 Moline
Occupation of father Dec'd Race of father W
Birthplace of father (State or foreign country) Indpls Ind
8. Full maiden name of mother Lucy Dell Kays
Residence of mother (if deceased so state) Same
Occupation of mother Tube Clerk Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

Signed x Cheryl Darlene Cast
New Address Same as male applicant
Subscribed and sworn to before me this 20 day of Feb, 1970.
John Gaunt Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed
Signed
Subscribed and sworn to before me this day of

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named part
HENDRICKS County Circuit Court by written order issued 2-20-70 a
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* 20 *day of* February, 1970, *authorizing the joining together as husband and* Terry Eugene Leep *and* Cheryl Darlene Cast

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* 20th *day of* February, *one thousand nine hundred and* 70 *at* Corinth Un. Me Church, *County of* Hendricks, *State of Indiana, Groom* Terry Eugene Leep *of* Hendricks *County, State of* Indiana, *and, Bride* Cheryl Darlene Cast *of* Hendricks *County, State of* Indiana, *were by me united 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* February, 1970.

Signed Rev. Dennis L. Dodson
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* February, 1970.

Signed John Gaunt Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 57
File Book 32
2-20-1970
Date of Application

MALE
Medical Examination Report Dated 2-5-70
Name of Physician

FEMALE
Medical Examination Report Dated 2-5-70
Name of Physician A. N. Scudder

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

MALE APPLICANT

Name: First Terry, Middle Eugene, Last Leep
Date of Birth: Month October, Day 2, Year 1951
Place of Birth (State or foreign country): St Vincents
Residence Address: Street or R. R. 311 Williams Dr, City Brownsburg, County Hend., State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Machine Shop
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Ray Leep
    Residence of father (if deceased so state): Same
    Occupation of father: Tool Grinder Race of father: W
    Birthplace of father (State or foreign country): Vevay Ind.
12. Full maiden name of mother: Mary Lou Demarees
    Residence of mother (if deceased so state): Same
    Occupation of mother: Wood Finisher Race of mother: W
    Birthplace of mother (State or foreign country): Vevay Ind

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

Signed x Terry Eugene Leep
New Address: Same

Subscribed and sworn to before me this 20 day of Feb, 1970.
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent [illegible]
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State of Indiana,
County of.....
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Subscribed and sworn

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I, Rev. D. [illegible] Dodson
one thousand nine hundred and 70
State of Indiana, Groom Terry Eugene Leep
and, Bride Cheryl Darlene Cast

I, Ray Leep, hereby give my consent for my Son, Terry E Leep to marry Cheryl D. Cast.

Ray Leep

Subscribed and sworn to before me this 19 day of Feb 197

Rita Cagen
Notary Public

Comm expires 10-6-70

FEMALE APPLICANT

Name: First Cheryl, Middle Darlene, Last Cast
Date of Birth: Month Sept., Day 20, Year 1953
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Street or R. R. 424 Enderly, City Brownsburg, County Hend, State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: 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: Raymond Willard Cast
   Residence of father (if deceased so state): Indpls - 4021 Moline
   Occupation of father: Dec'd Race of father: W
   Birthplace of father (State or foreign country): Indpls Ind
8. Full maiden name of mother: Lucy Dell Kays
   Residence of mother (if deceased so state): Same
   Occupation of mother: Tube Clerk Race of mother: W
   Birthplace of mother (State or foreign country): Kentucky

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

Signed x Cheryl Darlene Cast
New Address: Same as male applicant

Subscribed and sworn to before me this 20 day of Feb, 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.....
attached

I, Rev. Dennis L. Dodson hereby certify that on the 20th day of February, one thousand nine hundred and 70 at Corinth Luth. Me. Church, County of Hendricks, State of Indiana, Groom Terry Eugene Leep of Hendricks County, State of Indiana, and, Bride Cheryl Darlene Cast of Hendricks County, State of Indiana, were by me united 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 February, 1970.

Signed Rev. Dennis L. Dodson
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of February, 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. 57
File Book 32
2-20-1970
Date of Application

MALE
Medical Examination Report Dated 2-5-70
Name of Physician _____

FEMALE
Medical Examination Report Dated 2-5-70
Name of Physician A. N. Scudder

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

MALE APPLICANT

Name: First Terry Middle Eugene Last Leep
Date of Birth: Month October Day 2 Year 1951
Place of Birth (State or foreign country) St Vincents
Residence Address: Street or R. R. 311 Williams Dr City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Machine Shop
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ray Leep
    Residence of father (if deceased so state) Same
    Occupation of father Tool Grinder Race of father W
    Birthplace of father (State or foreign country) Vevay Ind.
12. Full maiden name of mother Mary Lou Demarees
    Residence of mother (if deceased so state) Same
    Occupation of mother Wood Finisher Race of mother W
    Birthplace of mother (State or foreign country) Vevay Ind

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

Signed x Terry Eugene Leep
New Address Same

Subscribed and sworn to before me this 20 day of Feb, 1970.
John G. Gaulrapp Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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State of Indiana,
County of.....

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Subscribed and swor

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FEMALE APPLICANT

Name: First Cheryl Middle Darlene Last Cast
Date of Birth: Month Sept. Day 20 Year 1953
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 424 Enderly City Brownsburg County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 Raymond Wiseard Cast
   Residence of father (if deceased so state) Indpls - 4021 Malone
   Occupation of father Don't Know Race of father W
   Birthplace of father (State or foreign country) Indpls Ind
8. Full maiden name of mother Lucy Dell Kays
   Residence of mother (if deceased so state) Same
   Occupation of mother Tube Clerk Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

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

Signed x Cheryl Darlene Cast
New Address Same as male applicant

Subscribed and sworn to before me this 20 day of Feb, 1970.
John Gaulrapp Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Lucy D. Cast, hereby give my consent for my Cheryl Darlene Cast (Daughter) to marry Terry Leep.

I have full custody of Cheryl Cast

Lucy D. Cast

Subscribed and sworn to before me this 19 day of Feb 1970

Rita Cayers
Notary Public

NOTARY PUBLIC SEAL INDIANA

Comm. expires 10-6-70

I, Rev. Dennis L. Dodson hereby certify that on the 20th day of February, one thousand nine hundred and 70 at Corinth Luth. Me Church, County of Hendricks, State of Indiana, Groom Terry Eugene Leep of Hendricks County, State of Indiana, and, Bride Cheryl Darlene Cast of Hendricks County, State of Indiana, were by me united 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 February, 1970.

Signed Rev. Dennis L. Dodson
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of February, 1970.

Signed John Gaulrapp Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 58
File Book 31
21 Febru 1970
Date of Application

MALE
Medical Examination Report Dated 18 Febru 1970
Name of Physician John P. Calhoun M.D.

FEMALE
Medical Examination Report Dated 18 Febru 1970
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: First John Middle Stephen Last Cox
Date of Birth: Month September Day 30 Year 1950
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R.F.D. 252 N. Jefferson City Danville County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Shippg Mgr: Factory Sup
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) 9242

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

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

Signed John Stephen Cox
New Address 248 N Jefferson, Dville Ind.

Subscribed and sworn to before me this 21st day of February, 1970.
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Arthur M Cox Father
Signed Rose Maxine Cox Mother

Subscribed and sworn to before me this 21st day of Febru, 1970
John Gambold Clerk

FEMALE APPLICANT

Name: First Wanda Middle L. Last Huggler
Date of Birth: Month Febru Day 27 Year 1951
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R.F.D. R2 Box 259 City Danville County Hen State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Typist: Sec.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 2124

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Edward Eugene Huggler Jr.
   Residence of father (if deceased so state) Sand D'ville Ind.
   Occupation of father Truck Drvr.: Tractor Op Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Lois Amy Lee
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Greenfield, Ind.

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

Signed Wanda L Huggler
New Address Same

Subscribed and sworn to before me this 21st day of Febru, 1970
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25 *day of* Feb, 19 70, *authorizing the joining together as husband and wife* John Stephen Cox *and* Wanda L. Huggler

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

I, Emery Parks *hereby certify that on the* 27th *day of* February, *one thousand nine hundred and* Seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* John Stephen Cox *of* Hendricks *County, State of* Indiana *and, Bride* Wanda L. Huggler *of* Hendricks *County, State of* Indiana, *were by me united 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* February, 19 70.

Signed Emery Parks
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* March, 19 70.

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. 59
File Bmlc 32
2-21-70
Date of Application

MALE
Medical Examination Report Dated 2-13-70
Name of Physician Joseph Kerlin

FEMALE
Medical Examination Report Dated 2-13-70
Name of Physician 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Monty Middle Earl Last Cook
Date of Birth: Month April Day 15 Year 1951
Place of Birth (State or foreign country)
Residence Address: Box 11 Street or R. R. City Amo County Hendricks State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation I q a
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License - SS 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 Willie Earl Cook
    Residence of father (if deceased so state) Same
    Occupation of father Allison GMC Race of father W
    Birthplace of father (State or foreign country) Scottsville Ky
12. Full maiden name of mother Willie Annis Prewitt
    Residence of mother (if deceased so state) Same
    Occupation of mother P R Mailing Race of mother W
    Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed x Monty Earl Cook
New Address RR 3 Box 161 Danville
Subscribed and sworn to before me this 21 day of Feb, 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, County of HENDRICKS } ss:
Signed x Willie Earl Cook Father
Signed x Willie Annis Cook Mother
Subscribed and sworn to before me this 21 day of Feb, 1970.
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Cathy Middle Sue Last Breneman
Date of Birth: Month January Day 19 Year 1951
Place of Birth (State or foreign country) Henry Co - Hospital
Residence Address: RR 2 Street or R. R. City Clayton County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Howard Sales
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Melvin H. Breneman
   Residence of father (if deceased so state) Same
   Occupation of father Salesman Race of father W
   Birthplace of father (State or foreign country) Wayne Co Ind
8. Full maiden name of mother Geraldine Macy
   Residence of mother (if deceased so state) Same
   Occupation of mother Postal Clerk Race of mother W
   Birthplace of mother (State or foreign country) Newcastle Ind Henry Co.

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed x Cathy Sue Breneman
New Address RR 3 Danville
Subscribed and sworn to before me this 21 day of Feb, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Feb *19*70*, authorizing the joining together as husband and wife* Monty Earl Cook *and* Cathy Sue Breneman

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

I, Howard D. Breneman *hereby certify that on the* 28th *day of* February, *one thousand nine hundred and* Seventy, *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Monty Earl Cook *of* Hendricks *County, State of* Indiana, *and, Bride* Cathy Sue Breneman *of* Hendricks *County, State of* Indiana, *were by me united 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* February, *19*70.

Signed Howard D. Breneman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* March, *19*70.

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. 60
File Book 32
2-24-70
Date of Application

MALE
Medical Examination Report Dated James E Southard 2-20-70
Name of Physician

FEMALE
Medical Examination Report Dated 2-20-70
Name of Physician James E Southard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 E. Last Chasteen
Date of Birth: Month 8 Day 25 Year 1947
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R#1 Box 350. City Danville County Hendricks State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: Custodian - High School - Danville
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License #C235-47345 - S.S. Registration Certificate

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

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

Signed Robert E. Chasteen
New Address R#2 Box 83 Danville Ind

Subscribed and sworn to before me this 24 day of Feb, 19 70
John Dunbar Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Connie Middle L. Last Branson
Date of Birth: Month 8 Day 24 Year 1950
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R#2 Box 83 City Danville County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: Nurse Aid - Golden Rule Nursing Home
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License B652-50344

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Hadus Branson Jr.
   Residence of father (if deceased so state) R#1 Box 188 Brookston
   Occupation of father: Drug Packing Sup. Race of father: white
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Betty Lou Wingfield
   Residence of mother (if deceased so state) 194 Hoyt Lafayette
   Occupation of mother: Housewife Race of mother: white
   Birthplace of mother (State or foreign country): Evansville Ind

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

Signed Connie L. Branson
New Address R#2 Box 83 Danville Ind

Subscribed and sworn to before me this 24 day of Feb, 19 70
John Dunbar Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 19 76, *authorizing the joining together as husband and wife* Robert E. Chasteen *and* Connie L Branson

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

I, Hartsel Wilhite *hereby certify that on the* 7th *day of* March, *one thousand nine hundred and* 70 *at* New Winchester Baptist Church, *County of* Hendricks, *State of Indiana, Groom* Robert E. Chasteen *of* Hendricks *County, State of* Indiana *and, Bride* Connie L. Branson *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 19 70.

Signed Hartsel Wilhite
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* March, 19 70.

Signed John Dunbar Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 61
File Book 32 -
2.25-70
Date of Application

MALE
Medical Examination Report Dated 2-18-70
Name of Physician Richard N. Nay

FEMALE
Medical Examination Report Dated 2-20-70
Name of Physician Dr Lloyd Terry

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

MALE APPLICANT

Name: First Louis Middle M. Last Trefry

Date of Birth: Month 8 Day 15 Year 1943

Place of Birth (State or foreign country): Indianapolis Marion Co. Indiana

Residence Address: 7663 S. Haven Ct. Street or R. R. Naples City Hendricks County Ind. State

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Marion Co. 1968

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

Usual Occupation: Electronics Tech - Allisons

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St Francis Hospital -

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

Name	Age	Address
Scott Patrick Trefry	5	10213 Pinecrest Ct Indpls
Angela Marie "	3	" " "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father: Louis Frederick Trefry
    Residence of father (if deceased so state): deceased
    Occupation of father: Race of father: white
    Birthplace of father (State or foreign country): Indpls Ind.
12. Full maiden name of mother: Dorothy Mae Bannon
    Residence of mother (if deceased so state): 2364 Villa Ave, Indpls.
    Occupation of mother: Sec Meridan Relief Race of mother: white
    Birthplace of mother (State or foreign country): Indpls Ind

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

Signed Louis M Trefry
New Address SAME AS ABOVE
Subscribed and sworn to before me this 25 day of Feb, 19 70
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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle Lou Last Williams

Date of Birth: Month 12 Day 27 Year 1949

Place of Birth (State or foreign country): Scottsburg Scott Indiana

Residence Address: #663 143 S. High St. Street or R. R. Danville City Hendricks County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Part time - Dancers

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☑
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Joe Clark -
   Residence of father (if deceased so state): unknown
   Occupation of father: Race of father:
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Rene Elizabeth Williams
   Residence of mother (if deceased so state): 143 S. High Danville
   Occupation of mother: housewife Race of mother: white
   Birthplace of mother (State or foreign country): Scott Co. Indiana

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

Signed Linda L. Williams
New Address 7663 Haven Ct. Indianapolis
Subscribed and sworn to before me this 25 day of Feb, 19 70
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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 2nd day of March, 19 70, authorizing the joining together as husband and wife Louis M. Trefry and Linda Lou Williams

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

I, Rev. Lloyd H. Shannon hereby certify that on the Seventh day of March, one thousand nine hundred and Seventy at Smith Valley, County of Marion, State of Indiana, Groom Louis M. Trefry of Marion County, State of ~~Ind~~ Indiana, and, Bride Linda Lou 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 2nd day of March, 19 70.

Signed Rev Lloyd H. Shannon
Official Designation United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of March, 19 70.

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. 62
File Book 32
2-28-70
Date of Application

MALE
Medical Examination Report Dated 2-24-70
Name of Physician Mac C. Koller MD

FEMALE
Medical Examination Report Dated 2-24-70
Name of Physician Mac C Koller MD

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

MALE APPLICANT

Name: First John Middle R. Last Harvey
Date of Birth: Month 11 Day 13 Year 1949
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 44 W Lewis City Plainfield 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 Mechanic - Joe's Texaco Garage, Plfd.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Selective Service
☐ Other (Specify) Registration Certificate

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

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

Signed John R. Harvey
New Address 524 Lawndale

Subscribed and sworn to before me this 28th day of Feb, 19 70.
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed James P. Harvey Father
Signed Emma A. Harvey Mother
Subscribed and sworn to before me this 28 day of Feb, 19 70.
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Jo Middle Ellen Last Foster
Date of Birth: Month 8 Day 29 Year 1951
Place of Birth (State or foreign country) Franklin Johnson Co Indiana
Residence Address: Street or R. R. R#2 City Franklin County Johnson 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 Beauty School #765
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver Licence # F 236-51049

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father C. Ray Foster
   Residence of father (if deceased so state) same
   Occupation of father Farm Bureau Coop. Race of father white
   Birthplace of father (State or foreign country) Johnson Co Indiana
8. Full maiden name of mother Mildred Ellen Green
   Residence of mother (if deceased so state) same
   Occupation of mother Rec. - Doctor Race of mother White
   Birthplace of mother (State or foreign country) Johnson Co Indiana

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

Signed Jo Ellen Foster
New Address 524 Lawndale

Subscribed and sworn to before me this 28 day of Feb, 19 70
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 March, 19 70, authorizing the joining together as husband and wife John R. Harvey and Jo Ellen Foster
Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Rev. Charles E. Looker hereby certify that on the 6th day of March one thousand nine hundred and 70 at Community Congregational Church (United Church of Christ), County of Johnson, State of Indiana, Groom John R. Harvey of Hendricks County, State of Indiana, and, Bride Jo Ellen Foster of Johnson County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 6th day of March, 19 70.

Signed Charles E. Looker
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of March, 19 70.
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. 63
File Book 32
2 March 1970
Date of Application

MALE
Medical Examination Report Dated 18 Feb 1970
Name of Physician Fred Workinton MD

FEMALE
Medical Examination Report Dated 18 Feb 1970
Name of Physician Fred Workinton M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 E. Last Brosmer
Date of Birth: Month September Day 16 Year 1949
Place of Birth (State or foreign country) Loogootee Ind.
Residence Address: Street or R. R. 3236 6 Pts Rd. City Indpls County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Ser. Sta Attendant - Gopher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 313-19-0763?4

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Norman Frank Brosmer
    Residence of father (if deceased so state) 2104 W. Garfield Rd, Ind
    Occupation of father Lawn caretaker - IGS Race of father White
    Birthplace of father (State or foreign country) De Bois Co, Ind.
12. Full maiden name of mother Irene Era Taylor
    Residence of mother (if deceased so state) Same
    Occupation of mother Housemother - IGS Race of mother White
    Birthplace of mother (State or foreign country) Loogootee, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed William E Brosmer
New Address ~~Loogootee Ind~~ 3236 6 Pts Rd.
Subscribed and sworn to before me this 2nd day of March 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Norman F Brosmer Father
Signed Irene Brosmer Mother
Subscribed and sworn to before me this 2nd day of March 70
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name: First Vicky Middle Lynn Last Honey
Date of Birth: Month April Day 18 Year 1950
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 419 N. Center City P'fld County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secy: Bridgeport Brdd.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 3263

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jesse Ray Honey
   Residence of father (if deceased so state) Same P'fld, Ind.
   Occupation of father Truck driver - hvy. (Coal) Race of father White
   Birthplace of father (State or foreign country) Somerset, Ky.
8. Full maiden name of mother Ida Marie Arnold
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Mt Vernon Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Vicky Lynn Honey
New Address Same
Subscribed and sworn to before me this 2nd day of March 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of March, 19 70, authorizing the joining together as husband and wife William E. Brosmer and Vicky Lynn Honey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert L. Kitchin hereby certify that on the 7 day of March, one thousand nine hundred and 70 at Plainfield, County of Hendricks, State of Indiana, Groom William Eugene Brosmer of Marion County, State of Indiana, and, Bride Vicky Lynn Honey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 6 day of March, 19 70.
Signed Robert L. Kitchin
Official Designation Pastor, St. Susanna Roman Catholic Church
Filed and recorded in accordance with the laws of the State of Indiana this 11 day of March, 19 70.
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. 64
File Book 32
3-2-70
Date of Application

MALE
Medical Examination Report Dated 2-27-70
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 2-27-70
Name of Physician Lloyd Terry M. D.

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

MALE APPLICANT

Name: First Arthur Middle E. Last Blum, Jr.
Date of Birth: Month May Day 3 Year 1921
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1330 E. Marie City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2nd
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Retail Florist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. Lic. B450-21203

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Arthur E. Blum Jr.
New Address 196 W. Marion Danville Ind
Subscribed and sworn to before me this 2nd day of March, 1970.
John Crumfield, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Frances Middle L. Last Dean
Date of Birth: Month July Day 30 Year 1920
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 196 W. Marion City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2nd.
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Cashier - 1st Nat'l Bk.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. Lic. N 5000 20310

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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. Hunt
   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 Effie Manire
   Residence of mother (if deceased so state) Deceased
   Occupation of mother..... Race of mother.....
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Frances L. Dean
New Address 196 W. Marion Danville Ind
Subscribed and sworn to before me this 2nd day of March, 19 70.
John Crumfield, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued 3-2-70 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* March, 19 70, *authorizing the joining together as husband and wife* Arthur E. Blum Jr *and* Frances L. Dean
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rhodes Thompson *hereby certify that on the* 3rd *day of* March, *one thousand nine hundred and* Seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Arthur E. Blum Jr *of* Hendricks *County, State of* Indiana, *and, Bride* Frances L. Dean *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 19 70.

Signed Rhodes Thompson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* March, 19 70.
Signed John Crumfield Jr *Clerk* HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 65
File Book 32
2-2-70
Date of Application

MALE
Medical Examination Report Dated 2-25-70
Name of Physician Dr David Taggard

FEMALE
Medical Examination Report Dated 2-25-70
Name of Physician Dr David 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ted Middle Lee Last Richardson
Date of Birth: Month 7 Day 31 Year 1951
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: 1456 S. Binewood Street or R. R. Indianapolis City Marion County Indiana State
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: Maintenance - Cosby Corp.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) U.S. Registration Certificate -

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Orville Lee Richardson
    Residence of father (if deceased so state) Same
    Occupation of father Bridgeport Brick Race of father White
    Birthplace of father (State or foreign country) Hope Ind.
12. Full maiden name of mother Alice Mae Winkle
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Hope Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ted Lee Richardson
New Address.....
Subscribed and sworn to before me this 2 day of March, 19 70.
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Orville L. Richardson Father
Signed Alice Mae Richardson Mother
Subscribed and sworn to before me this 2 day of March, 19 70.
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Rose Middle Etta Last Smith
Date of Birth: Month 7 Day 12 Year 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address: 626 Roosevelt Street or R. R. Plainfield City Hendricks County Indiana 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) 6778

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
7. Full name of father Silas Clifton Smith
   Residence of father (if deceased so state) Dead
   Occupation of father Secretary Race of father White
   Birthplace of father (State or foreign country) Plainfield Indiana
8. Full maiden name of mother Mary Louise Toland
   Residence of mother (if deceased so state) Same
   Occupation of mother Typist - Allison Race of mother White
   Birthplace of mother (State or foreign country) Hopes Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information in this application is true and cor
Signed Rose Etta Sm
New Address.....
Subscribed and sworn to before me this 2 day of March, 19
John Gambold Jr Clerk HENDRICKS Circuit

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Silas C Smith Father
Signed.....Mother
Subscribed and sworn to before me this 2 day of March, 19 70
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 Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 1970, *authorizing the joining together as husband and wife* Ted Lee Richardson *and* Rose Etta Smith

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

I, Ira J. Goodman *hereby certify that on the* 7 *day of* march, *one thousand nine hundred and* 70 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Ted Lee Richardson *of* Marion *County, State of* Indiana *and, Bride* Rose Etta 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 7 *day of* march, 19 70.

Signed Ira J. Goodman
Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* march, 19 70.

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. 65
File Book 32
2-2-70
Date of Application

MALE
Medical Examination Report Dated 2-25-70
Name of Physician Dr David Taggard

FEMALE
Medical Examination Report Dated 2-25-70
Name of Physician Dr David 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ted, Middle Lee, Last Richardson
Date of Birth: Month 7, Day 31, Year 1951
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: 1456 S. Pinewood, Street or R. R. Indianapolis, City, Marion, County, Indiana, State
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Maintenance - Cosby Corp.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) U.S. Registration Certificate -

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

Name Age Address

(b) Are you sup
(c) Are you com
their support
11. Full name of fat
Residence of fat
Occupation of fa
Birthplace of fat
12. Full maiden nam
Residence of mot
Occupation of m
Birthplace of mo

State of Indiana,
County of.....

Ne
Subscribed and swor

CONSENT OF PAR
We, the parents, of
signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana,
County of HENDRICKS } ss:
Signed Orville L. Richardson Father
Signed Thea mae Richardson Mother
Subscribed and sworn to before me this 2 day of March, 19 70.
Ira Goodman Clerk

FEMALE APPLICANT

Name: First Rose, Middle Etta, Last Smith
Date of Birth: Month 7, Day 12, Year 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address: 626 Roosevelt, Street or R. R. Plainfield, City, Hendricks, County, Indiana, 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) 6778

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
7. Full name of father Silas Clifton Smith
   Residence of father (if deceased so state) Dead
   Occupation of father Contrary Race of father White
   Birthplace of father (State or foreign country) Hendricks County Indiana
   Mother Maiden Name Unknown

License # 65

Filed 3-7-70 Clerks Office

I, Mary Louise Smith, hereby give my consent for my daughter Rose Etta Smith to marry Ted Richardson.

Mary Louise Smith

Subscribed and sworn to before me this 3rd day of March 19 70

Wilma L. Harris
Notary Public
Hendricks County Indiana
8-19-72

State of Indiana,
County of HENDRICKS } ss:
Signed Silas C Smith Father
Signed ..... Mother
Subscribed and sworn to before me this 2 day of March, 19 70
John Goodwin 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 Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 March, 1970, authorizing the joining together as husband and wife Ted Lee Richardson and Rose Etta Smith

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

I, Ira J. Goodman hereby certify that on the 7 day of march, one thousand nine hundred and 70 at Plainfield, County of Hendricks, State of Indiana, Groom Ted Lee Richardson of Marion County, State of Indiana, and, Bride Rose Etta 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 7 day of march, 19 70.

Signed Ira J. Goodman
Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of march, 19 70.

Signed John G. 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. 66
File Book 32
3-3-70
Date of Application

MALE
Medical Examination Report Dated 2-18-70
Name of Physician Dr Dennis R. Stouder

FEMALE
Medical Examination Report Dated 2-18-70
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 Charles Middle Ralph Last Bushong Jr
Date of Birth: Month 6 Day 13 Year 1950
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address 1405 S. Whitcomb Street or R. R. City Indpls 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 Army
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Armed Forces ID. F629092-

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Ralph Bushong Sr
    Residence of father (if deceased so state) Same
    Occupation of father Indpls Book Binder Race of father white
    Birthplace of father (State or foreign country) Indianapolis Ind
12. Full maiden name of mother Evelyn Frances Baltzansen
    Residence of mother (if deceased so state) same
    Occupation of mother Housewife Part time Grocery Store Race of mother white
    Birthplace of mother (State or foreign country) Indpls Ind

State of Indiana, HENDRICKS County of } ss: I depose and state the information given in this application is true and correct.
Signed Charles Ralph Bushong Jr.
Address.....
Subscribed and sworn to before me this 3 day of March, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS County of } ss:
Signed Charles R. Bushong Sr. Father
Signed Evelyn F. Bushong Mother
Subscribed and sworn to before me this 3 day of March, 19 70.
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Priscilla Middle Kay Last Barnes
Date of Birth: Month 7 Day 3 Year 1953
Place of Birth (State or foreign country) Martinsville Indiana
Residence Address R#1 Box 456 Street or R. R. Mooresville City Morgan County 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
☐ Other (Specify) See attached - Affidavit from school -

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Melvin Barnes
   Residence of father (if deceased so state) Indpls Indiana
   Occupation of father unknown Race of father white
   Birthplace of father (State or foreign country) Fayette Co. Ind.
8. Full maiden name of mother Gladys Caroline Matthews
   Residence of mother (if deceased so state) same as bride
   Occupation of mother School Janitress Race of mother white
   Birthplace of mother (State or foreign country) Decatur Co- Ind.

State of Indiana, HENDRICKS County of } ss: I depose and state the information given in this application is true and correct.
Signed Priscilla Kay Barnes
New Address.....
Subscribed and sworn to before me this 3 day of March, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
Mothers Consent Attached -
Mother had legal custody -

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

MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3-3-70 and filed ..... authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of March, 19 70, authorizing the joining together as husband and wife Charles Ralph Bushong Jr. and Priscilla Kay Barnes
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John H. Chandler hereby certify that on the 3rd day of March, one thousand nine hundred and Seventy at Indianapolis, County of Marion, State of Indiana, Groom Charles Ralph Bushong Jr. of Marion County, State of Indiana, and, Bride Priscilla Kay Barnes of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 3rd day of March, 19 70.

Signed John H. Chandler
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of March, 19 70.
Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

38

No. 66

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File Book 32

3-3-70 Date of Application

MALE
Medical Examination Report Dated 2-18-70
Name of Physician Dr Dennis R Stouder

FEMALE
Medical Examination Report Dated 2-18-70
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 Charles Middle Ralph Last Bushong Jr

Date of Birth: Month 6 Day 13 Year 1950

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: 1405 S. Whitcomb Street or R. R. Indpls City Marion County Indiana State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Army

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

☐ Other (Specify) Armed Forces ID. F6279092-

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Ralph Bushong Sr
    Residence of father (if deceased so state) Dyne
    Occupation of father Indpls Book Binder Race of father white
    Birthplace of father (State or foreign country) Indianapolis Ind
12. Full maiden name of mother Evelyn Frances Dettmer
    Residence of mother (if deceased so state) same
    Occupation of mother Housewife Part time Grocery Store Race of mother white
    Birthplace of mother (State or foreign country) Indpls Ind

FEMALE APPLICANT

Name: First Priscilla Middle Kay Last Barnes

Date of Birth: Month 1 Day 3 Year 1953

Place of Birth (State or foreign country) Martinsville Indiana

Residence Address: Rt 1 Box 456 Street or R. R. Mooresville City Morgan County Indiana 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) See attached - Affidavit from school -

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Melvin Barnes
   Residence of father (if deceased so state) Indpls Indiana
   Occupation of father unknown Race of father white
   Birthplace of father (State or foreign country) Fresno Co. Cal.
8. Full maiden name of mother Gladys Geraldine Matthews
   Residence of mother (if deceased so state) same as bride
   Occupation of mother School Employee Race of mother white
   Birthplace of mother (State or foreign country) Decatur Co- Ind.

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

Signed Priscilla Kay Barnes

New Address.....

Subscribed and sworn to before me this 3 day of March, 19 70

HENDRICKS Circuit Court

I, GERALDINE CARPENTER, hereby give my consent for my daughter, Priscilla Kay Barnes to marry Charles Ralph Bushong Jr., . I further state that I have full custody of my daughter Priscilla through divorce proceedings held in Morgan Co., in 1957.

Geraldine Carpenter

Subscribed and sworn to before me this 2nd day of March 1970

Notary Public

CLERK OF HENDRICKS SUPERIOR CIRCUIT COURT
DANVILLE, INDIANA

RETURN OF MARRIAGE LICENSE AND

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Father

Mother

, 19.....

Clerk

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rcuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... Circuit Court of Indiana dated the 3rd day of March, 19 70, authorizing the joining together as husband and wife Charles Ralph Bushong Jr. and Priscilla Kay Barnes

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

I, John H. Chandler hereby certify that on the 3rd day of March, one thousand nine hundred and Seventy at Indianapolis, County of Marion, State of Indiana, Groom Charles Ralph Bushong Jr of Marion County, State of Indiana, and, Bride Priscilla Kay Barnes of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of March, 1970.

Signed John H. Chandler

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of March, 19 70.

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. 467
File Book 32
3-3-70
Date of Application

MALE
Medical Examination Report Dated 2-16-70
Name of Physician William H Jones, Capt. MC.

FEMALE
Medical Examination Report Dated 2-16-70
Name of Physician Thomas Walker

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

MALE APPLICANT

Name: First Jerry Middle Alan Last Smith
Date of Birth: Month 9 Day 22 Year 1948
Place of Birth (State or foreign country) Chicago Illinois
Residence Address 411 S. 8th Street or R. R. Escanaba City Delta County Michigan State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Nov 12, 1968 - Michigan
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Army
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Armed Service Identification Card # C 773 118

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name: Kevin Patrick Smith Age 3 Address 113 S 10th Gladstone, Michigan
    (b) Are you supporting or contributing to their 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 Calvin Smith
    Residence of father (if deceased so state) unknown
    Occupation of father unknown Race of father
    Birthplace of father (State or foreign country) unknown
12. Full maiden name of mother Mary Edith Fitzpatrick
    Residence of mother (if deceased so state) Same as groom
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Escanaba Michigan

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

Signed Jerry Alan Smith
New Address 426 S. 13th Escanaba Mich.

Subscribed and sworn to before me this 3 day of March, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of } ss:

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

FEMALE APPLICANT

Name: First Charmain Middle Sue Last Heldman
Date of Birth: Month 8 Day 7 Year 1952
Place of Birth (State or foreign country) Naples Indiana
Residence Address Rt 3 Box 160 Street or R. R. Brownsburg City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation 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 Joseph Edwin Heldman
   Residence of father (if deceased so state) Victor Indiana
   Occupation of father Truck Driver Race of father White
   Birthplace of father (State or foreign country) Jasper Indiana
8. Full maiden name of mother Dorothy Mae Wilson
   Residence of mother (if deceased so state) Same as bride
   Occupation of mother Unemployed Race of mother white
   Birthplace of mother (State or foreign country) Russellville Ky.

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

Signed Charmain Sue Heldman
New Address
Subscribed and sworn to before me this 3 day of March, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Mother has full custody of daughter.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Dorothy Murphy Mother
Subscribed and sworn to before me this 3 day of March, 19 70
John Gambold Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 3-3-70 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Waiver & Age Waiver for Bride

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* March, 19 70, *authorizing the joining together as husband and wife* Jerry Alan Smith *and* Charmain Sue Heldman

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

I, Jack Thompson *hereby certify that on the* 3rd *day of* March, *one thousand nine hundred and* 70 *at* Lindsey, *County of* Marion, *State of Indiana, Groom* Jerry Alan Smith *of* Delta *County, State of* Mich., *and, Bride* Charmain Sue Heldman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3rd *day of* March, 19 70.

Signed Jack Thompson
Official Designation J. P. Law. Twp.

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* March, 19 70.

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. 68
File Book 32
3-3-70
Date of Application

MALE
Medical Examination Report Dated 3-2-70
Name of Physician Dr Joseph Kerlin

FEMALE
Medical Examination Report Dated 3-2-70
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Marc Middle Stephen Last Pulliam
Date of Birth: Month December Day 19 Year 1948
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. RR 2 City Coatesville 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 Bricklayer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 S. Pulliam
    Residence of father (if deceased so state) RR 2 Coatesville
    Occupation of father Optician Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mildred M. Steele
    Residence of mother (if deceased so state) Same
    Occupation of mother Secretary Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed × Marc Stephen Pulliam
New Address 6555 Cross Danville
Subscribed and sworn to before me this 3 day of Mar, 19 70.
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Terri Middle Lee Last White
Date of Birth: Month September Day 5 Year 1953
Place of Birth (State or foreign country) Indianapolis Marion Ind
Residence Address: Street or R. R. RR 2 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 Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Winford James White Sr.
   Residence of father (if deceased so state) RR 2 Danville
   Occupation of father Stockman Race of father W
   Birthplace of father (State or foreign country) Greenville Mo.
8. Full maiden name of mother Martena Smith
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Terri Lee White
New Address 655 S. Cross Danville
Subscribed and sworn to before me this 3 day of March, 19 70
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed × Winford J White Sr Father
Signed × Martena A White Mother
Subscribed and sworn to before me this 3 day of Mar, 19 70.
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 Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 19 70., *authorizing the joining together as husband and wife* Marc Stephen Pulliam *and* Terri Lee White
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham *hereby certify that on the* Seventh *day of* March, *one thousand nine hundred and* Seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Marc Stephen Pulliam *of* Hendricks *County, State of* Indiana *and, Bride* Terri Lee White *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 7th *day of* March, 19 70.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* March, 19 70.
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. 69
File Book 32
3-4-70
Date of Application

MALE
Medical Examination Report Dated 2-27-70
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 2-27-70
Name of Physician Thomas Walker

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

MALE APPLICANT

Name: First John Middle H. Last Jensen
Date of Birth: Month July Day 28 Year 1945
Place of Birth (State or foreign country): Detroit Michigan
Residence Address: Street or R. R. 40 Lincoln Ave City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Air Force

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. Sec. R320-48270

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Hans Jacob Jensen
    Residence of father (if deceased so state): Deceased
    Occupation of father: Milk Co. Employee Race of father: W
    Birthplace of father (State or foreign country): Denmark
12. Full maiden name of mother: Mildred Bleey
    Residence of mother (if deceased so state): Deceased
    Occupation of mother: Government (Grenadier Station) Race of mother:
    Birthplace of mother (State or foreign country): Rhode Island

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

Signed John H. Jensen
New Address Scott Air Force Base, Illinois

Subscribed and sworn to before me this 4th day of March, 1970.
Johan Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Shirley Middle L. Last Rhoades
Date of Birth: Month June Day 30 Year 1948
Place of Birth (State or foreign country): Buck Grove Ind.
Residence Address: Street or R. R. 40 Lincoln Ave City Brownsburg County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Air Force I.D. Card # 703635 6

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Clarence Ezra Rhoades
   Residence of father (if deceased so state): 40 Lincoln Ave Brownsburg
   Occupation of father: Semi-Retired Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Mary Virginia Hicks
   Residence of mother (if deceased so state): 40 Lincoln Ave. Brownsburg
   Occupation of mother: Van Camp Inc. Race of mother: W
   Birthplace of mother (State or foreign country): Indiana

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

Signed Shirley L. Rhoades
New Address Scott Air Force Base, Illinois

Subscribed and sworn to before me this 4th day of March, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* March, 1970, *authorizing the joining together as husband and wife* John H. Jensen *and* Shirley L. Rhoades

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

I, Robert D. Baum *hereby certify that on the* 15th *day of* March, *one thousand nine hundred and* 70 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* John H. Jensen *of* Hendricks *County, State of* Indiana, *and, Bride* Shirley L. Rhoades *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 1970.

Signed Robert D. Baum
Official Designation United Presbyterian Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* March, 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. 70
File Book 32
6 March 1970
Date of Application

MALE
Medical Examination Report Dated 2 March 1970
Name of Physician Benj Antreasian MD

FEMALE
Medical Examination Report Dated 2 March 1970
Name of Physician Benj Antreasian MD

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

MALE APPLICANT

Name: First Harry Middle [illegible] Last Keeney
Date of Birth: Month [illegible] Day 27 Year 1916
Place of Birth (State or foreign country) Shelbyville, Ind.
Residence Address: Street or R. R. 447 Hockanum Pl, City Ind., County [illegible], State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ 70 Mar Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Car Insp: Penn Cent.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Applic K500-16347

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Keeney
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Shelby Co, Ind.
12. Full maiden name of mother Myrl [illegible] Wells
    Residence of mother (if deceased so state) 1324 N. 4th Beech Grove, Ind.
    Occupation of mother Retired. Race of mother White
    Birthplace of mother (State or foreign country) Shelby Co, Ind.

Tenhune

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Harry Keeney
New Address 4507 E 19th Indpls Ind
Subscribed and sworn to before me this 6th day of March, 19 70
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sue Middle Carolyn Last Barker
Date of Birth: Month April Day 2 Year 1931
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 4507 E 19th City Indpls County Marion State Ind.
Maiden Name if Different Sue Carolyn Anderson
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ 61 Marion Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Licensed Day Care Mother
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 1792

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Dewey Anderson
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Gosport, Ind.
8. Full maiden name of mother Lora Myrle Hale
   Residence of mother (if deceased so state) Lawrence, Ind.
   Occupation of mother Retired. Race of mother White
   Birthplace of mother (State or foreign country) Ellettsville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sue Carolyn Barker
New Address Same
Subscribed and sworn to before me this 6th day of March, 19 70
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of March, 19 70, authorizing the joining together as husband and wife Harry Keeney and Sue Carolyn Barker

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

I, Jake M. Greene hereby certify that on the 13 day of March, one thousand nine hundred and 70 at Indianapolis, County of Marion, State of Indiana, Groom Harry Keeney of Hendricks County, State of Indiana, and, Bride Sue Carolyn Barker 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 13 day of March, 19 70.

Signed Jake M. Greene
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of March, 19 70.

Signed John Gambold Jr Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 71
File Book 32
3-6-70
Date of Application

MALE
Medical Examination Report Dated 2-4-70
Name of Physician Victor H. Muller M.D.

FEMALE
Medical Examination Report Dated 3-4-70
Name of Physician Susan Housang M.D.

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

MALE APPLICANT

Name: First Michael Middle E. Last Davis
Date of Birth: Month March Day 21 Year 1946
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1195 S. Fawkby Rd. City Dudgls County Mar. 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: Ramp Service Man - Trans World Airlines
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ch. Lic. #120-46141

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

Name	Age	Address
Shawn Michael Davis	2½ yr.	4410 Madden Rd Dudgls 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 Norman E. Davis
Residence of father (if deceased so state) 1195 S. Fawkby Rd Dudgls
Occupation of father Chemist (Eli Lilly) Race of father W.
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Marie L. Hess
Residence of mother (if deceased so state) 1195 S. Fawkby Rd Dudgls
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Michael E. Davis
New Address 6353 B. Monarch Drive
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Debra Middle J. Last Harlan
Date of Birth: Month Feb Day 5 Year 1947
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 838 Gary Dr. City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Trans-World Airline Customer Ser.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ch. Lic. H. 645-47085

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Debbra J. Harlan
New Address 6353 B Monarch Dr.
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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 10th day of March, 19 70, authorizing the joining together as husband and wife Michael E. Davis and Debbra J. Harlan

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

I, Charles A. Tyler hereby certify that on the 12th day of March, one thousand nine hundred and seventy at Indianapolis, County of Marion, State of Indiana, Groom Michael E. Davis of Marion County, State of Indiana, and, Bride Debbra J. Harlan of Hendricks County, State of Indiana, were by me united 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 March, 19 70.

Signed Charles A. Tyler
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of March, 19 70.

Signed John G. Arnold Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 72
File Book 32
3-6-70
Date of Application

MALE
Medical Examination Report Dated 3-4-70
Name of Physician H. Sherster

FEMALE
Medical Examination Report Dated 3-4-70
Name of Physician H. Sherster

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

MALE APPLICANT

Name: First Jerry Middle Allen Last Nichols

Date of Birth: Month October Day 7 Year 1945

Place of Birth (State or foreign country): Edwardsburg Plainfield Hend. Ind. Ind.

Residence Address: Street or R. R. Carters Curry City Hendricks 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: Boiler Fireman

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

☐ Other (Specify).....

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ellis Raymond Nicholas
    Residence of father (if deceased so state) Plainfield Ind
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Edwardsburg Ind.
12. Full maiden name of mother Roseanna Tabitha Scott
    Residence of mother (if deceased so state) Cartersburg Ind
    Occupation of mother Cashier Gov-co Race of mother W
    Birthplace of mother (State or foreign country) Pittsboro Ind.

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

Signed x Jerry Allen Nichols
New Address 4.20 Dan Jones Rd Plainfield

Subscribed and sworn to before me this 6 day of March, 1970
John Gaunard Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle Kay Last Berry

Date of Birth: Month November Day 21 Year 1948

Place of Birth (State or foreign country): Beech Grove Marion Ind

Residence Address: 5931 Gateway Drive City Fudges Marion 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: Sales Clerk

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Max Vernon Berry
   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 Katherine Kindlesjarger
   Residence of mother (if deceased so state) Same
   Occupation of mother Order Desk Clerk Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed x Linda Kay Berry
New Address 4.20 Dan Jones Rd Plainfield

Subscribed and sworn to before me this 6 day of March, 1970
John Gaunard Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10 *day of* March, 1970, *authorizing the joining together as husband and wife* Jerry Allen Nichols *and* Linda Kay Berry. *Be it further remembered, the following marriage certificate was filed in my office, to-wit:*

I, Ira J. Goodman *hereby certify that on the* 13 *day of* March, *one thousand nine hundred and* 70 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Jerry A Nichols *of* Hendricks *County, State of* Indiana *and, Bride* Linda K. Berry *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 1970.

Signed Ira J. Goodman
Official Designation Justice Of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* March, 1970.

Signed John G. Gaunard Jr *Clerk*
HENDRICKS *Circuit Court*

Form 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 32
3-6-70
Date of Application

MALE
Medical Examination Report Dated 3-3-70
Name of Physician Dr John Armstead

FEMALE
Medical Examination Report Dated 3-3-70
Name of Physician Dr John W. Armstead

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

MALE APPLICANT

Name: First Michael Middle Joseph Last Hughes
Date of Birth: Month 11 Day 2 Year 1934
Place of Birth (State or foreign country) Lafayette Indiana
Residence Address 220 Radnor Street or R. R. City Plainfield County Hendricks State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1964 - Muncie Indiana
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Teacher - Mt. School Dist Wayne Twp.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License # H320-37442

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Samuel Morris Hughes
    Residence of father (if deceased so state) 2406 Union, Lafayette Ind
    Occupation of father Retired Ind. Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen Kathryn Powell
    Residence of mother (if deceased so state) Same as Father's
    Occupation of mother Housewife Race of mother white
    Birthplace of mother (State or foreign country) Lafayette Indiana

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

Signed Michael J. Hughes
New Address 220 Radnor - Plainfield Ind
Subscribed and sworn to before me this 6 day of March, 19 70.
John Hembold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Joan Middle Georgia Last Guelbert
Date of Birth: Month 4 Day 28 Year 1936
Place of Birth (State or foreign country) St Louis Mo.
Residence Address 222 Radnor Street or R. R. City Plainfield County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Teacher - Wayne Township
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License - G416-36180

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jules Francis Guelbert
   Residence of father (if deceased so state) 4660 Burgen, St Louis Mo.
   Occupation of father Retired Race of father white
   Birthplace of father (State or foreign country) St Louis Mo.
8. Full maiden name of mother Laura Agnes Wittle
   Residence of mother (if deceased so state) Same as Father's
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) St Louis Mo

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

Signed Joan G. Guelbert
New Address 222 Radnor Plainfield Ind.
Subscribed and sworn to before me this 6 day of March, 19 70.
John Hembold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of March, 19 70, authorizing the joining together as husband and wife Michael Joseph Hughes and Joan Georgia Guelbert

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

I, Wm. H. Kachel hereby certify that on the 13 day of March, one thousand nine hundred and 70 at Williamsport, County of Warren, State of Indiana, Groom Michael Joseph Hughes of Hendricks County, State of Indiana, and, Bride Joan Georgia Guelbert of Hendricks County, State of Indiana, were by me united 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 Mar, 19 70.

Signed Wm. H. Kachel
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of March, 1970.

Signed John Hembold Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 74
File Bk. 32
3/7/70
Date of Application

MALE
Medical Examination Report Dated 2-27-70
Name of Physician Chas. R. Andrews, Jr. M.D.

FEMALE
Medical Examination Report Dated 2-25-70
Name of Physician Lloyd Terry, M.D.

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

MALE APPLICANT

Name: First Henry Middle William Last Barber
Date of Birth: Month May Day 8 Year 1949
Place of Birth (State or foreign country) Canton, Georgia
Residence Address: Street or R. R. 229 Academy, City Canton, County Cherokee, State Georgia
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Computer Operator
Date of birth verified by: ☒ Birth Cert. ☒ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Grady L. Barber
    Residence of father (if deceased so state) Forsyth County, Ga.
    Occupation of father Textile Worker Race of father W
    Birthplace of father (State or foreign country) Forsyth Co., Ga.
12. Full maiden name of mother Effie Loud Crow
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W Race of mother W.
    Birthplace of mother (State or foreign country) Cherokee Co., Ga.

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

Signed Henry Barber
New Address 2860 Old Concord Rd. Smyrna, Ga.
Subscribed and sworn to before me this 7 day of March, 19 70.
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 7 day of March, 19 70.
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name: First Marilyn Middle Louise Last Rutledge
Date of Birth: Month Dec. Day 27 Year 1948
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. 459 495 E. Broadway, City Danville, County Hendricks, State Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Ward Clerk - Hospital Kennestone in Georgia
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Edgar Rutledge
   Residence of father (if deceased so state) Same
   Occupation of father Shell Oil Distributor Race of father W
   Birthplace of father (State or foreign country) Brownsburg Ind.
8. Full maiden name of mother Lorena M. Pemberton
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother W.
   Birthplace of mother (State or foreign country) Salem, Ohio

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

Signed Marilyn L Rutledge
New Address Same
Subscribed and sworn to before me this 7 day of March, 19 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 19 70, *authorizing the joining together as husband and wife* Henry William Barber *and* Marilyn Louise Rutledge
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Herbert D. Pettengill Jr *hereby certify that on the* 22nd *day of* March, *one thousand nine hundred and* Seventy *at* Danville, *State of Indiana, Groom* Henry William Barber *of* Cherokee *County, State of* Georgia, *and, Bride* Marilyn Lynn Rutledge *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 22nd *day of* March, 19 70.

Signed Herbert D. Pettengill Jr
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* April, 19 70.
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. 74
File Bk. 32
3/7/70
Date of Application

MALE
Medical Examination Report Dated 2-27-70
Name of Physician Chas. R. Andrews, Jr. M.D.

FEMALE
Medical Examination Report Dated 2-25-70
Name of Physician Lloyd Terry, M.D.

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

MALE APPLICANT

Name: First Henry, Middle William, Last Barber
Date of Birth: Month May, Day 8, Year 1949
Place of Birth (State or foreign country): Canton, Georgia
Residence Address: Street or R. R. 229 Academy, City Canton, County Cherokee, State Georgia
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Computer Operator
Date of birth verified by: ☒ Birth Cert. ☒ Judicial Decree
☐ Other (Specify)

1. Are you now or h
   An Imbecile?
   Of Unsound
2. Are you under gu
3. Are you now or
   home for indigent
   If answer to 3 is
4. Are you afflicted
5. Are you related to
6. Are you now und
7. Are you now und
8. Are you able to s
9. Are you likely to
10. Do you have mino
    (If yes, answer qu
    (a) List their full
    Name
    .....
    .....
    .....
    (b) Are you suppo
    (c) Are you compl
    their support?
11. Full name of fathe
    Residence of fathe
    Occupation of fath
    Birthplace of fath
12. Full maiden name
    Residence of moth
    Occupation of motl
    Birthplace of moth

State of Indiana,
County of.....

New
Subscribed and sworn t
John X
.....

CONSENT OF PAREN
We, the parents, of thi
signs, state facts which
Parents
attached
.....

State of Indiana,
County of.....

Signe
Signe
Subscribed and sworn to

COMPLETE IF M
HEND
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in.....

Be It
of Indiana dated t
Clerk
Be it further remem
I, Hendricks
one thousand nine h
State of Indiana, G
and, Bride.....
were by me united i
County.
Dated this.....2

FEMALE APPLICANT

Name: First Marilyn, Middle Louise, Last Rutledge
Date of Birth: Month Dec., Day 27, Year 1948
Place of Birth (State or foreign country): Indpls. Ind.
Residence Address: Street or R. R. 459 495 E. Broadway, City Danville, County Hendricks, State Ind.
Maiden Name if Different: Same
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Ward Clerk - Hospital Kingsport, Tenn.

MRS. WILLIE MAE JOHNSON
ORDINARY, CHEROKEE COUNTY
CANTON, GEORGIA 30114

Consent of Parent or Guardian

Date March 3, ,1970

To the Clerk of the Circuit Court of Hendricks County, Indiana:

We the parents of Henry William Barber a male of the age of 20 hereby consent to issuance of Marriage License to him and Marilyn Louise Rutledge, age 21.

Signed His X Grady Barber
Father
MARK

Signed Mrs Grady Barber
Mother

Witnessed to His Mark
Olene Harbin
Riley L. Shemaker

Residence 229 Academy Street, Canton, Georgia 30114

Sworn to and subscribed to before me this 3rd. day of March, 1970.

Willie Mae Johnson
Willie Mae Johnson, Ordinary

FILED
MAR - 7 1970
John Hamblod Jr.
CLERK HENDRICKS CIRCUIT SUPERIOR COURT

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* April, 19 70
Official Designation Minister
Signed John Hamblod Jr *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 75
File BR32
3/1/70
Date of Application

MALE
Medical Examination Report Dated 3-2-70
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated 3-2-70
Name of Physician Elmer L. Koch. M.D.

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

MALE APPLICANT

Name: First Alan Middle Wayne Last Dicks
Date of Birth: Month Sept. Day 11 Year 1948
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. Box 18, City Clayton, 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 Plfd. Police
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Plainfield Metropolitan Police Dept.

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Alan W. Dicks
New Address 109 Vestal Rd. Plfd, Ind.
Subscribed and sworn to before me this 1st day of March, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Evelyn Middle E. Last McGeorge
Date of Birth: Month Nov. Day 28 Year 1947
Place of Birth (State or foreign country) Oneida, Ky.
Residence Address: R.2 Box 97, City Clayton, County Hendricks, State Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Key Punch Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Alan McGeorge
   Residence of father (if deceased so state) Same
   Occupation of father Supervisor Machine Shop Race of father W.
   Birthplace of father (State or foreign country) Vine, Ky.
8. Full maiden name of mother Jane Boggs
   Residence of mother (if deceased so state) Sadie
   Occupation of mother Factory Worker Race of mother W.
   Birthplace of mother (State or foreign country) Welchburg, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Evelyn E. McGeorge
New Address Same
Subscribed and sworn to before me this 1st day of March, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 19 70, *authorizing the joining together as husband and wife* Alan Wayne Dicks *and* Evelyn E. McGeorge
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert A. Falconer *hereby certify that on the* 21st *day of* March, *one thousand nine hundred and* 70 *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Alan Wayne Dicks *of* Hendricks *County, State of* Indiana *and, Bride* Evelyn Edna McGeorge *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 19 70.

Signed Robert A. Falconer
Official Designation Ordained Presbyterian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* March, 1970.
Signed John Gambold 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. 76
File Book 32
March 7 1970
Date of Application

MALE
Medical Examination Report Dated 3-2-70
Name of Physician A. N Scudder

FEMALE
Medical Examination Report Dated 3-2-70
Name of Physician A. N. Scudder

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

MALE APPLICANT

Name: First David Middle Allen Last Scudder
Date of Birth: Month May Day 31 Year 1941
Place of Birth (State or foreign country): St Vincents Indiana
Residence Address: Street or R. R. West Tilden Road City Brownsburg County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Artemus Nelson Scudder
    Residence of father (if deceased so state) Same
    Occupation of father M D Race of father W
    Birthplace of father (State or foreign country) Huntington Ind
12. Full maiden name of mother Dorothy Barbee May
    Residence of mother (if deceased so state) Same
    Occupation of mother House wife Race of mother W
    Birthplace of mother (State or foreign country) Bluffton Ind

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

Signed X David Allen Scudder
New Address 27 Lincoln Ave Brownsburg
Subscribed and sworn to before me this 7 day of Mar., 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Carol Middle Lynn Last Wyland
Date of Birth: Month December Day 16 Year 1946
Place of Birth (State or foreign country): Plainfield New Jersey
Residence Address: Street or R. R. 27 Lincoln City Brownsburg County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ray Orman Wyland Jr
   Residence of father (if deceased so state) Pittsburg Pa
   Occupation of father Sales manager Race of father W
   Birthplace of father (State or foreign country) Chicago Ill
8. Full maiden name of mother Phoebe Mae Power
   Residence of mother (if deceased so state) Same as father
   Occupation of mother House wife Race of mother W
   Birthplace of mother (State or foreign country) Waco Texas

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

Signed X Carol Lynn Wyland
New Address 27 Lincoln Ave Brownsburg
Subscribed and sworn to before me this 7 day of March, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 1970, *authorizing the joining together as husband and wife* David Allen Scudder *and* Carol Lynn Wyland.

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 first *day of* March, *one thousand nine hundred and* Seventy, *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* David A. Scudder *of* Hendricks *County, State of* Indiana, *and, Bride* Carol L. Wyland *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 1970.

Signed Lester B. Yearick
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* March, 1970.

Signed John G. Gambold 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. 77
File Book 32
10 Mar 1970
Date of Application

MALE
Medical Examination Report Dated 10 Mar 1970
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 10 Mar 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 William Middle D. Last Spurlock
Date of Birth: Month December Day 30 Year 1941
Place of Birth (State or foreign country) Barbourville, Ky.
Residence Address: Street or R. R. 205 Cook Ave City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Cham Assembler. Link Belt
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Operator 8164-41510

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

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

Signed William B. Spurlock
New Address 205 Cook Ave, Danville Ind.
Subscribed and sworn to before me this 10th day of March, 1970
John Crandall Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle Last Taylor
Date of Birth: Month May Day 10 Year 1948
Place of Birth (State or foreign country) Lee Co. Virginia
Residence Address: Street or R. R. 205 Cook Ave City Danville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Housewife.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 80824

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Henry Harlan Taylor
   Residence of father (if deceased so state) Harlan, Ky.
   Occupation of father Retired Coal Miner. Race of father White
   Birthplace of father (State or foreign country) Pineville, Ky.
8. Full maiden name of mother Dessie Wynn
   Residence of mother (if deceased so state) Dayton, Ohio
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Verda, Ky.

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

Signed Linda Taylor
New Address Same
Subscribed and sworn to before me this 10th day of March, 1970
John Crandall Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Ref C70-9 Annulment Remarriage at 1PM ceremony.

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 10 March 1970 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* March, 19 70, *authorizing the joining together as husband and wife* William B. Spurlock *and* Linda Taylor
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham *hereby certify that on the* eleventh *day of* march, *one thousand nine hundred and* seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* William B Spurlock *of* Hendricks *County, State of* Indiana *and, Bride* Linda Taylor *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 11th *day of* march, 19 70.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* march, 19 70.

Signed John Crandall Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 78
File Book 32
Date of Application

MALE
Medical Examination Report Dated 4 Mar 1970
Name of Physician Fred W. Warbinton MD

FEMALE
Medical Examination Report Dated 4 Mar 1970
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 Ronald Middle William Last Padgett
Date of Birth: Month Jan Day 20 Year 1948
Place of Birth (State or foreign country) Sullivan, Indiana
Residence Address: Street or R.R. 612 Hanley Pl Ct City Plfd County Hend State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Electrician: Allison. 2936
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sel Ser: 12-30-48-24

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Hubert Wayne Padgett
    Residence of father (if deceased so state) 205 Keller, Plfd, Hend
    Occupation of father Sub Sctr: Allison Race of father White
    Birthplace of father (State or foreign country) Riley, Ind.
12. Full maiden name of mother Lois Marie Morin
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Sullivan, Ind.

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

Signed Ronald William Padgett
New Address 612 Hanley Pl Plainfield Ind.

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Connie Middle Lynn Last Humphrey
Date of Birth: Month January Day 26 Year 1949
Place of Birth (State or foreign country) Greensburg Ind.
Residence Address: Street or R.R. 1921 Stafford Rd Plfd, Hend, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Clerk: PSC
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-49-001036

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Robert Humphrey
   Residence of father (if deceased so state) Same Plfd, Ind.
   Occupation of father Mech Engr: Allison Race of father White
   Birthplace of father (State or foreign country) Decatur Co, Ind
8. Full maiden name of mother Mary Lois Carroll
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Decatur Co, Ind

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

Signed Connie Lynn Humphrey
New Address Same

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* March, 1970, *authorizing the joining together as husband and wife* Ronald William Padgett *and* Connie Lynn Humphrey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Rollins *hereby certify that on the* 28 th *day of* March, *one thousand nine hundred and* 70 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Ronald William Padgett *of* Hendricks *County, State of* Indiana *and, Bride* Connie Lynn Humphrey *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 28 th *day of* March, 1970.

Signed Warren A Rollins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* March, 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. 49
File Book 32
3-10-70
Date of Application

MALE
Medical Examination Report Dated 3-9-70
Name of Physician Walter McMannis

FEMALE
Medical Examination Report Dated 3-9-70
Name of Physician Walter McMannis

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

MALE APPLICANT

Name: First James Middle Thomas Last Gunn
Date of Birth: Month August Day 9 Year 1950
Place of Birth (State or foreign country): Methodist Hosp. Indpls Marion Ind.
Residence Address: Street or R. R. RR 2 Box 331 City Plainfield County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Mechanic
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Virgil Eugene Gunn
    Residence of father (if deceased so state) Same
    Occupation of father Draftsman Race of father W
    Birthplace of father (State or foreign country) Brooks Ind.
12. Full maiden name of mother Doris Ellen Mowery
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Green Co. Ind.

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

Signed x James T. Gunn
New Address 305 Green St Plainfield
Subscribed and sworn to before me this 10 day of Mar, 1970
John Gaunlord Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed x Mr. Virgil Eugene Gunn Father
Signed x Mrs. Doris Ellen Gunn Mother
Subscribed and sworn to before me this 10 day of Mar, 1970
John Gaunlord Jr Clerk

FEMALE APPLICANT

Name: First Wilma Middle June Last Doughty
Date of Birth: Month June Day 6 Year 1952
Place of Birth (State or foreign country): Dudley Ind.
Residence Address: Street or R. R. 207 N. West St City Plainfield County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Housekeeper
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jae Doughty
   Residence of father (if deceased so state) Same
   Occupation of father Dairy City Truck Race of father.....
   Birthplace of father (State or foreign country) Marshall Co. Ky.
8. Full maiden name of mother Florence Lindsey
   Residence of mother (if deceased so state) Same
   Occupation of mother Housekeeper Race of mother W
   Birthplace of mother (State or foreign country) Clayton Ind.

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

Signed x Wilma June Doughty
New Address 305 Green St Plainfield
Subscribed and sworn to before me this 10 day of Mar, 1970
John Gaunlord Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed x Jae Doughty Father
Signed x Florence Doughty Mother
Subscribed and sworn to before me this 10 day of Mar, 1970
John Gaunlord 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 Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* March, 1970, *authorizing the joining together as husband and wife* James Thomas Gunn *and* Wilma June Doughty

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

I, Murbl S. Rogers *hereby certify that on the* 15th *day of* March, *one thousand nine hundred and* 70 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* James Thomas Gunn *of* Hendricks *County, State of* Indiana *and, Bride* Wilma Jean Doughty *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 1970.

Signed M. S. Rogers
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* March, 1970.

Signed John Gaunlord Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 80
File Bk 32
3/12/70
Date of Application

MALE
Medical Examination Report Dated 3/9/70
Name of Physician Wm. B. Kriel, M.D.

FEMALE
Medical Examination Report Dated 3/9/70
Name of Physician Wm. B. Kriel, M.D.

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

MALE APPLICANT

Name: First Robert Middle A. Last Pollett
Date of Birth: Month 3 Day 24 Year 1924
Place of Birth (State or foreign country) Terre Haute, Ind.
Residence Address: Street or R. R. R1 Box 166A City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Mar. 1970 Marion
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Masonary Contractor
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License #P430-24147

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 A. Pollitt, Sr.
    Residence of father (if deceased so state) 7015 Hgway 31S., Indpls.
    Occupation of father Retired Race of father W.
    Birthplace of father (State or foreign country) Terre Haute, Ind
12. Full maiden name of mother Edna Corridis
    Residence of mother (if deceased so state) Dead
    Occupation of mother H/W Race of mother W.
    Birthplace of mother (State or foreign country) Terre Haute, Ind

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

Signed Robert A Pollitt
New Address
Subscribed and sworn to before me this 12 day of March, 19 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Marjorie Middle L. Last Knight
Date of Birth: Month May Day 21 Year 1928
Place of Birth (State or foreign country) Maywood, Ind.
Residence Address: Street or R. R. 107 W. South St. City Mooresville County Hendricks State Ind.
Maiden Name if Different Bettcher
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2 cause 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Jan 1970 Morgan Co.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Waitress & H/W
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Roy A Bettcher
   Residence of father (if deceased so state) 3212 4 Ave. Chattanooga, Tenn.
   Occupation of father Evangelist Race of father W.
   Birthplace of father (State or foreign country) Indpls., Ind.
8. Full maiden name of mother Florence Marie Barkley
   Residence of mother (if deceased so state) Dead
   Occupation of mother H/W Race of mother W.
   Birthplace of mother (State or foreign country) Indpls., Ind.

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

Signed Marjorie L. Knight
New Address Same
Subscribed and sworn to before me this 12 day of March, 19 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* March, 19 70, *authorizing the joining together as husband and wife* Robert A. Pollett *and* Marjorie L. Knight

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

I, Floyd Neal *hereby certify that on the* 16 *day of* March, *one thousand nine hundred and* 70 *at* Martinsville, *State of Indiana, Groom* Robert A. Pollett *of* Hendricks *County, State of* Indiana, *and, Bride* Marjorie L. Knight *of* Hendricks *County, State of* ....., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16 *day of* March, 19 70.

Signed Floyd Neal
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* March, 19 70.

Signed John Gambold Jr *Clerk* HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 81
File BK32
13 Mar 1970
Date of Application

MALE
Medical Examination Report Dated 11 Mar 1970
Name of Physician D'J Haggard MD

FEMALE
Medical Examination Report Dated 11 Mar 1970
Name of Physician D'J 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 Donald Middle E. Last Lane
Date of Birth: Month July Day 2 Year 1948
Place of Birth (State or foreign country) Martinsville Ind.
Residence Address: Street or R. R. 1612 Franklin Dr. City P'fld County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Clerical
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sel Ser. 12-30-48-451

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Joel Everett Lane
    Residence of father (if deceased so state) Same P'fld, Ind.
    Occupation of father Store Rm. Atten. Race of father White
    Birthplace of father (State or foreign country) New Palestine Ind.
12. Full maiden name of mother Lucy Vonetta Hall
    Residence of mother (if deceased so state) Same
    Occupation of mother Recept: RSC Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Donald E. Lane
New Address 1612 Franklin Dr, P'fld, Ind.

Subscribed and sworn to before me this 13th day of March, 1970.
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Patsyanne Middle Last Nickerson
Date of Birth: Month Feb Day 20 Year 1951
Place of Birth (State or foreign country) Westville N.S. Canada
Residence Address: Street or R. R. R2 Bx 39 Indpls City Hen. County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation PBX. Peoples Outfitting.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree C.t. of Canada
☐ Other (Specify) Prov. Nova Scotia 51-02-002914

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Manford Burton Nickerson
   Residence of father (if deceased so state) R2 Bx 39 Indpls Ind.
   Occupation of father Mech. McClan Tr. Race of father White
   Birthplace of father (State or foreign country) Clarks Harbour, N.S. Canada
8. Full maiden name of mother Anne Isabell Morrison
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother Negro
   Birthplace of mother (State or foreign country) N.S.

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

Signed Patsyanne Nickerson
New Address Same

Subscribed and sworn to before me this 13th day of March, 1970.
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 1970, *authorizing the joining together as husband and wife* Donald E. Lane *and* Patsyanne Nickerson.

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

I, Warren A. Robbins *hereby certify that on the* 21st *day of* March, *one thousand nine hundred and* 70 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Donald E. Lane *of* Hendricks *County, State of* Indiana *and, Bride* Patsyanne Nickerson *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 1970.

Signed Warren A. Robbins
Official Designation Christian minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* March, 1970.

Signed John Gambold 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. 82
File Book 32
13 Mar 1970
Date of Application

MALE
Medical Examination Report Dated 13 Mar 1970
Name of Physician F. P. Warbinton M.D.

FEMALE
Medical Examination Report Dated 13 Mar 1970
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 Leonard; Middle W.; Last Frederick
Date of Birth: Month March; Day 6; Year 1947
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 405 N. Mill St; City Pitts; County Hen.; State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation U.S. Navy: RM3
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Navy ID 127-47-2084

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

Name	Age	Address

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

11. Full name of father Wilford Leonard Frederick
    Residence of father (if deceased so state) Same Pitts, Ind
    Occupation of father Printer. Indpls Newspaper Race of father White
    Birthplace of father (State or foreign country) Drew Co., Ark.
12. Full maiden name of mother Mary Ellen Jewlin
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Pitts, Ind.

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

Signed Leonard W. Frederick
New Address Consta, Iceland (Keflavik)

Subscribed and sworn to before me this 13th day of March, 1970

John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

..... Clerk

FEMALE APPLICANT

Name: First Bonnie; Middle Sue; Last Downing.
Date of Birth: Month January; Day 1; Year 1948
Place of Birth (State or foreign country) Dayton Ohio.
Residence Address: Street or R. R. R2 Bx 138; City Indpls; County Hen.; State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hen 69 Dawson
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Waitress. W. 70
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Opr. Lic.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
7. Full name of father Thomas Erskine Downing
   Residence of father (if deceased so state) Jo, Ohio
   Occupation of father Mechanic Race of father White
   Birthplace of father (State or foreign country) Dayton, Ohio
8. Full maiden name of mother Mary Naomi Sheets.
   Residence of mother (if deceased so state) Mooresville, Ind.
   Occupation of mother Cafe. RCA. Race of mother White
   Birthplace of mother (State or foreign country) Dayton, Ohio

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

Signed Bonnie Sue Downing
New Address R2 Bx 138 Indpls.

Subscribed and sworn to before me this 13th day of March, 1970

John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. Court by written order issued 13 Mar 1970 and filed 3 da Warr

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* March, 1970, *authorizing the joining together as husband and wife* Leonard W. Frederick. *and* Bonnie Sue Downing.

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

I, Warren A. Robbins *hereby certify that on the* 14th *day of* March, *one thousand nine hundred and* 70 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Leonard W. Frederick *of* Hendricks *County, State of* Indiana, *and, Bride* Bonnie Sue Downing *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14th *day of* March, 19 70.

Signed Warren A. Robbins
Official Designation Christian minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* March, 19 70.

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. 83
File Book K32
14 March 1970
Date of Application

MALE
Medical Examination Report Dated 23 Febry 1970
Name of Physician Jos. C. Kerlin MD

FEMALE
Medical Examination Report Dated 23 Feb 1970
Name of Physician Jos C. Kerlin MD

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

MALE APPLICANT

Name: First Ronald Middle Wayne Last Brown
Date of Birth: Month July Day 12 Year 1942
Place of Birth (State or foreign country) DeKalb, Alabama
Residence Address: Street or R. R. Upton Rt, Box 107 City Pittsboro County Hen State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 69 Marshall Co, Ala.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver. Material Trans.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 37950

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

Name	Age	Address
Kimberly Sue	2½	Albertville, Ala.
Sonya W.	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 John Lester Brown
    Residence of father (if deceased so state) RR 3 Boaz, Ala.
    Occupation of father Retired. Race of father White
    Birthplace of father (State or foreign country) W. Dallas, Lex.
12. Full maiden name of mother Live Upton
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W. Race of mother white
    Birthplace of mother (State or foreign country) DeKalb, Ala.

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

Signed Ronald Wayne Brown
New Address Dept a, S. Green St., Bransby.

Subscribed and sworn to before me this 14th day of March, 1970
John Sandell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle Jean Last Blackwell
Date of Birth: Month July Day 8 Year 1948
Place of Birth (State or foreign country) Marshall Co. Ala.
Residence Address: Street or R. R. Rt 248 City Pittsboro County Hen State Ind. C3 Upton
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 69 Marshall Co, Ala.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Assembler. Aircraft Elect.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Artie Bee Blackwell
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Cherokee Co. Ala.
8. Full maiden name of mother Rita Mae McCollum.
   Residence of mother (if deceased so state) Albertville, Ala.
   Occupation of mother Processor. Race of mother white
   Birthplace of mother (State or foreign country) Marshall Co, Ala

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

Signed Linda Jean Blackwell
New Address Same

Subscribed and sworn to before me this 14th day of March, 19 70
John Sandell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 19 70, *authorizing the joining together as husband and wife* Ronald Wayne Brown *and* Linda Jean Blackwell

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

I, Sherman Essex *hereby certify that on the* 29th *day of* March, *one thousand nine hundred and* 70 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Ronald Wayne Brown *of* Hendricks *County, State of* Indiana, *and, Bride* Linda Jean Blackwell *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 19 70.

Signed Sherman Essex
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st *day of* April, 19 70.

Signed John J. Sandell 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. 84
File Book 32
14 March 1970
Date of Application

MALE
Medical Examination Report Dated 12 March 1970
Name of Physician John P. Calhoon MD

FEMALE
Medical Examination Report Dated 12 March 1970
Name of Physician John P. Calhoon MD

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

MALE APPLICANT

Name: First Lawrence Middle — Last Jones
Date of Birth: Month March Day 11 Year 1912
Place of Birth (State or foreign country) Vermillion Co, Ind.
Residence Address: Street or R. R. 24 S. Penn. City Dixie, Hend. County State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☑ 1961 Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Warehouseman: Warco Sup.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Chauf Lic. J520-12131

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

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

Signed Lawrence Jones
New Address 24 S. Penn. Danville Ind.
Subscribed and sworn to before me this 14th day of March, 19 70
John Randolph HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Helen Middle E. Last Winters.
Date of Birth: Month August Day 23 Year 1914
Place of Birth (State or foreign country) Paris, Ill.
Residence Address: Street or R. R. Bainbridge City Putnam County State Ind.
Maiden Name if Different Helen E. Maxfield
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ 1439454 Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Saleslady: Ayres.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Oper Lic W536-14343

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

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

Signed Helen E Winters
New Address Same
Subscribed and sworn to before me this 14th day of March, 19 70
John Randolph HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 14 March 1970 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da Waiv

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* March, 19 70, *authorizing the joining together as husband and wife* Lawrence Jones *and* Helen E. Winters.

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

I, Glen Melvin McFarland *hereby certify that on the* 14th *day of* March, *one thousand nine hundred and* 70 *at* Union Chapel - Morton In *County of* Putnam, *State of Indiana, Groom* Lawrence Jones *of* Hendricks *County, State of* Indiana *and, Bride* Helen E. Winters *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 14th *day of* March, 19 70.

Signed Glen McFarland
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* March, 19 70.

Signed John Randolph Jr *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 85
File Book 32
March 14 1970
Date of Application

MALE
Medical Examination Report Dated 3-4-70
Name of Physician R. Schuett Hein MD

FEMALE
Medical Examination Report Dated 3-4-70
Name of Physician Carl E. Heinlein M D

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

MALE APPLICANT

Name: First James Middle Gunnar Last Richardson

Date of Birth: Month August Day 20 Year 1947

Place of Birth (State or foreign country)

Residence Address: Street or R. R. Bloomington City Monroe County Ind State

3444 Washington Blvd 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: Medical Student - I. U. Indpls.

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

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

    Name Age Address

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

11. Full name of father (W) alter Kenneth Richardson
    Residence of father (if deceased so state) 712 South Grant Bloomington
    Occupation of father Banker Race of father W
    Birthplace of father (State or foreign country) Unionville Ind.
12. Full maiden name of mother Sally LaVerne Wampler
    Residence of mother (if deceased so state) Same
    Occupation of mother Teacher Race of mother W
    Birthplace of mother (State or foreign country) Smithville Ind.

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

Signed x James Gunnar Richardson
New Address W. 10th St Indpls Ind

Subscribed and sworn to before me this 14 day of March, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sheryl Middle Rae Last Falls

Date of Birth: Month September Day 19 Year 1947

Place of Birth (State or foreign country) Indpls

Residence Address: Street or R. R. PO Box 55 City Danville County Hend State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student - I. U.

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Billie Dee Falls
   Residence of father (if deceased so state) Same
   Occupation of father Realtor Race of father (W)
   Birthplace of father (State or foreign country) Peters burg Ind
8. Full maiden name of mother Edna Eileen Worden
   Residence of mother (if deceased so state) Same
   Occupation of mother Secretary Race of mother (W)
   Birthplace of mother (State or foreign country) Danville Ind

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

Signed x Sheryl Rae Falls
New Address W. 10th St Indpls Ind

Subscribed and sworn to before me this 14 day of March, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 1970, *authorizing the joining together as husband and wife* James Gunnar Richardson *and* Sheryl Rae Falls.

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

I, Rhodes Thompson *hereby certify that on the* 21st *day of* March, *one thousand nine hundred and* Seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* James Gunnar Richardson *of* Marion *County, State of* Indiana, *and, Bride* Sheryl Rae Falls *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 20 th *day of* March, 1970.

Signed Rhodes Thompson
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* March, 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. 86
File Book 32
March 14 1970
Date of Application

MALE
Medical Examination Report Dated 3-9-70
Name of Physician Irving Cohen M D

FEMALE
Medical Examination Report Dated 3-9-70
Name of Physician Irving Cohen M D

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

MALE APPLICANT

Name: First Michael Middle R. Last Underwood
Date of Birth: Month September Day 18 Year 1949
Place of Birth (State or foreign country) Shelby ville
Residence Address: Street or R. R. RR1 Box 105 City Clayton County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student - Ind. State
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Eddie Ellis Underwood
    Residence of father (if deceased so state) Same
    Occupation of father Engine Assembler Race of father W
    Birthplace of father (State or foreign country) Bullock Co Ky
12. Full maiden name of mother Laura May Mantooth
    Residence of mother (if deceased so state) Same
    Occupation of mother Sales Clerk Race of mother W
    Birthplace of mother (State or foreign country) Monroe Ind.

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

Signed ×Michael R. Underwood
New Address RR1 Clayton
Subscribed and sworn to before me this 14 day of March, 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, County of HENDRICKS } ss:
Signed ×Eddie Ellis Underwood Father
Signed Laura M. Underwood Mother
Subscribed and sworn to before me this 14 day of March, 1970.
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle Glenn Last Richardson
Date of Birth: Month December Day 5 Year 1948
Place of Birth (State or foreign country) Evansville Ind.
Residence Address: Street or R. R. RR 3 City Rockport County Spencer 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 - Ind. State
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William Frederick Richardson
   Residence of father (if deceased so state) Same
   Occupation of father Glass Roller Race of father W
   Birthplace of father (State or foreign country) Spencer Co Ind.
8. Full maiden name of mother Dorothy Nell Montgomery
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Knox Co Ind.

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

Signed ×Elizabeth Glenn Richardson
New Address RR1 Clayton
Subscribed and sworn to before me this 14 day of March, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 19 70, *authorizing the joining together as husband and wife* Michael R. Underwood *and* Elizabeth Glenn Richardson
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* 21 *day of* March, *one thousand nine hundred and* Seventy, *at* RR2 Clayton *State of Indiana, Groom* Michael R. Underwood *of* Hazelwood, *County of* Hendricks, *and, Bride* Elizabeth Glenn Richardson *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Spencer *County, State of* Indiana, *County.*
Dated this 21 *day of* March, 19 70.

Signed Clarence E. Hopkins
Official Designation Baptist Minister

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

Signed Clarence E. Hopkins *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 87
File Book 32
March 14, 1970
Date of Application

MALE
Medical Examination Report Dated March 9, 1970
Name of Physician C. W. Dill

FEMALE
Medical Examination Report Dated March 9, 1970
Name of Physician C. W. Dill

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Earl Last Burton
Date of Birth: Month January Day 14, Year 1925
Place of Birth (State or foreign country) Mitchell
Residence Address: Street or R. R. R.R. 1, Box 170, City Clayton, 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 Electrician
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Drivers License

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

Name	Age	Address
Robert Lee Burton	18	R.R. #1, Layton, Ind.
Mark Anthony	16	R.R. #1, Layton, 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 Earl Burton
Residence of father (if deceased so state) Bedford, Indiana
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Mitchell, Ind.
12. Full maiden name of mother Pearl Johnson
Residence of mother (if deceased so state) Brownstown, Ind.
Occupation of mother Retired Race of mother White
Birthplace of mother (State or foreign country) Mitchell

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robert Earl Burton
New Address 4724 E. Minnesota, Indianapolis
Subscribed and sworn to before me this 14th day of March, 1970
John Gambrel Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Jessie Middle G. Last Stevens
Date of Birth: Month July Day 9, Year 1918
Place of Birth (State or foreign country) Simpson County, Kentucky
Residence Address: Street or R. R. 4724 E. Minnesota, City Indianapolis, County, State Ind.
Maiden Name if Different Jessie Yates
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 Clerk Typist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles E. Yates
Residence of father (if deceased so state) 4724 E. Minnesota
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Simpson County, Ky.
8. Full maiden name of mother Verna Maude Travis
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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jessie G. Stevens
New Address 4724 E. Minnesota
Subscribed and sworn to before me this 14th day of March, 1970
John Gambrel Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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* 19 *day of* March, 1970., *authorizing the joining together as husband and wife* Robert Earl Burton *and* Jessie G. Stevens
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Burl Eads *hereby certify that on the* 28 th *day of* March, *one thousand nine hundred and* 70 *at* Camby, *County of* Marion, *State of Indiana, Groom* Robert Earl Burton *of* Hendricks *County, State of* Indiana *and, Bride* Jessie G. Stevens *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 28 th *day of* March, 1970.

Signed Rev. Burl Eads
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* April, 1970.
Signed John Gambrel Jr *Clerk* HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 88
File Book 32
3-14-70
Date of Application

MALE
Medical Examination Report Dated 3-14-70
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 3-14-70
Name of Physician Joseph C. 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Alexander Last Grant
Date of Birth: Month May Day 14 Year 1945
Place of Birth (State or foreign country) Camden N. J.
Residence Address: Street or R. R. 922 S. Harding Blvd City Indpls County Marion State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Mach. Engr.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Saubian Grant
    Residence of father (if deceased so state) 38 West St Woodbury N.J.
    Occupation of father Postal Clerk Race of father W
    Birthplace of father (State or foreign country) Woodbury N. J.
12. Full maiden name of mother Dorothy May Wilson
    Residence of mother (if deceased so state) Same as Father
    Occupation of mother House wife Race of mother W
    Birthplace of mother (State or foreign country) Camden N.J.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x John Alexander Grant
New Address Village Sq. Apts Indpls Ind
Subscribed and sworn to before me this 14 day of Mar, 19 70.
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Betty Middle Jean Last Shover
Date of Birth: Month July Day 27 Year 1947
Place of Birth (State or foreign country) Methodist Hospital Indpls Ind
Residence Address: Street or R. R. Box 174 City Clayton County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harry LeRoy Shover
   Residence of father (if deceased so state) Same
   Occupation of father Carbon - Factory Race of father W
   Birthplace of father (State or foreign country) Morgan Co. Ind.
8. Full maiden name of mother Ruth Hall
   Residence of mother (if deceased so state) Same
   Occupation of mother Captivia Race of mother W
   Birthplace of mother (State or foreign country) Portsmouth, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Betty J. Shover
New Address Village Sq. Apts - Indpls
Subscribed and sworn to before me this 14 day of Mar, 19 70.
John G. 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18 *day of* March, 19 70, *authorizing the joining together as husband and wife* John Alexander Grant *and* Betty Jean Shover
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert A. Falconer *hereby certify that on the* 5th *day of* April, *one thousand nine hundred and* 70 *at* Clayton, *State of Indiana, Groom* John Alexander Grant *of* Marion *County, State of* Indiana, *and, Bride* Betty Jean Shover *of* Hendricks *County, State of* Indiana, *were by me united 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* April, 19 70.

Signed Robert A. Falconer
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* April, 19 70.
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. 89
File Book 33
mar 14 1970
Date of Application

MALE
Medical Examination Report Dated 3-13-70
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 3-13-70
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: First Daniel; Middle J.; Last Lee
Date of Birth: Month Sept; Day 18; Year 1939
Place of Birth (State or foreign country): Bedford Lawrence Ind.
Residence Address: Street or R. R. 120 E. Main; City Plainfield; County Hend; State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation Industrial Eng.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐ (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name ..... Age ..... Address .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ferd E. Lee
    Residence of father (if deceased so state) 1403 E. Main Pfield
    Occupation of father Industrialist Race of father W
    Birthplace of father (State or foreign country) Bedford Ind.
12. Full maiden name of mother Esther Irene Wray
    Residence of mother (if deceased so state) Same as father
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Bedford Ind

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

Signed X David J. Lee
New Address 6830 Searley Rd Indpls

Subscribed and sworn to before me this 14 day of March, 1970.
John Gaunlord Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda; Middle G.; Last Hays
Date of Birth: Month June; Day 21; Year 1944
Place of Birth (State or foreign country) Kokomo
Residence Address: Street or R. R. 9250 Rockville Rd; City Indpls; County Marion; State Ind
Maiden Name if Different .....
Previous Marital Status: Never Married ☑ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation PBX Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Raymond L. Hays
   Residence of father (if deceased so state) 9250 Rockville Rd Indpls
   Occupation of father Pipe Fitter Race of father W
   Birthplace of father (State or foreign country) Lebanon Ky
8. Full maiden name of mother Dorothy P. Wood
   Residence of mother (if deceased so state) Same
   Occupation of mother Cashier Race of mother W
   Birthplace of mother (State or foreign country) Tipton Ind

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

Signed X Linda H. Hays
New Address 6830 Searley Rd Indpls

Subscribed and sworn to before me this 14 day of March, 1970.
John Gaunlord Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 March, 1970, authorizing the joining together as husband and wife Daniel J. Lee and Linda G. Hays

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

I, Donald A. Watson hereby certify that on the 21st day of March, one thousand nine hundred and 70 at Shiloh United Methodist Church County of Hendricks, State of Indiana, Groom Daniel J. Lee of Hendricks County, State of Indiana, and, Bride Linda G. Hays of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 21 day of March, 1970. Signed Donald A. Watson
Official Designation Pastor Shiloh United Meth. Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of March, 1970. Signed John Gaunlord Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 90
File 3-14-70
Book 3V
Date of Application

MALE
Medical Examination Report Dated 3-2-70
Name of Physician Dr David Haggard

FEMALE
Medical Examination Report Dated 3-2-70
Name of Physician Dr David Haggard

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

MALE APPLICANT

Name: First Samuel Middle Ray Last Heckman

Date of Birth: Month 9 Day 18 Year 1946

Place of Birth (State or foreign country): Bloomington Indiana

Residence Address: 1589 Burton Lane Street or R. R. Martinsville City Morgan County Indiana State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Machinist - Allisons

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Driver Licence # H255-H6378
☐ Other (Specify) Identification Card H690368

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Eussell Heckman
    Residence of father (if deceased so state) same as groom
    Occupation of father Teacher - Trafalgar Race of father white
    Birthplace of father (State or foreign country) Dixon Illinois
12. Full maiden name of mother Blanche Montgomery
    Residence of mother (if deceased so state) same
    Occupation of mother Housewife Race of mother white
    Birthplace of mother (State or foreign country) Bloomington Indiana

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

Signed Samuel B. Heckman

New Address.....

Subscribed and sworn to before me this 14 day of March, 19 70.

John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Sue Last Runyan

Date of Birth: Month 10 Day 27 Year 1949

Place of Birth (State or foreign country): Sullivan Co Indiana

Residence Address: RR 4 Box 81 Street or R. R. Mooresville City Hendricks County Indiana 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) Certificate # 113-49-225773

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Floyd Edward Runyan
   Residence of father (if deceased so state) same as bride
   Occupation of father Supt. Allisons Race of father white
   Birthplace of father (State or foreign country) Sullivan Co. Ind.
8. Full maiden name of mother Susan Flora Oswald
   Residence of mother (if deceased so state) same
   Occupation of mother Reg. Nurse Race of mother white
   Birthplace of mother (State or foreign country) Brown Co. Ohio

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

Signed Carolyn S Runyan

New Address.....

Subscribed and sworn to before me this 14 day of March, 19 70.

John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* March, 19 70, *authorizing the joining together as husband and wife* Samuel Ray Heckman *and* Carolyn Sue Runyan.

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

I, Everett V. Smock *hereby certify that on the* 27th *day of* March, *one thousand nine hundred and* Seventy *at* Hazelwood, *County of* Hendricks, *State of Indiana, Groom* Samuel Ray Heckman *of* Morgan *County, State of* Indiana *and, Bride* Carolyn Sue Runyan *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 19 70.

Signed Everett V. Smock

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* March, 19 70.

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. 91
File Book 32
March 16 1970
Date of Application

MALE
Medical Examination Report Dated 3-12-70
Name of Physician C. Elaine Lane

FEMALE
Medical Examination Report Dated 3-7-70
Name of Physician Dr Forrest L. Denny

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

MALE APPLICANT

Name: First Edwin Middle Charles Last Thompson
Date of Birth: Month July Day 26 Year 1912
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. 9880 W. 10th St. City Judyfs 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 machinist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☑
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Guy T Thompson
    Residence of father (if deceased so state) Deceased
    Occupation of father machinist Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Clara Sherwood
    Residence of mother (if deceased so state) 3555 Brookside Rd Judyfs
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed x Edwin Charles Thompson
New Address 9880 W. 10th Judyfs

Subscribed and sworn to before me this 16 day of March, 1970.
John Gambrold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Phyllis Middle C. Last Gandolf
Date of Birth: Month August Day 16 Year 1923
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. RR 2 Box 248 City Danville County Hend State Ind
Maiden Name if Different Beyer
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, Hospital
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father George C. Beyer
   Residence of father (if deceased so state) 714 E. Main Danville
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Judyfs Ind.
8. Full maiden name of mother Helen Francis
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Judyfs Ind.

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

Signed x Phyllis C. Gandolf
New Address 9880 W. 10th Judyfs

Subscribed and sworn to before me this 16 day of March, 1970
John Gambrold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 1970, *authorizing the joining together as husband and wife* Charles Edwin Thompson *and* Phyllis C. Gandolf

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

I, Fred N. Graham *hereby certify that on the* 28th *day of* March, *one thousand nine hundred and* Seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Edwin Chas. Thompson *of* Hendricks *County, State of* Indiana *and, Bride* Phyllis C. Gandolf *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 1970.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* March, 1970.

Signed John Gambrold Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 92
File Book 32
March 16, 1970
Date of Application

MALE
Medical Examination Report Dated 3-13-70
Name of Physician Joseph C. Kerlin, M.D.

FEMALE
Medical Examination Report Dated 3-13-70
Name of Physician Joseph C. Kerlin, M.D.

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

MALE APPLICANT

Name: First Robert Middle L. Last Hall
Date of Birth: Month December Day 6, Year 1944
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 162 N. High Street City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Welder
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address
Robert Andrew Hall	7-8-62	Lockerbie Dr., Indpls.
Annette Marie Hall	5	" " "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Harold Leroy Hall
    Residence of father (if deceased so, state) 315 Burke St., Indianapolis
    Occupation of father Engineer Race of father White
    Birthplace of father (State or foreign country) Crawfordsville, Ind.
12. Full maiden name of mother Dorothy Mae Smith
    Residence of mother (if deceased so state) 315 Burke St. Indianapolis
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indianapolis

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

Signed Robert Lawrence Hall
New Address 162 N. High Street, Danville, Ind.

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

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

FEMALE APPLICANT

Name: First Julie Middle L. Last Kreighbaum
Date of Birth: Month October Day 23, Year 1946
Place of Birth (State or foreign country) Plymouth, Indiana
Residence Address: Street or R. R. 302 Park Ave City Crawfordsville County Montgomery 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 Cafeteria Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harvey Lewis Kreighbaum
   Residence of father (if deceased so state) Crawfordsville, Ind.
   Occupation of father Self Employed Race of father White
   Birthplace of father (State or foreign country) Plymouth, Ind.
8. Full maiden name of mother Marjorie Hope Zahrn
   Residence of mother (if deceased so state) Crawfordsville, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Crumstown, Ind.

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

Signed Julie L. Kreighbaum
New Address 162 N. High Street, Danville, Ind.

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 1970, *authorizing the joining together as husband and wife* Robert L. Hall *and* Julie L. Kreighbaum

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

I, Rhodes Thompson *hereby certify that on the* 20th *day of* March, *one thousand nine hundred and* Seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Robert L. Hall *of* Hendricks *County, State of* Indiana *and, Bride* Julie Rae Kreighbaum *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 1970.

Signed Rhodes Thompson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* March, 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. 93
File Book 32
17 March 1970
Date of Application

MALE
Medical Examination Report Dated 16 March 1970
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 16 March 1970
Name of Physician Irving Cohen M.D.

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

MALE APPLICANT

Name: First James, Middle R., Last Musters
Date of Birth: Month August, Day 7, Year 1947
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R1 Bx 69, City Clayton, County Hen., State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Factory Worker: Diamond chain & Stmfg
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sel Ser 12 30 47 22J

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐ (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
.....
.....
.....
(b) Are you supporting or contributing to their 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 Harvey Musters.
Residence of father (if deceased so state) Michigan City Indpt.
Occupation of father Draftsman Race of father White
Birthplace of father (State or foreign country).....
12. Full maiden name of mother Ruby Delphine Mahanen Sheets.
Residence of mother (if deceased so state) Same Clayton, Ind.
Occupation of mother Time Keeper: Lilly. Race of mother White
Birthplace of mother (State or foreign country) Scottsville, Ky.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed James R. Musters
New Address R3 Bx 193 Mooresville, Ind.
Subscribed and sworn to before me this 17th day of March, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Mary, Middle L., Last Mc Martin
Date of Birth: Month December, Day 30, Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R1 Bx 261, City Camby, County Hen., State Ind.
Maiden Name If Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Repair clerk: Ind Bell.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 12608

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father LuVerne Glenn McMartin
Residence of father (if deceased so state) R1 Camby, Ind.
Occupation of father Construction: Self Race of father White
Birthplace of father (State or foreign country) Decorah, Iowa.
8. Full maiden name of mother Carol Makine Johnson
Residence of mother (if deceased so state) Same
Occupation of mother Cashier. Kroger Race of mother White
Birthplace of mother (State or foreign country) Monrovia, Ind.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Mary L McMartin
New Address Same.
Subscribed and sworn to before me this 17th day of March, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* March, 1970, *authorizing the joining together as husband and wife* James R. Musters *and* Mary L. Mc Martin.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edison C. White *hereby certify that on the* 21 *day of* march, *one thousand nine hundred and* 70 *at* Mooresville, *County of* Morgan, *State of Indiana, Groom* James R. Musters *of* Hendricks *County, State of* Indiana *and, Bride* Mary L. Mc Martin *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 21 *day of* march, 1970.

Signed Edison C. White
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* march, 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. 94
File Book 32
March 17 1970
Date of Application

MALE
Medical Examination Report Dated 3-16-70
Name of Physician C. Powell Van Meter M D

FEMALE
Medical Examination Report Dated 3-16-70
Name of Physician C. Powell Van Meter M D

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

MALE APPLICANT

Name: First Walter Middle M. Last Hodgin

Date of Birth: Month March Day 17 Year 1915

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

Residence Address: Street or R. R. 3116 Clover Dr City Indpls County Hend State Ind

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

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

Usual Occupation Contract Trucking

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

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

Name	Age	Address

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

11. Full name of father Herschell Ernestus Hodgin
    Residence of father (if deceased so state) Deceased
    Occupation of father ____ Race of father W
    Birthplace of father (State or foreign country) Hamilton Co Ind
12. Full maiden name of mother Myrtle May Clark
    Residence of mother (if deceased so state) Indpls Ind
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Tennessee

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

Signed x Walter M. Hodgin
New Address 1481 Third ave Chula Vista Cal

Subscribed and sworn to before me this 17 day of Mar, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Ruth Middle Naomi Last Pettit

Date of Birth: Month Nov. Day 16 Year 1913

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

Residence Address: Street or R. R. 1481 Third Ave. City Chula Vista County ____ State Calif.

Maiden Name if Different Kelly

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 Identifier - Aircraft Co.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License Calif. Y1037340

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Otha Byron Kelly
   Residence of father (if deceased so state) Deceased
   Occupation of father ____ Race of father W
   Birthplace of father (State or foreign country) Kokomo Ind
8. Full maiden name of mother Ethel May Cull
   Residence of mother (if deceased so state) Deceased
   Occupation of mother ____ Race of mother W
   Birthplace of mother (State or foreign country) Thorntown Ind.

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

Signed x Ruth N. Pettit.
New Address 1481 Third ave. Chula Vista

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ HENDRICKS County ____ Circuit Court by written order issued Mar 17, 1970 and filed in Clerk's ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17 *day of* March, 1970, *authorizing the joining together as husband and wife* Walter M. Hodgin *and* Ruth Naomi Pettit
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William F. Hill *hereby certify that on the* 17 *day of* March, *one thousand nine hundred and* 70 *at* Indianapolis, *County of* Hendricks, *State of Indiana, Groom* Walter M. Hodgin *of* Hendricks *County, State of* Indiana *and, Bride* Ruth Naomi Pettit *of* San Diego *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17 *day of* March, 1970.

Signed Dr Wm. F. Hill
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* March, 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. 95
File Book 32
3-19-70
Date of Application

MALE
Medical Examination Report Dated 3-10-70
Name of Physician Dr Norman E. Whitney

FEMALE
Medical Examination Report Dated 3-10-70
Name of Physician Norman E. Whitney

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

MALE APPLICANT

Name: First Ronald Middle Dallas Last Adams
Date of Birth: Month 8 Day 4 Year 1951
Place of Birth (State or foreign country): Mayfield - Graves Co. Ky
Residence Address: Rt 1 Street or R. R. Plainfield City Hendricks County Indiana State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: Truck Driver - Culligan
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Kentucky - 116-51-4923

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Randall Dallas Adams
    Residence of father (if deceased so state): deceased
    Occupation of father..... Race of father.....
    Birthplace of father (State or foreign country): McCracken Co. Ky.
12. Full maiden name of mother: Mary Catherine Shelbert
    Residence of mother (if deceased so state): same as groom
    Occupation of mother: Waitress Race of mother: white
    Birthplace of mother (State or foreign country): Graves Co., Ky.

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

Signed: Ronald D. Adams
New Address.....

Subscribed and sworn to before me this 19 day of March, 19 70
John Gambold Jr. - Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed: Deceased ..... Father
Signed: Mary K. Rude ..... Mother
Subscribed and sworn to before me this 17 day of March, 19 70
John Gambold Jr. ..... Clerk

FEMALE APPLICANT

Name: First Jane Middle Marie Last Hodshire
Date of Birth: Month 2 Day 10 Year 1951
Place of Birth (State or foreign country): Tipton - Tipton Co. Indiana
Residence Address: R#4 Street or R. R. Noblesville City Hendricks County Indiana 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) Tipton Co. -

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Oliver Hodshire
   Residence of father (if deceased so state): Same
   Occupation of father: Chemist - Allison Race of father: white
   Birthplace of father (State or foreign country): Clay Co. Indiana
8. Full maiden name of mother: Mary Marie Peters
   Residence of mother (if deceased so state): Same
   Occupation of mother: housewife Race of mother: white
   Birthplace of mother (State or foreign country): Tipton Indiana

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

Signed: Jane Marie Hodshire
New Address.....

Subscribed and sworn to before me this 19 day of March, 19 70
John Gambold Jr. - Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 uniting together as husband and wife and .....

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

I, ... hereby certify that on the ..... day of ....., one thousand nine hundred and ....., at ....., County of ....., State of Indiana, Groom ....., 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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 96
File Book 32
March 20, 1970
Date of Application

MALE
Medical Examination Report Dated 3-20-70
Name of Physician Dan Paplas

FEMALE
Medical Examination Report Dated 3-20-70
Name of Physician Dan Paplas

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

MALE APPLICANT

Name: First Thomas Middle R. Last Lynch
Date of Birth: Month March Day 26, Year 1949
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R. R. R.R.#2, Box 100, City Indianapolis, County, 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 In Armed Service
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) U.S. Army I.D. Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Thomas Joseph Lynch
    Residence of father (if deceased so state) Deceased
    Occupation of father..... Race of father White
    Birthplace of father (State or foreign country).....
12. Full maiden name of mother Anna LaVerne Lents
    Residence of mother (if deceased so state) R.R.#2, Box 100, Indpls.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Canelburg, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Thomas R. Lynch
New Address John Gambrel Jr
Subscribed and sworn to before me this 20 day of March, 1970.
John Gambrel Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Deceased Father
Signed Anna LaVerne Hicks Mother
Subscribed and sworn to before me this 20 day of March, 1970.
John Gambrel Jr Clerk

FEMALE APPLICANT

Name: First Kathryn Middle J. Last Norris
Date of Birth: Month May Day 31, Year 1953
Place of Birth (State or foreign country): Birch Grove, Indiana
Residence Address: Street or R. R. R.R.#2, Box 330, City Plainfield, County, 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
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Alva Lee Norris
   Residence of father (if deceased so state) R.R.#2, Box 330, Plainfield, Ind.
   Occupation of father Send Operator Race of father White
   Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Leona Baker
   Residence of mother (if deceased so state) R.R.#2, Box 330 Plainfield, Ind.
   Occupation of mother L.P.N. Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Kathryn J. Norris
New Address
Subscribed and sworn to before me this 20 day of March, 1970
John Gambrel Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed See waiver Father
Signed Leona Norris Mother
Subscribed and sworn to before me this 20 day of March, 1970
John Gambrel Jr Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in HENDRICKS County Circuit Court by written order issued 3-20-70 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of March, 1970, authorizing the joining together as husband and wife Thomas R. Lynch and Kathryn J. Norris
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James Edmondson hereby certify that on the 20 day of March one thousand nine hundred and seventy at Plainfield, County of Hendricks, State of Indiana, Groom Thomas R Lynch of Hendricks County, State of Indiana, and, Bride Kathy Norris of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 20 day of March, 1970.
Signed Rev James D. Edmondson
Official Designation Evangelist

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of March, 1970.
Signed John Gambrel Jr. Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 97
File Book 32
March 21, 1970
Date of Application

MALE
Medical Examination Report Dated 3-3-70
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated 3-3-70
Name of Physician Lloyd Terry, M.D.

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

MALE APPLICANT

Name: First Ronnie Middle L. Last Mitchell
Date of Birth: Month February Day 4 Year 1948
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 413 Broadway City Danville 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 In Army.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Armed Forces I.D. Card.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles Earl Mitchell
    Residence of father (if deceased so state) 413 Broadway, Danville
    Occupation of father Grande Florists Race of father White
    Birthplace of father (State or foreign country) Dugger, Ind.
12. Full maiden name of mother Lois Louise Unger
    Residence of mother (if deceased so state) 413 Broadway, Danville
    Occupation of mother Johnstons VGA Race of mother White
    Birthplace of mother (State or foreign country) Carlisle

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

Signed Ronnie L. Mitchell
New Address.....
Subscribed and sworn to before me this 21st day of March, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Lettie Middle A. Last Brock
Date of Birth: Month October Day 30, Year 1951
Place of Birth (State or foreign country) Norton, Virginia
Residence Address: Street or R. R. R.R. #3, Box 14, 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 Stays at 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 Alvin Buford Brock
   Residence of father (if deceased so state) R.R. #3, Box 14, Danville
   Occupation of father Warehouse Worker Race of father White
   Birthplace of father (State or foreign country) Whitesburg, Ky.
8. Full maiden name of mother Mary Jane Wagner
   Residence of mother (if deceased so state) R.R. #3, Box 14, Danville
   Occupation of mother Plastic Coating Race of mother White
   Birthplace of mother (State or foreign country) Whitesburg, Ky.

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

Signed Lettie A. Brock
New Address.....
Subscribed and sworn to before me this 21st day of Mar., 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 19 70, *authorizing the joining together as husband and wife* Ronnie L. Mitchell *and* Lettie A. Brock

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

I, Buford Brock *hereby certify that on the* 29th *day of* March, *one thousand nine hundred and* 70 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Ronnie L. Mitchell *of* Hendricks *County, State of* Indiana *and, Bride* Lettie A. 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 29th *day of* March, 19 70.

Signed Buford Brock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31st *day of* March, 19 70.

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. 98
File Book 32
3-21-70
Date of Application

MALE
Medical Examination Report Dated 3-20-70
Name of Physician Dr Carl Henlein

FEMALE
Medical Examination Report Dated 3-20-70
Name of Physician Dr Carl L. Henlein

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

MALE APPLICANT

Name: First Norman Middle Ray Last Smith
Date of Birth: Month 10 Day 6 Year 1948
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. RR2 Box 207 City Clayton 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: College Student - I.U.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service - 12-30-48-331

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their 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 Norman Smith
    Residence of father (if deceased so state): Same
    Occupation of father: Carpenter Race of father: White
    Birthplace of father (State or foreign country): Illinois
12. Full maiden name of mother: Marion Elizabeth Ludlow
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Norman Ray Smith
New Address 215 N. Penn St. Plainfield

Subscribed and sworn to before me this 24 day of March, 19 70
John Dankbar Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Lona Middle Gaye Last Comer
Date of Birth: Month 6 Day 28 Year 1950
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. 216 Avon Ave City Plainfield County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: Tax Examiner - State of Indiana 5695
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License #C566-50268

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Drew Comer
   Residence of father (if deceased so state): Coatesville Ind.
   Occupation of father: Farmer Race of father: white
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Lois Gertrude Storts
   Residence of mother (if deceased so state): Coatesville Indiana
   Occupation of mother: Housewife Race of mother: white
   Birthplace of mother (State or foreign country): Hope, Ind.

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

Signed Lona G. Comer
New Address.....
Subscribed and sworn to before me this 21 day of March, 19 70
John Dankbar Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 28th *day of* March, 19 70, *authorizing the joining together as husband and wife* Norman Ray Smith *and* Lona Gaye Comer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James R. Henry *hereby certify that on the* fourth *day of* April, *one thousand nine hundred and* seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Norman Ray Smith *of* Hendricks *County, State of* Indiana *and, Bride* Lona Gaye Comer *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this fourth *day of* April, 19 70.

Signed James R. Henry
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7th *day of* April, 19 70.
Signed John Dankbar Jr *Clerk* HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 99
File Book 32
21 March 1970
Date of Application

MALE
Medical Examination Report Dated 20 Mar 1970
Name of Physician Thos. Walker. MD.

FEMALE
Medical Examination Report Dated 20 Mar 1970
Name of Physician Thos Walker MD

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

MALE APPLICANT

Name: First David Middle Lee Last Starkey
Date of Birth: Month August Day 22 Year 1950
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. R2 Bx 66 City B'burg County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Mechanic: Burg Alyn.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sel Ser. 12 30 50 283

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Melvin Starkey
    Residence of father (if deceased so state) Same B'burg Ind.
    Occupation of father Farmer. Race of father White
    Birthplace of father (State or foreign country) Lon. Twp Hend Co. Ind.
12. Full maiden name of mother Bonnie Delphine Ragan
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Mantrello, Ky.

State of Indiana,
County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed David Lee Starkey
New Address R2 Bx 199E P'fld.
Subscribed and sworn to before me this 21st day of March, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:
Signed Cecil Melvin Starkey Father
Signed Dolphine Starkey Mother
Subscribed and sworn to before me this 21st day of March, 19 70
John Gambold Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Loraine Last Haulk
Date of Birth: Month November Day 3 Year 1951
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. R3 Bx 261 City B'burg County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Teletypist: Ame. United.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father George Thomas Haulk
   Residence of father (if deceased so state) Same B'burg. Ind.
   Occupation of father Maintence: Allen Race of father White
   Birthplace of father (State or foreign country) Hend Co., Ind.
8. Full maiden name of mother Marjorie Maxine Rench.
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Muncie, Ind.

State of Indiana,
County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Cynthia Loraine Haulk
New Address Same
Subscribed and sworn to before me this 21st day of March, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* March, 1970, *authorizing the joining together as husband and wife* David Lee Starkey *and* Cynthia Lorraine Haulk

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

I, R. Blaine Tucker *hereby certify that on the* 28th *day of* March, *one thousand nine hundred and* seventy *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* David Lee Starkey *of* Hendricks *County, State of* Indiana *and, Bride* Cynthia Loraine Haulk *of* Hendricks *County, State of* Indiana, *were by me united 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* March, 19 70.

Signed R. Blaine Tucker
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* May, 19 70.

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. 100
File Book 32
3-21-70
Date of Application

MALE
Medical Examination Report Dated 3-14-70
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 3-14-70
Name of Physician Thomas Walker

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

MALE APPLICANT

Name: First James Middle Bailey Last Raney
Date of Birth: Month 9 Day 17 Year 1948
Place of Birth (State or foreign country): Wishard Hospital Lebanon Boone Indiana
Residence Address: Rt 1 Box 134 Street or R. R. Pittsboro City Hendricks 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: R C A.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Signed James Bailey Raney
New Address Rt 1 Box 151 Pittsboro Ind.

Subscribed and sworn to before me this 21 day of March, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Jean Middle Marie Last Knight
Date of Birth: Month 3 Day 10 Year 1949
Place of Birth (State or foreign country): South Bend Indiana
Residence Address: 525 Swan Brook Dr. Brownsburg 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: Capitol Insurance
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Saint Joseph Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 J. Knight
   Residence of father (if deceased so state): Same as bride
   Occupation of father: Allisons Race of father: white
   Birthplace of father (State or foreign country): South Bend Ind.
8. Full maiden name of mother: Christine Pinkowski
   Residence of mother (if deceased so state): Same
   Occupation of mother: Housewife Race of mother: White
   Birthplace of mother (State or foreign country): Indpls Indiana

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

Signed Jean Marie Knight
New Address RR 1 Box 151 Pittsboro, Ind.

Subscribed and sworn to before me this 21 day of March, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 28 *day of* March, 19 70, *authorizing the joining together as husband and wife* James Bailey Raney *and* Jean Marie Knight
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James R. Hillman *hereby certify that on the* 4th *day of* April, *one thousand nine hundred and* 70 *at* Brownsburg, *State of Indiana, Groom* James Bailey Raney *of* Hendricks *County, State of* Indiana *and, Bride* Jean Marie Knight *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 4 *day of* April, 19 70.

Signed James Bailey Raney
Official Designation Roman Cath. Priest

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* April, 19 70.

Signed John Gambold Jr *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 101
File Bk. 32
3/21/70
Date of Application

MALE
Medical Examination Report Dated 3/16/70
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 3/19/70
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 Wm. Middle Joseph Last Burger
Date of Birth: Month Oct. Day 13 Year 1949
Place of Birth (State or foreign country): Evansville Ind.
Residence Address: Street or R. R. 228 N. Grant City Bensley 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: Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) S.S.S Registration Cert.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Joseph Adam Buerger
    Residence of father (if deceased so state): deceased
    Occupation of father: Race of father:
    Birthplace of father (State or foreign country): Evansville
12. Full maiden name of mother: Edith Campbell
    Residence of mother (if deceased so state): 241 Walnut Ave. Bensley
    Occupation of mother: None Race of mother: W.
    Birthplace of mother (State or foreign country): Evansville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed William J. Buerger
New Address 228 N. Grant St.
Subscribed and sworn to before me this 21 day of March, 19 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Beverly Middle Elizabeth Last Dickey
Date of Birth: Month Aug. Day 18 Year 1948
Place of Birth (State or foreign country): Lebanon Ind.
Residence Address: Street or R. R. R#18 City Indpls. County Hendricks State Ind.
Maiden Name if Different: Same
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Unemployed
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree ☑ Other (Specify) Baptism Cert. & Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Hugh Richard Dickey
   Residence of father (if deceased so state): Same
   Occupation of father: Asst Dept Hd. Elec Lilly Race of father: W.
   Birthplace of father (State or foreign country): Hend. Co. Ind.
8. Full maiden name of mother: Thurza Annis Hough
   Residence of mother (if deceased so state): Same
   Occupation of mother: H/W Race of mother: W.
   Birthplace of mother (State or foreign country): Hend. Co., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Beverly E. Dickey
New Address 228 N. Grant
Subscribed and sworn to before me this 21 day of March, 19 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 March, 19 70, authorizing the joining together as husband and wife William Joseph Buerger and Beverly Elizabeth Dickey.

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

I, Rev. Willard R. Fair hereby certify that on the 28th day of March, one thousand nine hundred and Seventy at Brownsburg, County of Hendricks, State of Indiana, Groom William Joseph Buerger of Hendricks County, State of Indiana, and, Bride Beverly Elizabeth Dickey of Hendricks County, State of Indiana, were by me united 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 March, 19 70.

Signed Rev. Willard A. Fair
Official Designation United Methodist minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of April, 19 70.

Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

No. 102

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File Book 31
23 March 1970
Date of Application

MALE
Medical Examination Report Dated 12 March 1970
Name of Physician A.N. Scudder M.D

FEMALE
Medical Examination Report Dated 12 March 1970
Name of Physician A.N. Scudder M.D

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

MALE APPLICANT

Name: First Robert Middle A. Last Prutsman

Date of Birth: Month March Day 1 Year 1950

Place of Birth (State or foreign country) Chicago Hts. Ill.

Residence Address: Street or R. R. R3 City Clinton County Vermillion State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Clerk, Penn Central.

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

☐ Other (Specify) 112-50-18279

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Duane Prutsman
    Residence of father (if deceased so state) same clinton Ind.
    Occupation of father Car Insp. Penn Cnt. Race of father White
    Birthplace of father (State or foreign country) Kewanee, Ill.
12. Full maiden name of mother Bonnie Jean Wallace
    Residence of mother (if deceased so state) same
    Occupation of mother Clerk. Sears Race of mother White
    Birthplace of mother (State or foreign country) St Bernice, Ind

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

Signed Robert A Prutsman
New Address 311 Elderly Ave, Bbury.
Subscribed and sworn to before me this 23rd day of March, 19 70
John Lankford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Mothers notarized consent 23 March 1970 attached

State of Indiana, County of HENDRICKS } ss:

Signed Robert A. Prutsman Father
Signed ..... Mother
Subscribed and sworn to before me this 23rd day of March, 19 70
John Lankford Clerk

FEMALE APPLICANT

Name: First Deborah Middle S. Last Glossop

Date of Birth: Month October Day 11 Year 1949

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

Residence Address: Street or R. R. R3 32 Kelly Acres Bbury. City Hew, County, State Ind.

Maiden Name if Different .....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sr Nurse & Asst. Methodist Hosp

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father George Everard Glossop
   Residence of father (if deceased so state) same Bbury Ind
   Occupation of father Tool & Die. Allison Race of father White
   Birthplace of father (State or foreign country) Washington Walla, Walla
8. Full maiden name of mother Doris Marie Bragg
   Residence of mother (if deceased so state) same
   Occupation of mother Asst. El. Lilly. Race of mother White
   Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed Deborah S Glossop
New Address same
Subscribed and sworn to before me this 23rd day of March, 19 70
John Lankford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of March 19 70 authorizing the joining together as husband and wife Robert A. Prutsman and Deborah Sue Glossop

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

I, Lester B. Yearick hereby certify that on the third day of April, one thousand nine hundred and Seventy at Brownsburg, County of Hendricks, State of Indiana, Groom Robert A. Prutsman of Hendricks County, State of Indiana, and, Bride Deborah S. Glossop of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this third day of April, 19 70.

Signed Lester B. Yearick
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of April, 19 70.

Signed John Lankford Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 102
File Book 31
23 March 1970
Date of Application

MALE
Medical Examination Report Dated 12 March 1970
Name of Physician A.N. Scudder M.D

FEMALE
Medical Examination Report Dated 12 March 1970
Name of Physician A.N. Scudder M.D

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

MALE APPLICANT

Name: First Robert Middle A. Last Prutsman
Date of Birth: Month March Day 1 Year 1950
Place of Birth (State or foreign country) Chicago Hts. Ill.
Residence Address: Street or R. R. R3 City Clinton County Vermillion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Clerk, Penn Central.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 112-50-18279

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Duane Prutsman
    Residence of father (if deceased so state) Same Clinton Ind.
    Occupation of father Car Insp. Penn Cent. Race of father White
    Birthplace of father (State or foreign country) Kewanee, Ill.
12. Full maiden name of mother Bonnie Jean Wallace
    Residence of mother (if deceased so state) Same
    Occupation of mother Clerk: Sears Race of mother White
    Birthplace of mother (State or foreign country) St Bernice, Ind.

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

FEMALE APPLICANT

Name: First Deborah Middle S. Last Glossop
Date of Birth: Month October Day 11 Year 1949
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address: Street or R. R. R3 32 Rolling Acres Subdy. City New Ross County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Sr Nurse & Asst. Methodist Hosp.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father George Everard Glossop
   Residence of father (if deceased so state) Same Bixby Okla
   Occupation of father Tool & Die: Allison Race of father White
   Birthplace of father (State or foreign country) Washington Walla Walla
8. Full maiden name of mother Doris Marie Bragg
   Residence of mother (if deceased so state) Same
   Occupation of mother Asst. El. Lilly Race of mother White
   Birthplace of mother (State or foreign country) Naples Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Deborah S Glossop
New Address Same
Subscribed and sworn to before me this 23rd day of March, 1970
John Tamblyn
Clerk HENDRICKS Circuit Court

I, Bonnie Jean Prutsman, hereby give my consent for my son, Robert Alan Prutsman to marry Debra Sue Glossop.

FILED
MAR 27 1970
John Tamblyn Jr.
CLERK HENDRICKS CIRCUIT COURT

Bonnie Jean Prutsman

Subscribed and sworn to before me this 23 day of March 1970

Clea M Garver
Notary Public

Comm. exp. 3/18/72

Be It Remembered, that there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of March 1970 authorizing the joining together as husband and wife Robert A. Prutsman and Deborah Sue Glossop

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

I, Lester B. Yearick hereby certify that on the third day of April, one thousand nine hundred and Seventy at Brownsburg, County of Hendricks, State of Indiana, Groom Robert A. Prutsman of Hendricks County, State of Indiana, and, Bride Deborah S. Glossop of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this third day of April, 1970.

Signed Lester B. Yearick
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of April, 1970.

Signed John Tamblyn Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 103
File Book 31
23 March 1970
Date of Application

MALE
Medical Examination Report Dated March 18, 1970
Name of Physician J Van Fleet M.D. (Fred Warbinton)

FEMALE
Medical Examination Report Dated March 18, 1970
Name of Physician J. Van Fleet, M.D. (Fred Warbinton)

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

MALE APPLICANT

Name: First Wesley Middle D. Last Medaris
Date of Birth: Month July Day 14, Year 1914
Place of Birth (State or foreign country) Bedford Indiana
Residence Address: Street or R. R. 118 East Main St., City Plainfield, County, 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 Retired electrician
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's License M362-1429 4

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

Name	Age	Address
Kathleen Iris Medaris	14	R.R. #2, Box 160, Indpls. 46232

(b) Are you supporting or contributing to their 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 Franklin Medaris
Residence of father (if deceased so state) Deceased
Occupation of father Builder Race of father White
Birthplace of father (State or foreign country) Bedford Ind.
12. Full maiden name of mother Ida Mae McKinney
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother White
Birthplace of mother (State or foreign country) Bloomfield, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Wesley D Medaris
New Address 120 East Main St. Apt. 99 Plainfield Ind
Subscribed and sworn to before me this 23rd day of March, 1970.
John Gamboad Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Leona Middle Last Dodd
Date of Birth: Month January Day 15, Year 1914
Place of Birth (State or foreign country) Knox County, Kentucky
Residence Address: Street or R. R. 120 East Main St., City Plainfield, County, State Ind.
Maiden Name if Different Leona McKinney
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Cook at Blantons in Plainfield
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) International Life Ins. 581,407,620

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Marion Mc Kinney
Residence of father (if deceased so state) Deceased
Occupation of father Carpenter Race of father White
Birthplace of father (State or foreign country) Knox County, Kentucky
8. Full maiden name of mother Martha Mills
Residence of mother (if deceased so state) R.#4 Danville, Ind.
Occupation of mother Housewife Retired Race of mother White
Birthplace of mother (State or foreign country) Knox County, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Leona Dodd
New Address.....
Subscribed and sworn to before me this 23rd day of March, 19 70
John Gamboad Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28th day of March, 1970, authorizing the joining together as husband and wife Wesley D. Medaris and Leona Dodd
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ira J. Goodman hereby certify that on the 28 day of March, one thousand nine hundred and 70 at Plainfield, County of Hendricks, State of Indiana, Groom (Wesley D. Medaris of Hendricks County, State of Indiana, and, Bride Leona Dodd of Hendricks County, State of Indiana, were by me united 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 March, 1970.
Signed Ira J. Goodman
Official Designation Justice of the Peace
Filed and recorded in accordance with the laws of the State of Indiana this 31 st day of March, 1970.
Signed John Gamboad Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 104
Book 32
File March 24 1970
3-24-70
Date of Application

MALE
Medical Examination Report Dated 3-23-70
Name of Physician L. H. Ellis

FEMALE
Medical Examination Report Dated 3-23-70
Name of Physician L. H. Ellis

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

MALE APPLICANT

Name: First James, Middle Ray, Last Moon

Date of Birth: Month February, Day 9, Year 1949

Place of Birth (State or foreign country): Bloomington Monroe Ind

Residence Address: Street or R. R. Apt 2 Box 41 Boulevard St, City Linton, County Hend, State Ind

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Farm Bur. Coop. - Seed & Chem. Dept

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) I.D. Card - Drivers

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wm. Russell Moon
    Residence of father (if deceased so state) 1 Acosta Dr. Mooresville
    Occupation of father Private Contractor Race of father W
    Birthplace of father (State or foreign country) Morgan Co Ind.
12. Full maiden name of mother Ruth Louise Monical
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Marion Co Ind

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

Signed James Ray Moon
New Address Linton Ind

Subscribed and sworn to before me this 24 day of Mar, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Barbara, Middle Jean, Last Collins

Date of Birth: Month December, Day 15, Year 1949

Place of Birth (State or foreign country): St. Vincents Hospital Indpls Marion Ind

Residence Address: Street or R.R. R R 3 Box 134, City Brownsburg, County Hend, State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: 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 Roy Collins
   Residence of father (if deceased so state) Same
   Occupation of father Overhead Crane Op. Race of father W
   Birthplace of father (State or foreign country) Wallace Indiana
8. Full maiden name of mother Imogene Ruth Collins Davis
   Residence of mother (if deceased so state) Same
   Occupation of mother Charge Nurse Race of mother W
   Birthplace of mother (State or foreign country) Indpls Ind.

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

Signed Barbara Jean Collins
New Address Linton

Subscribed and sworn to before me this 24 day of March, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28th day of March, 1970, authorizing the joining together as husband and wife James Ray Moon and Barbara Jean Collins

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

I, Russell E. Rees hereby certify that on the 28 day of March, one thousand nine hundred and 70 at Brownsburg, County of Hendricks, State of Indiana, Groom James Ray Moon of Morgan County, State of Indiana, and, Bride Barbara Jean Collins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of March, 1970.

Signed Russell E. Rees
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of March, 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. 105
File March 24, 1970
Book 32
Date of Application

MALE
Medical Examination Report Dated March 14, 1970
Name of Physician A. R. Dudley, M.D.

FEMALE
Medical Examination Report Dated March 14, 1970
Name of Physician A. R. Dudley, M.D.

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

MALE APPLICANT

Name: First Michael Middle William Last Moreland
Date of Birth: Month July Day 9, Year 1949
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. P.O. Box 79, City Pittsboro, County Hend., State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Animal Technician
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Adair Moreland
    Residence of father (if deceased so state) Zionsville Ind.
    Occupation of father Stereotyper Race of father White
    Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Mary Lou Harrison
    Residence of mother (if deceased so state) Zionsville, Ind.
    Occupation of mother Lab Tech Race of mother White
    Birthplace of mother (State or foreign country) Indianapolis

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

Signed Michael William Moreland
New Address P.O. Box 79, Pittsboro, Ind.
Subscribed and sworn to before me this 24 day of March, 1970
John Lambert Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed Albert A. Moreland Father
Signed Mary L. Moreland Mother
Subscribed and sworn to before me this 24 day of March, 1970
John Lambert Jr. Clerk

FEMALE APPLICANT

Name: First Pamela Middle Lee Last Ellis
Date of Birth: Month January Day 15, Year 1949
Place of Birth (State or foreign country): Shepherdsville, Ind.
Residence Address: Street or R. R. P.O. Box 329, City Pittsboro, County Hend., State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Office Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Lanon D. Ellis
   Residence of father (if deceased so state) P.O. Box 329 Pittsboro
   Occupation of father Operating Engr. Race of father White
   Birthplace of father (State or foreign country) Shepherdsville, Ind.
8. Full maiden name of mother Bettie Ann Edler
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Leavenworth, Kans.

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

Signed Pamela Lee Ellis
New Address P.O. Box 79, Pittsboro, Ind.
Subscribed and sworn to before me this 24 day of March, 1970
John Lambert Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 28th *day of* March *1970, authorizing the joining together as husband and wife* Michael William Moreland *and* Pamela Lee Ellis

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* 11th *day of* April, *one thousand nine hundred and* 70 *at* Corinth Luth. Methodist Church, *County of* Hendricks, *State of Indiana, Groom* Michael William Moreland *of* Hendricks *County, State of* Indiana *and, Bride* Pamela Lee Ellis *of* Hendricks *County, State of* Indiana, *were by me united 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* March, *1970.*

Signed Rev. Dennis L. Dodson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* April, *19*70.

Signed John Lambert Jr. *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 106
File Book 32
25 March 1970
Date of Application

MALE
Medical Examination Report Dated 19 March 1970
Name of Physician Elmer h. Koch MD

FEMALE
Medical Examination Report Dated 19 March 1970
Name of Physician Elmer h. 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 Stephen Middle W. Last Weddle
Date of Birth: Month June Day 30 Year 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address (Street or R. R.) Liz Ton, City Hen. 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 School: Mallory Tech.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 5829

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Stephen W. Weddle
New Address Liz Ton, Ind.
Subscribed and sworn to before me this 25th day of March, 19 70
John Lamb Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Edward R. Weddle Father
Signed Rosemary Weddle Mother
Subscribed and sworn to before me this 25th day of March, 19 70
John Lamb Clerk

FEMALE APPLICANT

Name: First Sharon Middle Kay Last Price
Date of Birth: Month November Day 16 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address (Street or R. R.) RI Box 32A City Coatesville County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Receptionist: American Inns Ind.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 11154

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Edgar Lewis Price
Residence of father (if deceased so state) RI Coatesville, Ind.
Occupation of father Oil Tr. Distr. Supplies Race of father White
Birthplace of father (State or foreign country) Somerset, Ky.
8. Full maiden name of mother Dorothy Elizabeth Copeland.
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Indianapolis, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sharon Kay Price
New Address Same
Subscribed and sworn to before me this 25th day of March, 19 70
John Lamb Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 25 March 1970 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3da Warr

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 25th *day of* March, 19 70, *authorizing the joining together as husband and wife* Stephen W. Weddle *and* Sharon Kay Price
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James O. Townsdale *hereby certify that on the* 28th *day of* March, *one thousand nine hundred and* 70 *at* New Winchester, *County of* Hendricks, *State of Indiana, Groom* Stephen W Weddle *of* Hendricks *County, State of* Indiana *and, Bride* Sharon Kay Price *of* Hendricks *County, State of*, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 28 *day of* March, 19 70.

Signed James O. Townsdale
Official Designation M. Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* April, 19 70.
Signed John Lamb Jr *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 107
File BK 32
March 28/1970
Date of Application

MALE
Medical Examination Report Dated 3/23/70
Name of Physician Fred P. Warbinton

FEMALE
Medical Examination Report Dated 3/23/70
Name of Physician Fred P. Warbinton

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

MALE APPLICANT

Name: First Larry Middle Neal Last Yates
Date of Birth: Month June Day 24 Year 1941
Place of Birth (State or foreign country) Scottsville, Ky.
Residence Address: Street or R. R. 6565 W. Minn, City Indpls, County Marion, State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Sheet Metal Worker.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Kimble Alfred Yates
    Residence of father (if deceased so state) Same
    Occupation of father Lab Tech. Race of father W.
    Birthplace of father (State or foreign country) Louisville, Ky.
12. Full maiden name of mother Eunice Neal Shonds
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W Race of mother W.
    Birthplace of mother (State or foreign country) Scottsville, Ky

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

Signed Larry N. Yates
New Address.....

Subscribed and sworn to before me this 28 day of March, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Joanna Middle Frances Last Hardin
Date of Birth: Month Feb. Day 22 Year 1947
Place of Birth (State or foreign country) Delaware Co. Muncie, Ind.
Residence Address: Street or R. R. 617 Ky. City Plainfield, County Hendricks, State Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Hairdresser
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father George David Hardin Jr.
   Residence of father (if deceased so state) 1243 Dallas, Plfd.
   Occupation of father Builder & Developer Race of father W.
   Birthplace of father (State or foreign country) Marion Co. Indpls, Ind.
8. Full maiden name of mother Frances Lucille Shirley
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother W.
   Birthplace of mother (State or foreign country) Macmenville, Tenn.

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

Signed Joanna Hardin
New Address 617 Kentucky St Plainfield

Subscribed and sworn to before me this 28 day of March, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3 *day of* April, 19 70, *authorizing the joining together as husband and wife* Larry Neal Yates *and* Joanna Frances Hardin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, C. Raymond Earls *hereby certify that on the* 4th *day of* April,
one thousand nine hundred and Seventy *at* Plainfield, *County of* Hendricks,
State of Indiana, Groom Larry Neal Yates *of* Marion *County, State of* Indiana
and, Bride Joanna Frances Hardin *of* Hendricks *County, State of* Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*
Dated this 4th *day of* April, 19 70.

Signed C. Raymond Earls
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* April, 19 70.
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. 108
File Book 32
3-28-70
Date of Application

MALE
Medical Examination Report Dated 3-25-70
Name of Physician Dr David Haggard

FEMALE
Medical Examination Report Dated 3-25-70
Name of Physician Dr David Haggard

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

MALE APPLICANT

Name: First Daryl Middle William Last Dees
Date of Birth: Month May Day 18 Year 1952
Place of Birth (State or foreign country): Brent Gen. Hosp.
Residence Address: Street or R. R. RR1 Box 475 City Plainfield County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: 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 James Dees
    Residence of father (if deceased so state) Same
    Occupation of father Yellow Trans. Race of father W
    Birthplace of father (State or foreign country) Detroit Mich.
12. Full maiden name of mother Jerry Hailey
    Residence of mother (if deceased so state) Same
    Occupation of mother Teacher Race of mother W
    Birthplace of mother (State or foreign country) Indianapolis

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

Signed ×
New Address — Daryl William Dees

Subscribed and sworn to before me this 28 day of Mar, 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, County of HENDRICKS } ss:
Signed × James H. Dees Father
Signed × Jerry L. Dees Mother
Subscribed and sworn to before me this 28 day of Mar, 1970.
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Deborah Middle Darlene Last Moore
Date of Birth: Month December Day 14 Year 1952
Place of Birth (State or foreign country): St. Vincents
Residence Address: Street or R. R. 218 Wabash St City Plainfield County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: 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 Paul Rush Moore
   Residence of father (if deceased so state) Same
   Occupation of father Allison's Race of father W
   Birthplace of father (State or foreign country) Knox Co Ind.
8. Full maiden name of mother Lola Mae Nelson
   Residence of mother (if deceased so state) ~~Same~~ deceased
   Occupation of mother ~~Housewife~~ Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

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

Signed × Deborah Darlene Moore
New Address —

Subscribed and sworn to before me this 28 day of Mar, 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, County of HENDRICKS } ss:
Signed × Paul R Moore Father
Signed Irene G. Moore Mother
Subscribed and sworn to before me this 28 day of Mar, 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 Mar 28 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* 28 *day of* March, 1970, *authorizing the joining together as husband and wife* Daryl William Dees *and* Deborah Darlene Moore
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, L. George Hostetter *hereby certify that on the* third *day of* April, *one thousand nine hundred and* seventy *at* Rowal Center, *County of* Cass, *State of Indiana, Groom* Daryl William Dees *of* Hendricks *County, State of* Indiana *and, Bride* Debra Darlene Moore *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this third *day of* April, 1970.

Signed L. George Hostetter
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* April, 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. 109
File Book 32
Mar 28 1970
Date of Application

MALE
Medical Examination Report Dated 3-24-70
Name of Physician Lloyd Terry M D

FEMALE
Medical Examination Report Dated 3-24-70
Name of Physician Lloyd Terry M D

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

MALE APPLICANT

Name: First Steven Middle James Last Hantzis
Date of Birth: Month November Day 5 Year 1949
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 6 Hillcrest Ct. City Danville County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 H. Hantzis
    Residence of father (if deceased so state) Same
    Occupation of father Eqp. Mch. Race of father W
    Birthplace of father (State or foreign country) Marion Co. Ind.
12. Full maiden name of mother Mary L. Mount
    Residence of mother (if deceased so state) Same
    Occupation of mother Nurse Race of mother W
    Birthplace of mother (State or foreign country) Decatur Co Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Steven James Hantzis
New Address Evergreen St Fudges Ind
Subscribed and sworn to before me this 28 day of Mar, 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, County of HENDRICKS } ss:
Signed Attached Father
Signed x Mary L. Hantzis Mother
Subscribed and sworn to before me this 28 day of Mar, 1970
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Sharon Middle Sue Last Ray
Date of Birth: Month June Day 23 Year 1950
Place of Birth (State or foreign country) Tell City Ind.
Residence Address: Street or R. R. Indiana Boys School City Plainfield County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jordan X. Ray
   Residence of father (if deceased so state) Same
   Occupation of father Supv. Race of father W
   Birthplace of father (State or foreign country) Perry Co Ind.
8. Full maiden name of mother Nettie J. Sweat
   Residence of mother (if deceased so state) Same
   Occupation of mother Matron Race of mother W
   Birthplace of mother (State or foreign country) Perry Co Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Sharon Sue Ray
New Address Evergreen St Fudges
Subscribed and sworn to before me this 28 day of Mar, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* April, 1970, *authorizing the joining together as husband and wife* Steven James Hantzis *and* Sharon Sue Ray

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

I, Rev. Duane J. Etienne *hereby certify that on the* 3rd *day of* April, *one thousand nine hundred and* 70 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Steven James Hantzis *of* Hendricks *County, State of* Indiana *and, Bride* Sharon Sue Ray *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3 *day of* April, 1970.

Signed Rev. Duane J. Etienne
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* April, 1970.

Signed John Gambold Jr *Clerk*
HENDRICKS *Circuit Court*

I, James H. Hantzis, hereby give my consent for my son, Steven James Hantzis to marry Sharon Sue Ray.

James H. Hantzis

Subscribed and sworn to before me this 26th day of March 1970

Gladys W. Maurer
Notary Public

Expiration date - 1-22-73

Date of Birth: November 5 1949

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

Residence Address: 6 Hillcrest Ct. Street or R. R. Danville City Hend 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

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

☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 H. Hantzis
    Residence of father (if deceased so state): Same
    Occupation of father: Eqp. Mch. Race of father: W
    Birthplace of father (State or foreign country): Marion Co. Ind.
12. Full maiden name of mother: Mary L. Mount
    Residence of mother (if deceased so state): Same
    Occupation of mother: Nurse Race of mother: W
    Birthplace of mother (State or foreign country): Decatur Co Ind.

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

Signed: x Steven James Hantzis

New Address: Evergreen St Judges Ind

Subscribed and sworn to before me this 28 day of Mar, 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, County of HENDRICKS } ss:

Signed: attached Father

Signed: x Mary L. Hantzis Mother

Subscribed and sworn to before me this 28 day of Mar, 1970.

John Gambold Jr Clerk

Date of Birth: June 23 1950

Place of Birth (State or foreign country): Tell City Ind.

Residence Address: Indiana Boys School Plainfield Hend Ind Street or R. R. City County State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Secretary

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Jordan X. Ray
   Residence of father (if deceased so state): Same
   Occupation of father: Supv. Race of father: W
   Birthplace of father (State or foreign country): Perry Co Ind.
8. Full maiden name of mother: Nettie J. Sweat
   Residence of mother (if deceased so state): Same
   Occupation of mother: Matron Race of mother: W
   Birthplace of mother (State or foreign country): Perry Co Ind.

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

Signed: x Sharon Sue Ray

New Address: Evergreen St Judges

Subscribed and sworn to before me this 28 day of Mar, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* April, 19 70, *authorizing the joining together as husband and wife* Steven James Hantzis *and* Sharon Sue Ray

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

I, Rev. Duane J. Etienne *hereby certify that on the* 3rd *day of* April, *one thousand nine hundred and* 70 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Steven James Hantzis *of* Hendricks *County, State of* Indiana *and, Bride* Sharon Sue Ray *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 3 *day of* April, 19 70.

Signed Rev. Duane J. Etienne

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 6th *day of* April, 19 70.

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. 110
File Book 32
3-30-70
Date of Application

MALE
Medical Examination Report Dated 3-28-70
Name of Physician Dr R. W. Kistley

FEMALE
Medical Examination Report Dated 3-28-70
Name of Physician Dr R. W. Kistley

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

MALE APPLICANT

Name: First Richard Middle Lee Last Higgins
Date of Birth: Month 11 Day 17 Year 1950
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. R#1 Box 92 City Plainfield 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 Navy - Norfolk, Va.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Armed Forces Card F.D.
☐ Other (Specify) 13410686

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Richard L. Higgins
New Address.....
Subscribed and sworn to before me this 30 day of March, 19 70
John Lamberd Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Carter B Higgins Father
Signed Jeane E Higgins Mother
Subscribed and sworn to before me this 30 day of March, 19 70.
John Lamberd Jr. Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Best
Date of Birth: Month 8 Day 16 Year 1952
Place of Birth (State or foreign country) Eastview Kentucky
Residence Address: Street or R. R. R#1 City Quincy County Morgan 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
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Augustus Best
Residence of father (if deceased so state) R#1 Box 358 Clayton Ind.
Occupation of father Pipe Fitter & Welder - Jones Bros. Race of father White
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Anna Fern Johnson
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) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Patricia Ann Best
New Address.....
Subscribed and sworn to before me this 30 day of March, 19 70
John Lamberd Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Consent Waived by Judge Ross Dove Lawson 3-30-70 Father
Signed Anna Fern Best Mother
Subscribed and sworn to before me this 30 day of March, 19 70.
John Lamberd 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 3-30-70 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Waiver Proof by Copy of Birth Certificate & Mothers Consent.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of March, 19 70, authorizing the joining together as husband and wife Richard Lee Higgins and Patricia Ann Best
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham hereby certify that on the thirtieth day of March, one thousand nine hundred and Seventy at Danville, County of Hendricks, State of Indiana, Groom, Richard Lee Higgins of Hendricks County, State of Indiana, and, Bride, Patricia Ann Best of Morgan County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 30th day of March, 19 70.

Signed Fred N Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of April, 19 70.
Signed John G Lamberd Jr Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 111
File Book 32
3-30-70
Date of Application

MALE
Medical Examination Report Dated 3-26-70
Name of Physician Dr R.W. Kutley

FEMALE
Medical Examination Report Dated 3-26-70
Name of Physician Dr R.W. Kutley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Dale Last Rhude
Date of Birth: Month 2 Day 24 Year 36
Place of Birth (State or foreign country) Columbus Indiana
Residence Address: Street or R. R. Rt 5 City Martinsville County Morgan 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 Farmer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) + Drivers License

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 E. Rhude
    Residence of father (if deceased so state) Same as groom
    Occupation of father Farmer Race of father White
    Birthplace of father (State or foreign country) Hawkville Indiana
12. Full maiden name of mother Mary Lorene Ashley
    Residence of mother (if deceased so state) same
    Occupation of mother Cook - School - Green Twp. Race of mother White
    Birthplace of mother (State or foreign country) Brown Co. Indiana

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

Signed William Dale Rhude
New Address RR 1 Bx 282 Camby
Subscribed and sworn to before me this 30 day of March, 1970.
John Hanbood Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Laura Middle May Last Crews
Date of Birth: Month 7 Day 18 Year 32
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. Rt 1 Box 282 City Camby County Hendricks State Indiana
Maiden Name if Different Middleton
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Hendricks Annulment ☐ 1969
Color or Race: White ☐ Negro ☐ Other ☐ (specify) .....
Usual Occupation Waitress - "Mr Chicken"
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) + Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles Middleton
   Residence of father (if deceased so state) deceased
   Occupation of father ..... Race of father .....
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Addie Willoughby
   Residence of mother (if deceased so state) 1037 S Sheffield Indpls.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

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

Signed Laura May Crews
New Address RR 1 Bx 282 Camby
Subscribed and sworn to before me this 30 day of March, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 3rd *day of* April, 19 70, *authorizing the joining together as husband and wife* William Dale Rhude *and* Laura May Crews
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Douglas W Dykstra *hereby certify that on the* 4th *day of* April, *one thousand nine hundred and* Seventy *at* Martinsville, *County of* Morgan, *State of Indiana, Groom* William Dale Rhude *of* Morgan *County, State of* Indiana *and, Bride* Laura May Crews *of* Hendricks *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 4th *day of* April, 19 70.

Signed Douglas Dykstra
Official Designation Minister of the gospel

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* April, 19 70.
Signed John Gambrald Jr. *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 112
File Book 32
Apr 4 1970
Date of Application

MALE
Medical Examination Report Dated 4-2-70
Name of Physician Thomas Walker MD

FEMALE
Medical Examination Report Dated 4-2-70
Name of Physician Thomas Walker MD

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

MALE APPLICANT

Name: First Keith Middle Lee Last Wynkoop
Date of Birth: Month September Day 12 Year 1950
Place of Birth (State or foreign country)
Residence Address: Street or R. R. R & 3 Box 302 City Brownsburg County Hend State Ind

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

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

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

Signed x Keith L Wynkoop
New Address 511 Kimberly Dr Brownsburg

Subscribed and sworn to before me this 4 day of April, 1970.
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed x Michael L Wynkoop Father
Signed x Roslyn M Wynkoop Mother
Subscribed and sworn to before me this 4 day of Apr, 1970.
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Yettive Middle Lynn Last Talbott
Date of Birth: Month January Day 4 Year 1951
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 12 Williams Dr City Brownsburg County Hend State Ind
Maiden Name if Different

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Charles Talbott
   Residence of father (if deceased so state) Independence Mo
   Occupation of father Businessman Race of father W
   Birthplace of father (State or foreign country) Independence Mo
8. Full maiden name of mother Mary McCoy
   Residence of mother (if deceased so state) Same as age.
   Occupation of mother Cashier Race of mother W
   Birthplace of mother (State or foreign country) Missouri

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

Signed x Yettive Lynn Talbott
New Address 54 Kimberly Dr Brownsburg

Subscribed and sworn to before me this 4 day of Apr, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* April, 1970, *authorizing the joining together as husband and wife* Keith Lee Wynkoop *and* Yettive Lynn Talbott
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick *hereby certify that on the* Seventeenth *day of* April, *one thousand nine hundred and* Seventy, *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Keith Lee Wynkoop *of* Hendricks *County, State of* Indiana *and, Bride* Yettive Lynn Talbott *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17th *day of* April, 1970.

Signed Lester B. Yearick
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* April, 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. 113
File Book 32
6 April 1970
Date of Application

MALE
Medical Examination Report Dated 24 Mar 1970
Name of Physician Paul Strange MD

FEMALE
Medical Examination Report Dated 24 Mar 1970
Name of Physician Paul Strange MD.

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

MALE APPLICANT

Name: First David Middle A. Last Owen
Date of Birth: Month January Day 4 Year 1937
Place of Birth (State or foreign country) Parkersburg, Ill (Richland Co)
Residence Address: Street or R. R. 556 S. Center City Plainfield County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Akron (Summit Co) Mar 70
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Salesman: Mobil Oil Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Ohio Dr. 7/7529

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

Name	Age	Address
Steven	13	1868 Williams Cuyahoga Falls Ohio
Jeffery	9	
Suzanne	7	

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Everett Cyrus Owen
    Residence of father (if deceased so state) Same Pitts, Ill.
    Occupation of father Retired minister Race of father White
    Birthplace of father (State or foreign country) Wabash, Ind.
12. Full maiden name of mother Ethel Mattie Webber
    Residence of mother (if deceased so state) Same
    Occupation of mother Teacher: Clayton Race of mother White
    Birthplace of mother (State or foreign country) Calhoun Ill

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

Signed David N. Owen
New Address unknown
Subscribed and sworn to before me this 6th day of April, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Elizabeth Middle A. Last Ryan
Date of Birth: Month April Day 1 Year 1937
Place of Birth (State or foreign country) Akron Ohio.
Residence Address: Street or R. R. 537 Kathron Ave City Cuyahoga Falls County Summit State Ohio
Maiden Name if Different Elizabeth A. Lennard
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Summit Co. Apr 1970
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. Lic (Ohio) 939525

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Frank Joseph Lennard.
   Residence of father (if deceased so state) 490 Dillan Dr, Akron, Ohio.
   Occupation of father Factory: Goodyear Race of father White
   Birthplace of father (State or foreign country) Bethlehem, Pa.
8. Full maiden name of mother Eva Kohler
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Akron, Ohio.

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

Signed Elizabeth A. Ryan
New Address 20
Subscribed and sworn to before me this 6th day of April, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 6 April 1970 and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. 3 da Warn.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 6th *day of* April, 19 70, *authorizing the joining together as husband and wife* David N. Owen *and* Elizabeth A. Ryan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Everett C. Owen *hereby certify that on the* Sixth *day of* April, *one thousand nine hundred and* Seventy *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* David N. Owen *of* Marion, *County, State of* Indiana *and, Bride* Elizabeth A. Ryan *of* Cuyahoga Falls-Summit *County, State of* Ohio, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 6th *day of* April, 19 70.

Signed Rev Everett C. Owen
Official Designation Ordained minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* April, 19 70.

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. 114
File Book 32
7 April 1970
Date of Application

MALE
Medical Examination Report Dated 1 April 1970
Name of Physician Fred P. Warbenton MD

FEMALE
Medical Examination Report Dated 1 April 1970
Name of Physician Fred P. Warbenton 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 Mark Middle R. Last Inman
Date of Birth: Month August Day 14 Year 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. Box 362A, R2 City P'fld County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Car Insp. Penn Central
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) SS1 Sr. 123 00 0269

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Richard Harris Inman
    Residence of father (if deceased so state) R2 Box 362A P'fld, Ind
    Occupation of father Retired. Race of father White
    Birthplace of father (State or foreign country) Niles, Mich.
12. Full maiden name of mother Audrey Flora Huff
    Residence of mother (if deceased so state) Dano
    Occupation of mother Teacher. P'boro. Race of mother White
    Birthplace of mother (State or foreign country) Cory, Ind.

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

Signed Mark R Inman
New Address Room 35 Barlow Bldg, Plainfield
Subscribed and sworn to before me this 7th day of April, 19 70
John Gambold HENDRICKS
Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Parents consent dated: Mother 1 Apr
Father 30 March 1970 Athens

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this 7th day of April, 19 70
John Gambold
Clerk

FEMALE APPLICANT

Name: First Sherry Middle L. Last Anderson
Date of Birth: Month February Day 15 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 324 W. North City P'fld County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Unemployed.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) 01524

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a ~~narcotic~~ drug? No ☑ Yes ☐
7. Full name of father Frank Pierce Anderson
   Residence of father (if deceased so state) 324 W. North P'fld
   Occupation of father Carpenter. In P'fld Race of father White
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Romona Maxine Huffine
   Residence of mother (if deceased so state) Greenwood, Ind.
   Occupation of mother Nurse. Turtle Creek Race of mother White
   Birthplace of mother (State or foreign country) Ind.

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

Signed Sherry L. Anderson
New Address Dano
Subscribed and sworn to before me this 7th day of April, 19 70
John Gambold HENDRICKS
Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Father submits notarized consent stating he has sole custody of children as granted by Order dated 1968 and hereby gives consent dated 30 Mar 1970

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this 7th day of April, 19 70
John Gambold
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued Apr. 7 and filed in Clerk's authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* April, 19 70, *authorizing the joining together as husband and wife* Mark R. Inman *and* Sherry L. Anderson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ray F. Loudermilk *hereby certify that on the* 9th *day of* April, *one thousand nine hundred and* 70 *at* Avon United Methodist Church, *County of* Hendricks, *State of Indiana, Groom* Mark R. Inman *of* Hendricks *County, State of* Indiana, *and, Bride* Sherry L. Anderson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 9th *day of* April, 19 70.

Signed Ray Loudermilk
Official Designation Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* April, 19 70.
Signed John J 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. 114
File Book 32
7 April 1970
Date of Application

MALE
Medical Examination Report Dated 1 April 1970
Name of Physician Fred P. Warbenton MD

FEMALE
Medical Examination Report Dated 1 April 1970
Name of Physician Fred P. Warbenton 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 Mark Middle R. Last Inman
Date of Birth: Month August Day 14 Year 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. Bx 362A, R2 City P'fld County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Car Insp. Penn Central
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) SS Sec. 123 00 0269

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Richard Harris Inman
    Residence of father (if deceased so state) R2 Bx362A P'fld, Ind
    Occupation of father Retired. Race of father White
    Birthplace of father (State or foreign country) Niles, Mich.
12. Full maiden name of mother Audrey Flora Huff
    Residence of mother (if deceased so state) Same
    Occupation of mother Teacher. P'boro. Race of mother White
    Birthplace of mother (State or foreign country) Corn. Ind.

FEMALE APPLICANT

Name: First Sherry Middle L. Last Anderson
Date of Birth: Month February Day 15 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 324 W. North City P'fld County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) 01524

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Frank Pierce Anderson
   Residence of father (if deceased so state) 324 W. North P'fld
   Occupation of father Carpenter. In P'fld Race of father White
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Romona Maxine Huffine
   Residence of mother (if deceased so state) Greenwood, Ind.
   Occupation of mother Nurse. Turtle Creek Race of mother White
   Birthplace of mother (State or foreign country) Ind.

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

Signed Sherry L. Anderson

Frank P. anderson is Divorce and have full custody of Sherry Lee Anderson as of Nov. 1968

I, Frank P. anderson, hereby give my consent for my Daughter, Sherry Lee Anderson to marry Mark R. Inman.

FILED
APR - 7 1970
John Yambold Jr.
CLERK HENDRICKS CIRCUIT SUPERIOR COURT

Frank P. anderson

Subscribed and sworn to before me this 30 day of March 1970

AFFIXED HEREON IS MY
INDIANA NOTARY SEAL
MY COMMISSION EXPIRES
Feb. 11, 1974
Shirley D. Cobb

Shirley D. Cobb
Notary Public

in Circuit Court by written order issued Apr. 7 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 April, 1970, authorizing the joining together as husband and wife Mark R. Inman and Sherry L. Anderson

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

I, Roy F. Lauderwelk hereby certify that on the 9th day of April, one thousand nine hundred and 70 at Avon United Methodist Church, County of Hendricks, State of Indiana, Groom Mark R. Inman of Hendricks County, State of Indiana, and, Bride Sherry L. Anderson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of April, 1970.

Signed Roy Lauderwelk
Official Designation Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of April, 1970.

Signed John J. Arnold Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 114
File Book 32
7 April 1970
Date of Application

MALE
Medical Examination Report Dated 1 April 1970
Name of Physician Fred P. Warbenton MD

FEMALE
Medical Examination Report Dated 1 April 1970
Name of Physician Fred P. Warbenton 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 Mark Middle R. Last Inman
Date of Birth: Month August Day 14 Year 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. Box 362A, R2 City P'fld County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Car Insp. Penn Central
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) SS # 312 50 0269

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Richard Harris Inman
    Residence of father (if deceased so state) R2 Box 362A P'fld, Ind
    Occupation of father Retired. Race of father White
    Birthplace of father (State or foreign country) Niles, Mich.
12. Full maiden name of mother Audrey Flora Huff
    Residence of mother (if deceased so state) Dano
    Occupation of mother Teach. P'boro. Race of mother White
    Birthplace of mother (S...

FEMALE APPLICANT

Name: First Sherry Middle L. Last Anderson
Date of Birth: Month February Day 15 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 324 W. North City P'fld County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) 01524

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a ~~narcotic~~ drug? No ☑ Yes ☐
7. Full name of father Frank Pierce Anderson
   Residence of father (if deceased so state) 324 W. North P'fld
   Occupation of father Carpenter. In P'fld Race of father White
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Romona Maxine Huffine
   Residence of mother (if deceased so state) Greenwood, Ind.
   Occupation of mother Nurse. Turtle Creek Race of mother White
   Birthplace of mother (State or foreign country) Ind.

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

...Anderson
...19 70
...RICKS Circuit Court
...If only one parent
...sary
...consent
...s day of
...la & an
30 Mar 1970
...Father
...Mother
...19 70
...Clerk
...Circuit Court

I, Richard H Inman, hereby give my consent for my Son Mark Richard Inman to marry Sherry Lee Anderson.

FILED
APR - 7 1970
CLERK HENDRICKS CIRCUIT COURT
SUPERIOR

Richard H Inman

Subscribed and sworn to before me this 30 day of March 1970

Delores J Mitchell
Notary Public

...Superior ...Court by written order issued ...7 Apr... and filed in ...Clerk's ...authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 7th *day of* April, 1970, *authorizing the joining together as husband and wife* Mark R. Inman *and* Sherry L. Anderson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Roy F. Lundermelk *hereby certify that on the* 9th *day of* April, *one thousand nine hundred and* 70 *at* Avon United Methodist Church, *County of* Hendricks, *State of Indiana, Groom* Mark R. Inman *of* Hendricks *County, State of* Indiana, *and, Bride* Sherry L. Anderson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 9th *day of* April, 1970.

Signed Roy Lundermelk
Official Designation Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* April, 1970.
Signed John J Trumbull Jr *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 114
File Book 32
7 April 1970
Date of Application

MALE
Medical Examination Report Dated 1 April 1970
Name of Physician Fred P. Warbenton MD

FEMALE
Medical Examination Report Dated 1 April 1970
Name of Physician Fred P. Warbenton 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 Mark Middle R. Last Inman
Date of Birth: Month August Day 14 Year 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. Bx 362A, R2, City P'fld, County Hend, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Car Insp. Penn Central
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sel Ser. 12 30 00 269

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Richard Harry Inman
    Residence of father (if deceased so state) R2 Bx362A P'fld, Ind
    Occupation of father Retired. Race of father White
    Birthplace of father (State or foreign country) Niles, Mich.
12. Full maiden name of mother Audrey Flora Huff
    Residence of mother (if deceased so state) Same
    Occupation of mother Teach. P'boro. Race of mother White
    Birthplace of mother (State or foreign country) Cory, Ind.

FEMALE APPLICANT

Name: First Sherry Middle L. Last Anderson
Date of Birth: Month February Day 15 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 324 W. North City P'fld County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) 01524

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a ~~narcotic~~ drug? No ☑ Yes ☐
7. Full name of father Frank Pierce Anderson
   Residence of father (if deceased so state) 324 W. North P'fld
   Occupation of father Carpentr. In P'fld Race of father White
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Romona Maxine Huffine
   Residence of mother (if deceased so state) Greenwood, Ind.
   Occupation of mother Nurse. Turtle Creek Race of mother White
   Birthplace of mother (State or foreign country) Ind.

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

Signed Sherry L. Anderson
New Address Same

Subscribed and sworn to before me this 7th day of April 19 70
HENDRICKS Circuit Court

marriage. If only one parent
t unnecessary
ritten consent
custody of
of 1968 and
(F.). 30 Mar 1970

Father
Mother
19 70
Clerk

ove named parties, the
and filed

I, Audrey Inman, hereby give my consent for
my Son, Mark R. Inman
marry Sherry Lee Anderson

FILED
APR - 7 1970
John Hamblet Jr.
CLERK HENDRICKS CIRCUIT SUPERIOR COURT

Subscribed & sworn to before me this 1st day of April 19 70

Harry A Parker
Notary Public

Appointment Exp Date Feb 8, 1972

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 7th day of April, 1970, authorizing the joining together as husband and wife Mark R. Inman and Sherry L. Anderson

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

I, Roy F. Laudermelk hereby certify that on the 9th day of April one thousand nine hundred and 70 at Avon United Methodist Church, County of Hendricks, State of Indiana, Groom Mark R. Inman of Hendricks County, State of Indiana, and, Bride Sherry L. Anderson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of April, 1970.

Signed Roy Laudermelc
Official Designation Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of April, 1970.

Signed John J. Hamblet Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 115
File Book 32
April 8 1970
Date of Application

MALE
Medical Examination Report Dated 4-8-70
Name of Physician Elmer L. Koch MD

FEMALE
Medical Examination Report Dated 4-8-70
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 Wayne Middle Phillip Last Mood
Date of Birth: Month July Day 26 Year 1924
Place of Birth (State or foreign country) Danville
Residence Address: Street or R. R. Box 54 R 2 City Coatesville County Hend. State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver - Cakes Service
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Asbury Phillip Mood
    Residence of father (if deceased so state) Danville Ind.
    Occupation of father None (nursing home) Race of father W
    Birthplace of father (State or foreign country) Bloomington Ind
12. Full maiden name of mother Muriel Lucinda Gowin
    Residence of mother (if deceased so state) deceased
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Danville Ind

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

Signed Wayne Phillip Mood
New Address Box 54 R 2 Coatesville

Subscribed and sworn to before me this 8 day of April, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Anna Middle Margaret Last Withem
Date of Birth: Month March Day 27 Year 1927
Place of Birth (State or foreign country) Trafalgar Johnson Co. Ind.
Residence Address: Street or R. R. R R 1 City Gosport County Johnson State Indiana
Maiden Name if Different Hall
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Book Keeper
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License (Terre.) (70606411)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harry Elwood Hall
   Residence of father (if deceased so state) RR 1 Gosport
   Occupation of father Retired Farmer Race of father W
   Birthplace of father (State or foreign country) Elwood, Tipton Co.
8. Full maiden name of mother Helen G. Forsythe
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Johnson Co. Ind.

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

Signed Anna Margaret Withem
New Address R2 Box 54 Coatesville

Subscribed and sworn to before me this 8 day of April, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9th *day of* April, 1970, *authorizing the joining together as husband and wife* Wayne Phillip Mood *and* Anna Margaret Withem

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

I, Frank Bunn *hereby certify that on the* 11th *day of* April, *one thousand nine hundred and* 70 *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* Wayne Mood *of* Hendricks *County, State of* Indiana *and, Bride* Anna M. Witham *of* Carmen *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11th *day of* April, 1970.

Signed Frank Bunn
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* April, 1970.

Signed John Gambold *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 116
File Book K32
8 April 1970
Date of Application

MALE
Medical Examination Report Dated 6 April 1970
Name of Physician A.N. Scudder MD

FEMALE
Medical Examination Report Dated 6 April 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: Thomas (First) Richard (Middle) Sorenson (Last)
Date of Birth: July (Month) 15 (Day) 1937 (Year)
Place of Birth (State or foreign country): Chicago Ill.
Residence Address: RR1 Bx 166A (Street or R. R.) Clayton (City) Hend. (County) Ind. (State)
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 63 Miami D.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Meat Cutter. Galyan Indpls.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) USMCR 1601689

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

Name	Age	Address
Trisha Kay	9	Perv, Ind.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father: Charles Stuart Sorenson
    Residence of father (if deceased so state): Peru Ind.
    Occupation of father: Train Dsp. (Retired) Race of father: white
    Birthplace of father (State or foreign country): Chicago, Ill.
12. Full maiden name of mother: Frances Verna Kraisla
    Residence of mother (if deceased so state): Same
    Occupation of mother: H/W Race of mother: white
    Birthplace of mother (State or foreign country): LaSalle Ind.

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

Signed: Thomas Richard Sorenson
New Address: RR1 Bx 166A Clayton Ind
Subscribed and sworn to before me this 8th day of April, 1970
John Lamb Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: Mary (First) Louise (Middle) Haines (Last)
Date of Birth: July (Month) 18 (Day) 1949 (Year)
Place of Birth (State or foreign country): Sioux City, Iowa
Residence Address: RR1 Bx 166A (Street or R. R.) Clayton (City) Hend. (County) Ind. (State)
Maiden Name if Different: Mary Louise Hadley
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1970 Hend.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Housewife.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Spr Lic H 520-19298

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father: David Joseph Hadley
   Residence of father (if deceased so state): 428 Trevor St, Biloxi, Miss
   Occupation of father: XRay Tech. Race of father: White
   Birthplace of father (State or foreign country): Columbus, Ind.
8. Full maiden name of mother: Mayme Maxine Fennell
   Residence of mother (if deceased so state): Same
   Occupation of mother: Assembler. Armstrong. Race of mother: White
   Birthplace of mother (State or foreign country): Harrisburg, S. Dak.

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

Signed: Mary Louise Haines
New Address: Same
Subscribed and sworn to before me this 8th day of April, 70
John Lamb Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the ..... HENDRICKS County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of April, 1970, authorizing the joining together as husband and wife Thomas Richard Sorenson and Mary Louise Haines

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

I, Keith Purcell hereby certify that on the 12 day of April, one thousand nine hundred and seventy at Belleview, County of Hendricks, State of Indiana, Groom Thomas Richard Sorenson of Hendricks County, State of Indiana, and, Bride Mary Louise Haines of Hendricks County, State of Indiana, were by me united 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 April, 1970.

Signed Keith Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of April, 1970.

Signed John A. Lamb Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 117
File Book 32
April 9 1970
Date of Application

MALE
Medical Examination Report Dated 4-8-70
Name of Physician Frank F. L. Dettloff

FEMALE
Medical Examination Report Dated 4-8-70
Name of Physician F. L. Dettloff

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

MALE APPLICANT

Name: First Horace Middle Ralph Last Robinson
Date of Birth: Month 5 Day 6 Year 1894
Place of Birth (State or foreign country) Putnam Co. Indiana
Residence Address R#2 Street or R. R. Coatesville City Hendricks 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 Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License # R152-94206

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Clark Robinson
    Residence of father (if deceased so state) deceased
    Occupation of father ____ Race of father ____
    Birthplace of father (State or foreign country) Putnam Co. Indiana
12. Full maiden name of mother Florence O'Neal
    Residence of mother (if deceased so state) deceased
    Occupation of mother ____ Race of mother ____
    Birthplace of mother (State or foreign country) Indiana

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

Signed X Horace Ralph Robinson
New Address ____
Subscribed and sworn to before me this 9 day of April, 1970
John Stanbro Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Edith Middle Lucile Last Fincher
Date of Birth: Month 6 Day 10 Year 1912
Place of Birth (State or foreign country) Putnam Co. Indiana
Residence Address R#5 Street or R. R. Greencastle City Putnam County Indiana State
Maiden Name if Different Lisby
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License # T526-12250

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Gilbert Earnest Lisby
   Residence of father (if deceased so state) deceased
   Occupation of father ____ Race of father ____
   Birthplace of father (State or foreign country) Indiana - Putnam Co.
8. Full maiden name of mother Vada S. Lewallen
   Residence of mother (if deceased so state) deceased
   Occupation of mother ____ Race of mother ____
   Birthplace of mother (State or foreign country) Putnam Co Indiana

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

Signed X Edith Lucille Fincher
New Address ____
Subscribed and sworn to before me this 9 day of April, 1970
John Stanbro Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of April, 19 70, authorizing the joining together as husband and wife Horace Ralph Robinson and Edith Lucille Fincher
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham hereby certify that on the 13 th day of April, one thousand nine hundred and Seventy, at Danville, County of Hendricks, State of Indiana, Groom Horace Ralph Robinson of Hendricks County, State of Indiana, and, Bride Edith Lucille Fincher 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 13 th day of April, 1970.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of April, 1970.
Signed John Stanbro Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 118
File Book 32
9 Apr. 1970
Date of Application

MALE
Medical Examination Report Dated 9 April 1970
Name of Physician Wm. E. Arbuckle

FEMALE
Medical Examination Report Dated 9 April 1970
Name of Physician Wm. E. Arbuckle

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

MALE APPLICANT

Name: Stanley (First) E. (Middle) Wood (Last)
Date of Birth: Month January Day 9 Year 1951
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: 281 N. East St. (Street or R. R.) Pittsboro (City) Hen (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: Landscaper. College Park.
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Sec St. 12 30 51 7

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

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

Signed Stanley E. Wood
New Address E-3 Apt 11 7777 W. Wash.
Subscribed and sworn to before me this 9th day of April, 19 70
John Lamb
HENDRICKS Clerk ..... Circuit Court

FEMALE APPLICANT

Name: Stella (First) M. (Middle) Robertson (Last)
Date of Birth: Month July Day 5 Year 1951
Place of Birth (State or foreign country): Indianapolis, Ind.
Residence Address: 7435 S. Bellefield, Indpls, Mar. Ind. (Street or R. R. City County State)
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Housekeeper
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 6699

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Raymon Robertson Sr.
   Residence of father (if deceased so state): unknown.
   Occupation of father: unk. Race of father: White
   Birthplace of father (State or foreign country): Rockville, Ind.
8. Full maiden name of mother: Leona Robbins Fields.
   Residence of mother (if deceased so state): Same Indpls, Ind.
   Occupation of mother: H/W. Race of mother: White
   Birthplace of mother (State or foreign country): Rockville, Ind.

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

Signed Stella M. Robertson
New Address Same
Subscribed and sworn to before me this 9th day of April, 19 70
HENDRICKS
Clerk ..... Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* April, 19 70, *authorizing the joining together as husband and wife* Stanley E. Wood *and* Stella M. Robertson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary L. Crawley *hereby certify that on the* 17th *day of* April, *one thousand nine hundred and* 70 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Stanley E. Wood *and, Bride* Stella M. Robertson *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17th *day of* April, 19 70.

Signed M L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* April, 19 70.
Signed John Lamb 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. 118
File Book 32
9 Apr. 1970
Date of Application

MALE
Medical Examination Report Dated 9 April 1970
Name of Physician Wm. E. Arbuckle

FEMALE
Medical Examination Report Dated 9 April 1970
Name of Physician Wm. E. Arbuckle

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

MALE APPLICANT

Name: First Stanley Middle E. Last Wood
Date of Birth: Month January Day 9 Year 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 281 N. East St. City P'fld County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Landscaper. College Park.
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Sel Sr. 12 30 51 7

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

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

FEMALE APPLICANT

Name: First Stella Middle M. Last Robertson
Date of Birth: Month July Day 5 Year 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 7435 S. Belleview, Indpls, Mar. Ind. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Housekeeper
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 6699

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Raymond Robertson Sr.
   Residence of father (if deceased so state) unknown.
   Occupation of father unk. Race of father White
   Birthplace of father (State or foreign country) Rockville, Ind.
8. Full maiden name of mother Leona Robbins. Fields.
   Residence of mother (if deceased so state) Same Ind. R/W.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Rockville, Ind.

State of Indiana, HENDRICKS County of } ss: I depose and state the information given in this application is true and correct.
Signed Stella M. Robertson
New Address Same
Subscribed and sworn to before me this 9th day of April 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

marriage. If only one parent
unnecessary.....
Father
Mother
of....., 19.....
Clerk
the above named parties, the
and filed
ties.

I, Marvin Wood, hereby give my consent for
my Son, Stanley E Wood to
marry Stella Robertson.

Marvin Wood

Subscribed and sworn to before me this 13 day of April 70

Bettie Joanne Whitlow
Notary Public
my comm expires 6 Jan 1972

RETURN OF MARRIAGE ... AND MARRIAGE CE...

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 13th *day of* April, 19 70, *authorizing the joining together as husband and wife* Stanley E. Wood *and* Stella M. Robertson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary L. Crawley *hereby certify that on the* 17th *day of* April, *one thousand nine hundred and* 70 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Stanley E. Wood *of* Hendricks *County, State of* Indiana, *and, Bride* Stella M. Robertson *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17th *day of* April, 19 70.

Signed M L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* April, 19 70.
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. 119
File Book 32
11 April 1970
Date of Application

MALE
Medical Examination Report Dated 1 April 1970
Name of Physician Elmer L. Koch MD

FEMALE
Medical Examination Report Dated 1 April 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 E. Middle Kenneth Last Noland Jr.
Date of Birth: Month March Day 16 Year 1944
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R1 City N. Salem County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hend. 68
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Electronic Tech: Van Ausdal AFB
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sel Ser 12 30 44 65

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

Name	Age	Address
Daniel Lee	4	827 Clinton Dville

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Ewell Kenneth Noland Sr.
    Residence of father (if deceased so state) Same N. Salem Ind
    Occupation of father Retired. Race of father White
    Birthplace of father (State or foreign country) Hendricks Co. Ind.
12. Full maiden name of mother Dorothy Irene Parker
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Hendricks Co. Ind.

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

Signed E. Kenneth Noland Jr.
New Address 2208 N. Edmondson, Ind. Apt. G.
Subscribed and sworn to before me this 11 day of April, 19 70
John Arnold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Elizabeth Middle L. Last Services
Date of Birth: Month December Day 29 Year 1949
Place of Birth (State or foreign country) Noblesville Ind.
Residence Address: Street or R. R. 2328 E 12th City Indpls County Marion, State Ind.
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Rate clerk: Ind Lumb. Mut Fire
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) ~~Age~~ 21

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert Earl Services.
   Residence of father (if deceased so state) Same Indpls Ind.
   Occupation of father Design-Draftsman RCA Race of father White
   Birthplace of father (State or foreign country) Hamilton Co. Ind.
8. Full maiden name of mother Peggy Lee Reddick
   Residence of mother (if deceased so state) Same
   Occupation of mother Clerical: RCA Race of mother White
   Birthplace of mother (State or foreign country) Noblesville, Ind.

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

Signed Elizabeth L. Services
New Address Same
Subscribed and sworn to before me this 11th day of April, 19 70
John Arnold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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* 16 *day of* April, 1970, *authorizing the joining together as husband and wife* E. Kenneth Noland Jr *and* Elizabeth L. Services

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

I, Louis D. Crouch *hereby certify that on the* 18th *day of* April, *one thousand nine hundred and* 70 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Ewell Kenneth Noland *of* Hendricks *County, State of* Indiana *and, Bride* Elizabeth Lou Services *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18th *day of* April, 19 70.

Signed Louis D. Crouch
Official Designation United Methodist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* April, 1970.

Signed John G. Arnold Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 120
File Book 32
April 11 1970
Date of Application

MALE
Medical Examination Report Dated 4-07-70
Name of Physician John Elliott Jr

FEMALE
Medical Examination Report Dated 4-7-70
Name of Physician John Elliott Jr

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

MALE APPLICANT

Name: First Andrew Middle J. Last Zeigler
Date of Birth: Month November Day 26 Year 1947
Place of Birth (State or foreign country) Dover Ohio
Residence Address: Street or R. R. 1896 Ashland Rd. City Mansfield County Richland State Ohio
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Sheet metal mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Ohio Oper. License A 121324

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 W. Zeigler Sr.
    Residence of father (if deceased so state) R R 2 Box 93 Perrysville O
    Occupation of father Landscaping Race of father W
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Lucille Ann Huffman
    Residence of mother (if deceased so state) Same
    Occupation of mother Dietician Race of mother W
    Birthplace of mother (State or foreign country) Ohio

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

Signed Andrew J Zeigler
New Address Same as above

Subscribed and sworn to before me this 11 day of April, 1970.
John Gambold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Paulette Middle Ra-May Last Greeson
Date of Birth: Month May Day 31 Year 1949
Place of Birth (State or foreign country) Greencastle Putnam Ind.
Residence Address: Street or R. R. RR 2 City Danville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Typist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert H. Greeson
   Residence of father (if deceased so state) Same
   Occupation of father Self employed Trucker Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Audrey L. Hester
   Residence of mother (if deceased so state) Same
   Occupation of mother House wife Race of mother W
   Birthplace of mother (State or foreign country) Tennessee

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

Signed Paulette RE-Ray Greeson
New Address Same

Subscribed and sworn to before me this 11 day of April, 1970.
John Gambold Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* April, 1970, *authorizing the joining together as husband and wife* Andrew J. Zeigler *and* Paulette Ra-May Greeson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Wallace Jeffs *hereby certify that on the* 18th *day of* April, *one thousand nine hundred and* Seventy *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Andrew Zeigler *of* Richland *County, State of* Ohio *and, Bride* Paulette Greeson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 18 *day of* April, 1970.

Signed Wallace Jeffs
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* April, 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. 121

File Book 32

April 11 1970
Date of Application

MALE
Medical Examination Report Dated April 3 1970
Name of Physician Irving Cohen MD

FEMALE
Medical Examination Report Dated April 3 1970
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 Robert Middle Francis Last Gootee Jr

Date of Birth: Month Sept. Day 25 Year 1950

Place of Birth (State or foreign country): St. Vincent's Judges Marion Ind.

Residence Address: Street or R. R. R.R 2 Box 440 G City Plainfield County Hend State Ind

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Fence Builder

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their 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 Francis Gootee
    Residence of father (if deceased so state) Same
    Occupation of father Fence Co. Prop. Race of father W
    Birthplace of father (State or foreign country) Judges Indiana
12. Full maiden name of mother Marjorie Lee Postlewaite
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Judges Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Francis Gootee

New Address 1235 Raymond St Plainfield

Subscribed and sworn to before me this 11 day of April, 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, County of HENDRICKS } ss:

Signed Robert F. Gootee Sr Father

Signed Marjorie L. Gootee Mother

Subscribed and sworn to before me this 11 day of April, 1970.

John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Brenda Middle Louise Last Price

Date of Birth: Month May Day 30 Year 1951

Place of Birth (State or foreign country): Methodist Hosp. Judges Marion Ind

Residence Address: Street or R.R. 1534 Buchanan City Plainfield County Hend State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Typist

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ralph Elwin Price
   Residence of father (if deceased so state) Same
   Occupation of father Line Bell employee Race of father W
   Birthplace of father (State or foreign country) Bridgeport Ind.
8. Full maiden name of mother Betty LaVone Clark
   Residence of mother (if deceased so state) Same
   Occupation of mother Clerical Race of mother W
   Birthplace of mother (State or foreign country) Sidney Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda Louise Price

New Address 1235 Raymond St Plainfield

Subscribed and sworn to before me this 11 day of April, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15th *day of* April, 1970, *authorizing the joining together as husband and wife* Robert Francis Gootee Jr *and* Brenda Louise Price

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert L. Kitchin hereby certify that on the 18th day of April, one thousand nine hundred and 70 at Plainfield, St Susanna Church County of Hendricks, State of Indiana, Groom Robert Francis Gootee, of Hendricks County, State of Indiana, and, Bride Brenda Louise Price of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 th day of April, 1970.

Signed Robert L. Kitchin

Official Designation Pastor St Susannas

Filed and recorded in accordance with the laws of the State of Indiana this 12 th day of May, 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. 122
File Book 32
April 11 1970
Date of Application

MALE
Medical Examination Report Dated apr. 6 1970
Name of Physician Wm B Kriel MD

FEMALE
Medical Examination Report Dated April 6 1970
Name of Physician Wm. B. Kriel MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Lowell Middle — Last Thomas
Date of Birth: Month March Day 3 Year 1947
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. R1 Box 82 City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Asst Press Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Army Discharge

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Rex Thomas
    Residence of father (if deceased so state) R1 Grayson Ky
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Grayson Ky
12. Full maiden name of mother Phoebe Jane Isom
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Grayson Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Lowell Thomas
New Address 801 Ingoman Judges
Subscribed and sworn to before me this 11 day of April, 1970.
John Gambrold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Jacqueline Middle Kay Last Elliott
Date of Birth: Month August Day 17 Year 1943
Place of Birth (State or foreign country) Coleman Hosp. Tudges Ind.
Residence Address: Street or R. R. 801 S. Ingoman City Tudges County Marion State Ind.
Maiden Name if Different Roell
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 House wife
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Leonard Joseph Roell
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Oldenburg Ind.
8. Full maiden name of mother Genevieve Swartwood
   Residence of mother (if deceased so state) 4350 Madison Ave apt 309
   Occupation of mother Papers - wrappers Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jacqueline Kay Elliott
New Address 801 Ingoman Judges
Subscribed and sworn to before me this 11 day of April, 1970.
John Gambrold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued....., and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 15th *day of* April *A.D., 19*70*, authorizing the joining together as husband and wife* Lowell Thomas *and* Jacqueline Kay Elliott
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham *hereby certify that on the* eighteenth *day of* April, *one thousand nine hundred and* seventy *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Lowell Thomas *of* Hendricks *County, State of* Indiana *and, Bride* Jacqueline Kay Elliott *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 18th *day of* April, *19*70.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* April, *19*70.
Signed John Gambrold Jr *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 123
File Book 32
4-11-70
Date of Application

MALE
Medical Examination Report Dated 4-11-70
Name of Physician Donald D. Cheeseman MD

FEMALE
Medical Examination Report Dated 3-30-70
Name of Physician Donald D. Cheeseman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 M. Last Strain
Date of Birth: Month November Day 14 Year 1942
Place of Birth (State or foreign country): Crawfordsville - Mont. Ind.
Residence Address: Street or R. R. RR2 Box 10B City Fowler County Benton 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: Switchman - Ind. Bell
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Paul E. Strain
    Residence of father (if deceased so state) Deceased
    Occupation of father - Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary E. Pickett
    Residence of mother (if deceased so state) RR1 Bargersville
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × David M. Strain
New Address RR2 Box 10B Fowler

Subscribed and sworn to before me this 11 day of April, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Sue Last Brown
Date of Birth: Month February Day 27 Year 1948
Place of Birth (State or foreign country): Vermillion Co. Indiana
Residence Address: Street or R. R. RR1 Box 203 City N. Salem County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Herbert H. Brown
   Residence of father (if deceased so state) Same
   Occupation of father Farmer Race of father (W)
   Birthplace of father (State or foreign country) Parke Co. Ind.
8. Full maiden name of mother Florence Marie Kieffer
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Carolyn Sue Brown
New Address RR2 Box 10B Fowler

Subscribed and sworn to before me this 11 day of April, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* April *, 19*70*, authorizing the joining together as husband and wife* David M. Strain *and* Carolyn Sue Brown

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James A. Trousdale *hereby certify that on the* 9th *day of* May *, one thousand nine hundred and* 70 *at* New Winchester *, County of* Hendricks *, State of Indiana, Groom* David M. Strain *of* Benton *County, State of* Indiana *, and, Bride* Carolyn Sue 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 9th *day of* May *, 19*70*.*

Signed James A. Trousdale
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* May *, 19*70*.*

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. 124
File 32
4-11-70
Date of Application

MALE
Medical Examination Report Dated 4-4-70
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 4-4-70
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 Michael Middle Lynn Last Williams
Date of Birth: Month Feb Day 6 Year 1951
Place of Birth (State or foreign country) Indpls. Ind.
Residence Address: Street or R. R. RR 2, Box 154N City Brnsbg. County State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-51-011698

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Otis Williams, Jr.
    Residence of father (if deceased so state) Same
    Occupation of father Accounting Race of father W.
    Birthplace of father (State or foreign country) Patricksburg, Ind.
12. Full maiden name of mother Anna Marie Carter
    Residence of mother (if deceased so state) Same
    Occupation of mother Bank Teller Race of mother W.
    Birthplace of mother (State or foreign country) Clarksville, Ark.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael L Williams
New Address 23 Lincoln Ave.
Subscribed and sworn to before me this 11 day of April, 19 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Otis Williams, Sr. Father
Signed Anna C. Williams Mother
Subscribed and sworn to before me this 11 day of April, 19 70
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name: First Nancy Middle Jo Last Boyd
Date of Birth: Month Sept Day 6 Year 1951
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. RR 2, Box 114A City Brownsburg County Hendricks State Ind.
Maiden Name if Different Same
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Accounting Clk.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 9214

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Erwin Omer Boyd
   Residence of father (if deceased so state) Same
   Occupation of father Farmer Race of father W.
   Birthplace of father (State or foreign country) Indpls., Ind.
8. Full maiden name of mother Gladys Frances Beckett
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother W.
   Birthplace of mother (State or foreign country) Indpls., Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy Jo Boyd
New Address.....
Subscribed and sworn to before me this 11 day of April, 19 70
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of April, 19 70, authorizing the joining together as husband and wife Michael Lynn Williams and Nancy Jo Boyd
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Donald Tyler hereby certify that on the 17 day of April, one thousand nine hundred and 70 at Bethesda Baptist Church Brownsburg, Indiana, County of Hendricks, State of Indiana, Groom Michael Lynn Williams of Hendricks County, State of Indiana, and, Bride Nancy Jo Boyd of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 17 day of April, 19 70.

Signed Rev. Donald Tyler
Official Designation Baptist minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of April, 19 70.
Signed John G. 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. 125
File Book 32
4-13-70
Date of Application

MALE
Medical Examination Report Dated 4-7-70
Name of Physician Dr Elmer L Koch

FEMALE
Medical Examination Report Dated 4-7-70
Name of Physician Dr 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 Stephen Middle Maurice Last Martin
Date of Birth: Month 8 Day 31 Year 1948
Place of Birth (State or foreign country) Fort Benning Ga
Residence Address: 3625 Donald Ave Street or R. R. Indpls City Marion County Indiana State
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Meat Cutter / Grocery
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree SS System Reg. Certificate
☐ Other (Specify) Drivers Licenses M635 48351

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James A Martin
    Residence of father (if deceased so state) Dec as groom
    Occupation of father Tile Clerk - Ft Harrison Race of father White
    Birthplace of father (State or foreign country) Portland Tenn.
12. Full maiden name of mother Evelyn M. Henson
    Residence of mother (if deceased so state) Dec
    Occupation of mother Nurse Aid - Northwest Nursing Home Race of mother White
    Birthplace of mother (State or foreign country) Portland, Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Stephen M. Martin
New Address.....
Subscribed and sworn to before me this 13 day of April, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Deborah Middle Lee Last Bartolovich
Date of Birth: Month 11 Day 13 Year 1962
Place of Birth (State or foreign country) Waynesburg Pa
Residence Address: 629 Roosevelt Street or R. R. Plainfield City Hendricks County Indiana 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 Harrisburg Pa - # 1075
☐ Other (Specify) Drivers Licence # B634-52453

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William Lewis Bartolovich
   Residence of father (if deceased so state) Dec
   Occupation of father Correctional Officer Race of father White
   Birthplace of father (State or foreign country) Waynesburg, Pa.
8. Full maiden name of mother Mary Ann Cowell
   Residence of mother (if deceased so state) Dec
   Occupation of mother Correctional Officer Race of mother White
   Birthplace of mother (State or foreign country) Waynesburg, Pa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Deborah Lee Bartolovich
New Address.....
Subscribed and sworn to before me this 13 day of April, 19 70
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed William Lewis Bartolovich Father
Signed Mary Ann Bartolovich Mother
Subscribed and sworn to before me this 16 day of April, 19 70
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 Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17th *day of* April, 1970, *authorizing the joining together as husband and wife* Stephen Maurice Martin *and* Deborah Lee Bartolovich

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, W. Paul Galyan *hereby certify that on the* 18th *day of* April, *one thousand nine hundred and* 70 *at* Bridge Port, *County of* Marion, *State of Indiana, Groom* Stephen Maurice Martin *of* Madison *County, State of* Indiana *and, Bride* Deborah Lee Bartolovich *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18th *day of* April, 1970.

Signed W. Paul Galyan
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 20th *day of* April, 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. 126
File Book 32
4-13-70
Date of Application

MALE
Medical Examination Report Dated 4-11-70
Name of Physician Dr C. N. Scudder

FEMALE
Medical Examination Report Dated 4-11-70
Name of Physician Dr C. 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 Karl Middle Woodson Last Brock
Date of Birth: Month 6 Day 2 Year 1951
Place of Birth (State or foreign country) Greencastle Indiana
Residence Address: 344 Meadow Dr Street or R. R. Danville City Hendricks 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 Central State Hospital - Truck Driver
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-51-28748

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 A. Brock
    Residence of father (if deceased so state) 344 Meadow Dr Danville
    Occupation of father Supervisor Allison Race of father white
    Birthplace of father (State or foreign country) Brownsville Texas
12. Full maiden name of mother Virginia Wright
    Residence of mother (if deceased so state) Dead
    Occupation of mother Danville Wholesale Dry Race of mother white
    Birthplace of mother (State or foreign country) Lapel, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karl Woodson Brock
New Address.....

Subscribed and sworn to before me this 13 day of April, 19 70
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Consent of parents attached -
signed -

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Fayetta Middle Sue Last King
Date of Birth: Month 10 Day 4 Year 1956
Place of Birth (State or foreign country) Campbellsville Ky.
Residence Address: 22 S Tennessee Street or R. R. Danville City Hendricks County Ind State
Maiden Name if Different Workington
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Nov., 1969 - Hendricks Co
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #Commonwealth of Ky - #116-50-57189

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Henry Dennis Workington
   Residence of father (if deceased so state) deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Campbellsville, Ky.
8. Full maiden name of mother Carrie Noel
   Residence of mother (if deceased so state) 22 S. Tennessee, Danville
   Occupation of mother V.C. Hospital Race of mother White
   Birthplace of mother (State or foreign country) Merrimac, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Fayetta Sue King
New Address.....

Subscribed and sworn to before me this 13 day of April, 19 70
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County 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 17 day of April, 19 70, authorizing the joining together as husband and wife Karl Woodson Brock and Fayetta Sue King.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ira J. Goodman hereby certify that on the 17 day of April, one thousand nine hundred and 70 at Plainfield, County of Hendricks, State of Indiana, Groom Karl W. Brock of Hendricks County, State of Indiana, and, Bride Fayetta S. King of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of April, 19 70.

Signed Ira J. Goodman
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of April, 19 70.

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. 126
File Book 32
4-13-70
Date of Application

MALE
Medical Examination Report Dated 4-11-70
Name of Physician Dr C. N. Scudder

FEMALE
Medical Examination Report Dated 4-11-70
Name of Physician Dr C. 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 Karl Middle Woodson Last Brock
Date of Birth: Month 6 Day 2 Year 1951
Place of Birth (State or foreign country) Greencastle Indiana
Residence Address: 344 Meadow Dr Street or R. R. Danville City Hendricks 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: Central State Hospital - Truck Driver
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 113-51-287448

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 A. Brock
    Residence of father (if deceased so state) 344 Meadow Dr Danville
    Occupation of father: Supervisor Allison Race of father: white
    Birthplace of father (State or foreign country) Brownsville Texas
12. Full maiden name of mother: Virginia Wright
    Residence of mother (if deceased so state) Same
    Occupation of mother: Danville Wholesale Drug Race of mother: white
    Birthplace of mother (State or foreign country) Indpls, Indiana

State of Indiana, HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Karl Woodson Brock
New Address
Subscribed and sworn to before me this 17 day of April, 1970
HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Fayetta Middle Sue Last King
Date of Birth: Month 10 Day 4 Year 1950
Place of Birth (State or foreign country) Campbellsville Ky.
Residence Address: 22 S Tennessee Street or R. R. Danville City Hendricks County Ind State
Maiden Name if Different Workington
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Nov, 1969 - Hendricks Co
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #Commonwealth Ky - #116-50-57189

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Henry Dennis Workington
   Residence of father (if deceased so state) deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Campbellsville, Ky.
8. Full maiden name of mother: Carrie Noel
   Residence of mother (if deceased so state) 22 S. Tennessee, Danville
   Occupation of mother: DC - Hospital Race of mother: white
   Birthplace of mother (State or foreign country) Merrimac, Ky.

State of Indiana, HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Fayetta Sue King
New Address
Subscribed and sworn to before me this ... day of April, 1970
HENDRICKS Circuit Court

We ~~I~~, Daniel A. & Virginia Brock, hereby give my consent for my ~~son~~ daughter, Karl Woodson Brock to marry Fayetta Sue King.

Daniel Brock Virginia M. Brock

Subscribed andsworn to before me this 11 day of April 1970

John Gambold, Jr.
~~Notary Public~~ Clerk

...rriage. If only one parent ...necessary.....
...named parties, the
...authorizes and directs the issuance of a marriage license to the above named parties. ...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 17 day of April, 1970, authorizing the joining together as husband and wife Karl Woodson Brock and Fayetta Sue King.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ira J. Goodman hereby certify that on the 17 day of April, one thousand nine hundred and 70, at Plainfield, County of Hendricks, State of Indiana, Groom Karl W. Brock of Hendricks County, State of Indiana, and, Bride Fayetta S. King of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17 day of April, 1970.

Signed Ira J. Goodman
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of April, 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. 127
File Book 32
14 April 1970
Date of Application

MALE
Medical Examination Report Dated 9 Apr. 1970
Name of Physician Thos M. Walker MD

FEMALE
Medical Examination Report Dated 9 April 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: First Allan Middle Lee Last Hoffman
Date of Birth: Month May Day 22 Year 1947
Place of Birth (State or foreign country) Cincinnati, Ohio
Residence Address: Street or R. R. R2 Bx 176B City B'burg County Hen. State In.
Previous Marital Status: Never Married ☑ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Designer: Norman-Herington
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree #7160
☐ Other (Specify) Sel Ser 12 30 47 187

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 John Hoffman
    Residence of father (if deceased so state) Same Cincinnati, Ohio
    Occupation of father Air Traf Cont. Wire Cont. Race of father White
    Birthplace of father (State or foreign country) Cincinnati, Ohio.
12. Full maiden name of mother Mary Rachell Wright.
    Residence of mother (if deceased so state) Same
    Occupation of mother A/W. Race of mother White
    Birthplace of mother (State or foreign country) Roanoke, Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Allan Lee Hoffman
New Address Interstate 1 Village Speedway (City) In.
Subscribed and sworn to before me this 14th day of April, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Marie Middle Paula Last Brandmaier
Date of Birth: Month November Day 17 Year 1943
Place of Birth (State or foreign country) Indianapolis, In.
Residence Address: Street or R. R. 6514 S. Morton City Indpls County Mar. State In.
Maiden Name if Different
Previous 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: Stewart-Warner
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 8340

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Helmut Bartholomew Brandmaier
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Indpls, In.
8. Full maiden name of mother Audrey Helen Kiefer
   Residence of mother (if deceased so state) Same, Indpls. In.
   Occupation of mother Clerk, Ayres & Co. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, In.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marie Paula Brandmaier
New Address Same
Subscribed and sworn to before me this 14th day of April, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18 *day of* April, 1970, *authorizing the joining together as husband and wife* Allen Lee Hoffman *and* Marie Paula Brandmaier

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Thomas C. Widner *hereby certify that on the* 24 th *day of* April, *one thousand nine hundred and* 70 *at* Greenwood, *County of* Johnson, *State of Indiana, Groom* Allen Lee Hoffman *of* Hendricks *County, State of* Indiana, *and, Bride* Marie Paula Brandmaier *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 24 th *day of* April, 19 70.

Signed Rev. Thomas C. Widner
Official Designation Associate Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1 st *day of* May, 19 70.

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. 128
File Book 32
4-15-70
Date of Application

MALE
Medical Examination Report Dated 4-13-70
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 4-13-70
Name of Physician Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Linden Middle Keith Last Lucas
Date of Birth: Month 4 Day 19 Year 1950
Place of Birth (State or foreign country) Indiana
Residence Address 3606 Street or R. R. Carol R. 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 Mechanic - AAA Equipment
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Memorial Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☑
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arthur Melvin Lucas
    Residence of father (if deceased so state) Dead
    Occupation of father retired Race of father white
    Birthplace of father (State or foreign country) Owen Co. Indiana
12. Full maiden name of mother Thelma Marie Copeland
    Residence of mother (if deceased so state) Dead
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Shelby Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linden Keith Lucas
New Address.....
Subscribed and sworn to before me this 15 day of April, 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, County of HENDRICKS } ss:
Signed Arthur Melvin Lucas SR. Father
Signed Thelma Marie Lucas Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Linda Middle Fay Last Gregory
Date of Birth: Month 9 Day 16 Year 1951
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address R#3 Box 608A Street or R. R. Greenstown City Kokomo County Howard 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 Cashier - Clermont Deluxe Dairy Inc
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Indpls - #9549 Vol 70 p 241

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 E. Gregory
   Residence of father (if deceased so state) Copper
   Occupation of father Machine Opr. - Firestone Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Mary Magdelan Keen
   Residence of mother (if deceased so state) Dane
   Occupation of mother U.S. Rubber Co. Race of mother white
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda Fay Gregory
New Address.....
Subscribed and sworn to before me this 15 day of April, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* April, 1970, *authorizing the joining together as husband and wife* Linden Keith Lucas *and* Linda Fay Gregory
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence J. Brooks *hereby certify that on the* 25th *day of* April, *one thousand nine hundred and* 70 *at* Clermont, *County of* Marion, *State of Indiana, Groom* Linden Keith Lucas *of* Marion *County, State of* Indiana, *and, Bride* Linda Fay 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 25-th *day of* April, 19 70.

Signed Clarence J. Brooks
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* May, 19 70.
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. 129
File Book 82
16 April 1970
Date of Application

MALE
Medical Examination Report Dated 23 March 1970
Name of Physician William F. Storms MD

FEMALE
Medical Examination Report Dated 23 March 1970
Name of Physician William F. Storms 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 Lynwood Middle Warner Last Jope
Date of Birth: Month May Day 26 Year 1938
Place of Birth (State or foreign country) Hartford, Conn
Residence Address: Street or R. R. 34 Peach Hill Rd. City Wethersford County Hartford State Conn.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Field Sales Engr: Leeds & North.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sel Ser 6-1-38-306

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Albert Jope
    Residence of father (if deceased so state) Same Hartford Conn.
    Occupation of father Sales Rep: S&H. Race of father White
    Birthplace of father (State or foreign country) West Haven Conn.
12. Full maiden name of mother Dotha Elizabeth Warner
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Hartford Co, Conn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lynwood Warner Jope
New Address 107 Moylan Ct. Newington, Conn.
Subscribed and sworn to before me this 16th day of April, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle Ann Last Leonard
Date of Birth: Month July Day 2 Year 1942
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. F. 621 Raymond St. City Pitt Hen, Ind. County..... State.....
Maiden Name if Different.....
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation School Teacher: W. Hartford
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Lester Vorhees Leonard
   Residence of father (if deceased so state) Same Pitt Hen, Ind.
   Occupation of father Elect Engr. PSI Race of father White
   Birthplace of father (State or foreign country) DuBois Co, Ind.
8. Full maiden name of mother Mary Mattie Glick.
   Residence of mother (if deceased so state) Same
   Occupation of mother Teacher: Monrovia Race of mother White
   Birthplace of mother (State or foreign country) Bartholomew Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara Ann Leonard
New Address Same
Subscribed and sworn to before me this 16th day of April, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 16 April 1970 and filed in Clerks. Office authorizes and directs the issuance of a marriage license to the above named parties. Sda Warner

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* April, 1970 *authorizing the joining together as husband and wife* Lynwood Warner Jope *and* Barbara Ann Leonard.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert F. De Long *hereby certify that on the* 18th *day of* April, *one thousand nine hundred and* 70 *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Lynwood Warner Jope *of* Hartford *County, State of* Connecticut *and, Bride* Barbara Ann Leonard *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18th *day of* April, 1970.

Signed Robert F. De Long
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* April, 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. 130
File Book 32
Apr 16 1970
Date of Application

MALE
Medical Examination Report Dated 4-13-70
Name of Physician Elmer Koch MD

FEMALE
Medical Examination Report Dated 4-9-70
Name of Physician Glenn Bales 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 Oscar; Middle J.; Last Meister

Date of Birth: Month May; Day 24; Year 1899

Place of Birth (State or foreign country): Indianapolis

Residence Address: Street or R. R. RR 1 Pittsboro; City Hend.; County Hend.; State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Farmer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Meister
    Residence of father (if deceased so state): Deceased
    Occupation of father: Huckster Race of father: (W)
    Birthplace of father (State or foreign country): Wheeling W. Va.
12. Full maiden name of mother: Lilian Pflenger
    Residence of mother (if deceased so state): Deceased
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): Indpls Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is ~~true~~ and correct.

Signed x Oscar J Meister
New Address RR 1 Pittsboro

Subscribed and sworn to before me this 16 day of April, 19 70
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Helen; Middle M.; Last Denny

Date of Birth: Month December; Day 25; Year 1909

Place of Birth (State or foreign country): Marion Ind

Residence Address: Street or R. R. R 3 Box 136; City Danville; County Hend; State Ind

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: House wife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: George Brunen
   Residence of father (if deceased so state): Deceased
   Occupation of father: Farmer Race of father: (W)
   Birthplace of father (State or foreign country): Marion Co Ind
8. Full maiden name of mother: Luella Stuart
   Residence of mother (if deceased so state): Deceased
   Occupation of mother: — Race of mother: W
   Birthplace of mother (State or foreign country): Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Helen M Denny
New Address RR 1 Pittsboro

Subscribed and sworn to before me this 16 day of April, 19 70
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 20th *day of* April, 19 70, *authorizing the joining together as husband and wife* Oscar J Meister *and* Helen M Denny
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 seven *day of* April, *one thousand nine hundred and* Seventy, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Oscar J. Meister *of* Hendricks *County, State of* Ind Iowa *and, Bride* Helen M. Denny *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 27 th *day of* April, 19 70.

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* April, 19 70.
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. 131
File Book 32
18 April 1970
Date of Application

MALE
Medical Examination Report Dated 2 April 1970
Name of Physician Wm E Mack LtMC/USN.

FEMALE
Medical Examination Report Dated 14 April 1970
Name of Physician John R Calhoon M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle William Last Clossey
Date of Birth: Month 10 Day 16 Year 1949
Place of Birth (State or foreign country) Hendricks Co. Indiana
Residence Address: Street or R. R. R#2 Box 688 City Stilesville 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: Navy - Jacksonville, Fla.
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their 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 E. Clossey
    Residence of father (if deceased so state) Same
    Occupation of father: Farmer Race of father: White
    Birthplace of father (State or foreign country) Maywood, Indiana
12. Full maiden name of mother: Ruth V. York
    Residence of mother (if deceased so state) Same
    Occupation of mother: Housewife Race of mother: White
    Birthplace of mother (State or foreign country) Naples, Indiana

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Michael W. Clossey
New Address.....
Subscribed and sworn to before me this 25 day of April, 1970
John Dunbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....

State of Indiana,
County of HENDRICKS } ss:
Signed Harry E Clossey Father
Signed Ruth V Clossey Mother
Subscribed and sworn to before me this 25 day of April, 1970
John Dunbold Jr Clerk

FEMALE APPLICANT

Name: First Cheryl Middle Ione Last Hannon
Date of Birth: Month October Day 24 Year 1951
Place of Birth (State or foreign country) Bradford, Pa
Residence Address: Street or R. R. R8 Bx 367 City Indpls County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Clerk-Steno. PSI
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 557

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of narcotic drug? No ☑ Yes ☐
7. Full name of father: John Robert Hannon
   Residence of father (if deceased so state) Same Indpls Ind.
   Occupation of father: Loan Guar: Vet Adm. Race of father: White
   Birthplace of father (State or foreign country) Bradford, Pa.
8. Full maiden name of mother: Katherine Rebecca Flynn
   Residence of mother (if deceased so state) Same
   Occupation of mother: Teacher: Area Ela. Race of mother: White
   Birthplace of mother (State or foreign country) Kinzua, Pa

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Cheryl Ione Hannon
New Address.....
Subscribed and sworn to before me this 18th day of April, 70
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....
.....

State of Indiana,
County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25 th *day of* April, 1970, *authorizing the joining together as husband and wife* Michael William Clossey *and* Cheryl Ione Hannon
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Raymond Baehm *hereby certify that on the* 25 th *day of* April, *one thousand nine hundred and* 70 *at* Ind. Immaculate (St Joseph), *County of* Marion, *State of Indiana, Groom* Michael W. Clossey *of* Hendricks *County, State of* Indiana *and, Bride* Cheryl I. Hannon *of* Hendricks *County, State of* Indiana, *were by me united 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 th *day of* April, 1970.
Signed Raymond F. Baehm
Official Designation Catholic Priest
Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* April, 1970.
Signed John J Dunbold Jr *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 132
File Book 32
18 April 1970
Date of Application

MALE
Medical Examination Report Dated 14 April 1970
Name of Physician John P. Calhoon MD

FEMALE
Medical Examination Report Dated 14 April 1970
Name of Physician John P. Calhoon MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle J. Last Baskerville
Date of Birth: Month December Day 20 Year 1923
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. 613 W. Main City Pitt County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Mar. 70
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Indpls Fireman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Chauffeur 3-13-16-592805

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Robert Joseph	8	1826 Fisher, Indpls

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Albert Baskerville
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Naomi Kitzmiller
    Residence of mother (if deceased so state) 4200 Moeller Rd (Indpls.
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robert J Baskerville
New Address 613 W. Main St., Pitt, Ind
Subscribed and sworn to before me this 18th day of April, 1970
John Gaunt Jr — Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Phyllis Middle D. Last Thomas
Date of Birth: Month July Day 14 Year 1926
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R. R. 613 W. Main St. City Pitt County Hen. State Ind.
Maiden Name if Different Phyllis D. Ward
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Mar. 6, Las Vegas 66
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Car Rental Agent: Hertz
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Op. lic. T520-362944

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harry Calvin Ward
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Flossie Dorinda Jane Frazier
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — Race of mother White
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Phyllis D. Thomas
New Address Same
Subscribed and sworn to before me this 18th day of April, 1970
John Gaunt Jr — Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* April *19* 70, *authorizing the joining together as husband and wife* Robert J. Baskerville *and* Phyllis D. Thomas
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. George G. Kinsey *hereby certify that on the* 2nd *day of* May, *one thousand nine hundred and* 70 *at* Indpls, *County of* Marion, *State of Indiana, Groom* Robert J. Baskerville *of* Hendricks *County, State of* Indiana *and, Bride* Phyllis D. 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 2nd *day of* May, *19* 70.

Signed George G. Kinsey
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* May, *19* 70.
Signed John Gaunt Jr *Clerk* HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 133
File Book 32
20 April 1970
Date of Application

MALE
Medical Examination Report Dated 2 April 1970
Name of Physician Thos. Walker M.D

FEMALE
Medical Examination Report Dated 2 April 1970
Name of Physician Thos. 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 Hubert Middle Lee Last Huber
Date of Birth: Month November Day 16 Year 1950
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R3 Box 618C City Bburg County Hend State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Acoustical Helper. H. Cornwell
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 11072 Sel Ser 12-30-30-387

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Paul Horace Huber
    Residence of father (if deceased so state) Tippecanoe Co. Ind.
    Occupation of father Tool & Die. Race of father White
    Birthplace of father (State or foreign country) Marion Co. Ind.
12. Full maiden name of mother Alberta Mae Baxter
    Residence of mother (if deceased so state) Same Bburg Ind.
    Occupation of mother Aven Rep. Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Hubert Lee Huber
New Address 921 S. Grant St. Bburg
Subscribed and sworn to before me this 20th day of April, 19 70
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Parents Divorced Marion Co. 1951
Mother given full custody.

State of Indiana,
County of HENDRICKS } ss:

Signed ..... Father
Signed Alberta Mae Eddy Mother
Subscribed and sworn to before me this 20th day of April, 19 70
John Gambold Clerk

FEMALE APPLICANT

Name: First Victoria Middle Lynne Last Lathrop
Date of Birth: Month February Day 26 Year 1954
Place of Birth (State or foreign country) Ft Campbell, Ky.
Residence Address: Street or R. R. 421 S. Grant St. City Bburg County Hend State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Student. Bburg HS.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 116-54-9240

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Keith Eben Lathrop
   Residence of father (if deceased so state) Same Bburg, Ind.
   Occupation of father Sgt. Cornwell Cont. Race of father White
   Birthplace of father (State or foreign country) Grant Co, Wis.
8. Full maiden name of mother Phyllis Joan Caudill
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Steelton, Ill

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Victoria Lynne Lathrop
New Address Same
Subscribed and sworn to before me this 20th day of April, 19
John Gambold Clerk HENDRICKS Circuit

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one pa
signs, state facts which render the consent of the other parent unnecessary
Fathers consent dated 21 April 1970 attached.

State of Indiana,
County of HENDRICKS } ss:

Signed ..... Fathe
Signed Phyllis J. Lathrop Mothe
Subscribed and sworn to before me this 20th day of April, 19
John Gambold Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Apr. 70, authorizing the joining together as husband and wife Hubert Lee Huber and Victoria Lynne Lathrop

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Horace W. Huber hereby certify that on the 25 day of April, one thousand nine hundred and seventy at Brownsburg, County of Hendricks, State of Indiana, Groom Hubert Lee Huber of Hendricks County, State of Indiana, and, Bride Victoria Lynne Lathrop of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of April, 1970.

Signed Horace W. Huber
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of April, 19 70.

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. 133
File Book 32
20 April 1970
Date of Application

MALE
Medical Examination Report Dated 2 April 1970
Name of Physician Thos. Walker M.D

FEMALE
Medical Examination Report Dated 2 April 1970
Name of Physician Thos. 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 Hubert Middle Lee Last Huber
Date of Birth: Month November Day 16 Year 1950
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R3 Box 618C City Bburg County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Acoustical Helper. H. Cornwall
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 11072 Sel Ser 12-30-50-387

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Paul Horace Huber
    Residence of father (if deceased so state) Tippecanoe Co. Ind.
    Occupation of father Tool & Die. Race of father White
    Birthplace of father (State or foreign country) Marion Co. Ind.
12. Full maiden name of mother Alberta Mae Baxter
    Residence of mother (if deceased so state) Same Bburg Ind.
    Occupation of mother Asm Rep. Race of mother White
    Birthplace of

State of Indiana,
County of.....

Subscribed and sw

CONSENT OF PA
We, the parents, (
signed, state facts
Parent
Mother

State of Indiana,
County of.....

Subscribed and swo

FEMALE APPLICANT

Name: First Victoria Middle Lynne Last Lathrop
Date of Birth: Month February Day 26 Year 1954
Place of Birth (State or foreign country) Ft Campbell, Ky.
Residence Address: Street or R. R. 421 S. Grant St. City Bburg County Hen State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student. Bburg H.S.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 116-54-9240

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Keith Eben Lathrop
   Residence of father (if deceased so state) Same Bburg, Ind.
   Occupation of father Sgt. Cornwall Cont. Race of father White
   Birthplace of father (State or foreign country) Crawford Co, Wis.
8. Full maiden name of mother Phyllis Joan Caudill
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Steelton, Ill

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Victoria Lynne Lathrop

I, Ruth E Lathrop, hereby give my consent for my Daughter Victoria Lathrop to marry Hubert Huber.

Ruth E Lathrop

Subscribed and sworn to before me this 21 day of April 1970

Shirley D Hayes
Notary Public

COMPLETE IF 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 Apr., 1970, authorizing the joining together as husband and wife Hubert Lee Huber and Victoria Lynne Lathrop

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Horace D. Huber hereby certify that on the 25 day of April, one thousand nine hundred and seventy at Brownsburg, County of Hendricks, State of Indiana Groom Hubert Lee Huber of Hendricks County, State of Indiana, and, Bride Victoria Lynne Lathrop of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 24 day of April, 1970.

Signed Horace D. Huber
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of April, 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. 134
File Book 32
4-20-70
Date of Application

MALE
Medical Examination Report Dated 4-20-70
Name of Physician Dr Robt Kirtley

FEMALE
Medical Examination Report Dated 4-20-70
Name of Physician Dr Robt Kirtley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Wayne Middle Allen Last Morphew
Date of Birth: Month 12 Day 14 Year 1950
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. 95 E Lincoln City Danville County Hendricks State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: Army - Fort Hood, Texas
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Cert #11913 - Methodist Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Dewey Francis Morphew
    Residence of father (if deceased so state) Dead
    Occupation of father Home Lumber Co Race of father White
    Birthplace of father (State or foreign country) Danville Indiana
12. Full maiden name of mother Mary Ethel Malicoat
    Residence of mother (if deceased so state) Dead
    Occupation of mother VC Hospital Race of mother White
    Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wayne A. Morphew
New Address.....

Subscribed and sworn to before me this 20 day of April, 19 70
John Dambach Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Dewey F. Morphew Father
Signed Mary E. Morphew Mother
Subscribed and sworn to before me this 20 day of April, 19 70
John Dambach Jr. Clerk

FEMALE APPLICANT

Name: First Phyliss Middle Jane Last Richard
Date of Birth: Month 11 Day 25 Year 1952
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. 1003 W. Lincoln 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: Kesslers Drugs
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Certificate # 1260 Methodist Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Dewayne Richard
   Residence of father (if deceased so state) Clayton Indiana
   Occupation of father Highway Dept Race of father White
   Birthplace of father (State or foreign country) Clayton Indiana
8. Full maiden name of mother Dorothy Jane Flanagan
   Residence of mother (if deceased so state) 502 N. Indiana St, Danville
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Avon, Hendricks Co Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Phyllis J. Richard
New Address.....

Subscribed and sworn to before me this 20 day of April, 19 70
John Dambach Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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. Hendricks Co Court - 1954

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed Dorothy Jane Flanagan Mother
Subscribed and sworn to before me this 20 day of April, 19 70
John Dambach 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..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of April, 1970, authorizing the joining together as husband and wife Wayne Allen Morphew and Phyllis Jane Richard
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred A. Ash hereby certify that on the 24th day of April, one thousand nine hundred and 70 at Danville, County of Hendricks, State of Indiana, Groom, Wayne Allen Morphew of Hendricks County, State of Indiana, and, Bride, Phyllis Jane Richard of Hendricks County, State of Indiana, were by me united 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 April, 1970.

Signed Fred A. Ash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of April, 1970.
Signed John J. Arnold Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 135
File Book 32
4-21-70
Date of Application

MALE
Medical Examination Report Dated 4-20-70
Name of Physician R W Kirtley M D.

FEMALE
Medical Examination Report Dated 4-20-70
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 Dick; Middle Edward; Last Kennedy Jr
Date of Birth: Month [illegible] June; Day 20; Year 1949
Place of Birth (State or foreign country): Lebanon Boone Ind.
Residence Address: Street or R. R. 217 W. Main; City Lizton; County Hend.; State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Marine Corp.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name | Age | Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Dick Edward Kennedy
    Residence of father (if deceased so state): Same
    Occupation of father: Truck Driver Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Johnette Leach
    Residence of mother (if deceased so state): Same
    Occupation of mother: House wife Race of mother: W
    Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Dick Edward Kennedy Jr.
New Address.....

Subscribed and sworn to before me this 21 day of April, 1970.
John Gamerold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed × Dick E. Kennedy Sr. Father
Signed × Johnette Kennedy Mother
Subscribed and sworn to before me this 21 day of April, 1970.
John Gamerold Jr Clerk

FEMALE APPLICANT

Name: First Mary; Middle Kathlyn; Last Smith
Date of Birth: Month July; Day 30; Year 1951
Place of Birth (State or foreign country): Lebanon Boone Ind.
Residence Address: Street or R. R. 217 W. main; City Lizton; County Hend; State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Receptionist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Maynard Eugene Smith
   Residence of father (if deceased so state): North Salem Ind.
   Occupation of father: Unemployed Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Helen Margaret Smith
   Residence of mother (if deceased so state): Deceased
   Occupation of mother: — Race of mother: W
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Mary Kathlyn Smith
New Address: —

Subscribed and sworn to before me this 21 day of April, 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, County of HENDRICKS } ss:
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued April 21 1970 and filed in clerk's authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21 *day of* April, 19 70, *authorizing the joining together as husband and wife* Dick Edward Kennedy Jr *and* Mary Kathlyn Smith

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* 25th *day of* April, *one thousand nine hundred and* 70 *at* 2:00 pm 1st Baptist Church Lizton *County of* Hendricks, *State of Indiana, Groom* Dick Edward Kennedy Jr *of* Hendricks *County, State of* Indiana *and, Bride* Mary Kathlyn 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 21 st *day of* April, 19 70.

Signed Rev. Raymond L. Rader
Official Designation Pastor 1st Baptist Church Lizton Ind.

Filed and recorded in accordance with the laws of the State of Indiana this 1 st *day of* May, 19 70.

Signed John Gamerold Jr Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 136
File Book 32
22 April 1970
Date of Application

MALE
Medical Examination Report Dated 18 April 1970
Name of Physician Alvin D. Schaaf MD

FEMALE
Medical Examination Report Dated April 18 1970
Name of Physician Alvin D. Schaaf MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: Hubert (First) Leslie (Middle) Smith (Last) Jr.
Date of Birth: March (Month) 3 (Day) 1951 (Year)
Place of Birth (State or foreign country): Frankfort Ind.
Residence Address: RI (Street or R. F. D.) North Salem (City) Hend (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: Filling Station Att: Burns Interstate
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sel Ser 12-30 51-88

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Hubert Leslie Smith Sr.
    Residence of father (if deceased so state): RI Jamestown Ind
    Occupation of father: Mgr Filling Sta. Interstate Race of father: White
    Birthplace of father (State or foreign country): Monticello, Ky.
12. Full maiden name of mother: Ottie Pearl Marcum
    Residence of mother (if deceased so state): RI N. Salem Ind.
    Occupation of mother: Custodian 3 boys Elem (E) Race of mother: White
    Birthplace of mother (State or foreign country): Wayne Co., Ky.

State of Indiana, HENDRICKS County of } ss: I depose and state the information given in this application is true and correct.
Signed Hubert Leslie Smith Jr.
New Address RI N. Salem Ind.
Subscribed and sworn to before me this 22nd day of April 70
John Dumbold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS County of } ss:
Signed Hubert Smith Father
Signed Ottie P. Smith Mother
Subscribed and sworn to before me this 22nd day of April 70
John Dumbold Clerk

FEMALE APPLICANT

Name: Glenda (First) Faye (Middle) Thompson (Last)
Date of Birth: October (Month) 1 (Day) 1949 (Year)
Place of Birth (State or foreign country): Lebanon Ind.
Residence Address: Box 188 (Street or R. F. D.) Advance, Boone, Ind. (City, County, State)
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Sales Lady : K Mart
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr Lic T512-49401

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Carlos Thompson
   Residence of father (if deceased so state): Same Advance Ind.
   Occupation of father: Factory : S-W Race of father: White
   Birthplace of father (State or foreign country): Summerset Ky.
8. Full maiden name of mother: Myrtle Frederick
   Residence of mother (if deceased so state): Same
   Occupation of mother: H/W Race of mother: White
   Birthplace of mother (State or foreign country): London, Ky.

State of Indiana, HENDRICKS County of } ss: I depose and state the information given in this application is true and correct.
Signed Glenda Faye Thompson
New Address Same
Subscribed and sworn to before me this 22nd day of April 70
John Dumbold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS County of } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day 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 4/25/70, and filed in Clerks' Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day Waiver Judge Hatton

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 1970, authorizing the joining together as husband and wife Hubert Leslie Smith, Jr. and Glenda Faye Thompson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clifton Morris hereby certify that on the 25 day of April one thousand nine hundred and seventy at North Salem, County of Hendricks, State of Indiana, Groom Hubert L Smith of Hendricks County, State of and, Bride Glenda F. Thompson of Hendricks County, State of were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 25 day of April, 1970.
Signed Clifton Morris
Official Designation
Filed and recorded in accordance with the laws of the State of Indiana this 28 day of April, 1970.
Signed John Dumbold Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 137
File Book 32
23 April 1970
Date of Application

MALE
Medical Examination Report Dated 22 April 1970
Name of Physician R.W. Kirtley M.D

FEMALE
Medical Examination Report Dated 22 April 1970
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 Gregory Middle R. Last Maddox
Date of Birth: Month September Day 16 Year 1947
Place of Birth (State or foreign country) Atlanta, Ga.
Residence Address: Street or R. R. 1218 Cardinal Rd. City Conyers County Rockdale State Ga. Apt 2
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Sgt: U.S.A.F.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Air Force I.D 7985845

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ricky "H." Maddox
    Residence of father (if deceased so state) Same Conyers Ga.
    Occupation of father Machinist Minister Race of father White
    Birthplace of father (State or foreign country) Winder Ga.
12. Full maiden name of mother Emily Aileen Hicks.
    Residence of mother (if deceased so state) Same
    Occupation of mother Secy. Race of mother White
    Birthplace of mother (State or foreign country) Conyers, Ga.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregory R. Maddox
New Address Same Conyers Ga
Subscribed and sworn to before me this 23rd day of April, 19 70
John Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Susan Middle Elaine Last Gatton
Date of Birth: Month August Day 15 Year 1948
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 292 Meadow Dr City Danville County Hen State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation X-Ray Tech: HCH.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Op Lic G350-48335

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Jean Gatton
   Residence of father (if deceased so state) R2 Box 49A Danville Ind.
   Occupation of father Salesman: L.S. Ayres Race of father White
   Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Mildred Ruth Berry.
   Residence of mother (if deceased so state) Same
   Occupation of mother Secy: HCH Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan Elaine Gatton
New Address Same
Subscribed and sworn to before me this 23rd day of April, 19 70
John Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued Apr. 23 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* 23 *day of* April, 19 70, *authorizing the joining together as husband and wife* Gregory R. Maddox *and* Susan Elaine Gatton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank Burns *hereby certify that on the* 25th *day of* April, *one thousand nine hundred and* 70 *at* New Winchester, *County of* Hendricks, *State of Indiana, Groom* Gregory Maddox *of* Rockdale *County, State of* Georgia *and, Bride* Susan E. Patton *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 23 *day of* April, 19 70.

Signed Frank Burns
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* April, 19 70.

Signed John Lambold Jr. Clerk
HENDRICKS Circuit Court