

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 408
File Book 32
10 Oct 1970
Date of Application

MALE
Medical Examination Report Dated 12 Oct 1970
Name of Physician Mark N. Falkenberg

FEMALE
Medical Examination Report Dated 12 Oct 1970
Name of Physician Mark Falkenberg

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

MALE APPLICANT
Name Michael G. Arnold
Date of Birth August 3, 1952
Place of Birth Indianapolis, Ind.
Residence Address 5509 Rue Royale, Indianapolis, Marion, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Asst Mgr: Dannes. Indpls
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sl Sr 12 229 52 365

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

Name Age Address

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

11. Full name of father James Edward Arnold
Residence of father (if deceased so state) San Jose, Calif.
Occupation of father Real Estate Race of father white
Birthplace of father (State or foreign country) South Bend, Ind.
12. Full maiden name of mother Patricia Lou Hague
Residence of mother (if deceased so state) San Jose, Calif.
Occupation of mother Real Estate Race of mother white
Birthplace of mother (State or foreign country) Liberty, Ind.

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

Signed Michael G. Arnold
Subscribed and sworn to before me this 15th day of October, 1970
Clerk John J. Smith Circuit Court

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

State of Indiana, HENDRICKS ss:
County of _____
Signed James E. Arnold Father
Signed Patricia A. Arnold Mother
Subscribed and sworn to before me this 15th day of October, 1970
Clerk John J. Smith

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 15th day of October, 1970, authorizing the joining together as husband and wife of Michael G. Arnold and Marilyn Morgason.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John J. Smith, hereby certify that on the 17th day of October, 1970, at _____, County of Hendricks, State of Indiana, Groom Michael G. Arnold and, Bride Marilyn Morgason were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 17th day of October, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of October, 1970.
Signed John J. Smith Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT
Name Marilyn Morgason
Date of Birth January 2, 1954
Place of Birth RI 893A Danville, Ind.
Residence Address Indpls, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 00067
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐- 2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- 3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
- 4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
- 5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- 6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- 7. Full name of father Horace Morgason
Residence of father (if deceased so state) San Jose, Calif.
Occupation of father Asst. Indpls 1206 Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Pauline Clark
Residence of mother (if deceased so state) San Jose, Calif.
Occupation of mother Real Estate Race of mother white
Birthplace of mother (State or foreign country) Racine, Wisc.
State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
Signed Marilyn Morgason
New Address _____
Subscribed and sworn to before me this 15th day of October, 1970
Clerk John J. Smith Circuit Court

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

State of Indiana, HENDRICKS ss:
County of _____
Signed Horace Morgason Father
Signed Pauline C. Morgason Mother
Subscribed and sworn to before me this 15th day of October, 1970
Clerk John J. Smith

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 409

File Bk 32

10-15-70

Date of Application

MALE

Medical Examination Report Dated 10-9-70

Name of Physician R. W. Kintley

FEMALE

Medical Examination Report Dated 10-9-70

Name of Physician R. W. Kintley

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

MALE APPLICANT

Name First Robert Middle J Last Chert
Date of Birth Month 9 Day 29 Year 36
Place of Birth (State or foreign country) Indpls, Ind
Residence Address 5044 Alameda Rd Street or R. R. Indpls City Marion County Indpls State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 10/14/68
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Pattern maker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

(a) List their full names, ages and addresses
ROBIN 14 Ebert
RONDA 14 Ebert
KIM DENISE 12 Ebert
RUTH ALICE 9 Ebert
MAURICE RENE 9 Ebert

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

11. Full name of father CHARLES FRANKLIN EBERT
Residence of father (if deceased so state) Indpls, Ind
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Maplewood, IND
12. Full maiden name of mother KATHRYN ALICE FISSUS
Residence of mother (if deceased so state) ROBINSON ILLINOIS
Occupation of mother Retired Race of mother W
Birthplace of mother (State or foreign country) MAPLEWOOD, IND

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

Signed Robert J. ChertNew Address 5044 Alameda Rd

Subscribed and sworn to before me this 15th day of October, 1970
John Samboled Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Patricia Middle L Last Venable
Date of Birth Month Jan Day 6 Year 1934
Place of Birth (State or foreign country) Indpls
Residence Address PR# 2 Box 212 Street or R. R. Planfield Ind City Indpls County Indpls State Ind
Maiden Name if Different Patricia L. Venable
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 2/70
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

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

7. Full name of father DEWARD ANDREW FA VENABLE
Residence of father (if deceased so state) Same
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) SEATTLE, WASH
8. Full maiden name of mother MARY ALICE PRATT
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) JAMES TOWN

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

Signed Patricia L. VenableNew Address 5044 Alameda Rd

Subscribed and sworn to before me this 15th day of October, 1970
John Samboled Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1970, authorizing the joining together as husband and wife
of Indiana dated the 20th day of October and Patricia L. Venable

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frederick P. Lee hereby certify that on the 23rd day of October

at Indianapolis, County of Marion
one thousand nine hundred and seventy of Marion County, State of Indiana

State of Indiana Groom Robert J. Chert of Hendricks County, State of Indiana
and, Bride Patricia L. Venable of _____

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

Dated this 23 day of October, 1970
Signed Frederick P. Lee

Official Designation Minister
28 day of October, 1970

Signed John Samboled Jr Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 410
File BA 32
Date of Application 10/16/70

MALE
Medical Examination Report Dated 10/14/70
Name of Physician Eric D. Clark, M.D.

FEMALE
Medical Examination Report Dated 10/14/70
Name of Physician Eric D. Clark, M.D.

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

MALE APPLICANT

Name James Spikes
Date of Birth 7 25 78
Place of Birth (State or foreign country) Graigfield, Ark.
Residence Address 5705 Port Hope Drive, Indpls.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Manager of Waffle House
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Full name of father <u>Benjamin Spikes</u>		
Residence of father (if deceased so state) <u>Arkansas</u>		
Occupation of father <u>Driver</u> Race of father <u>W.</u>		
Birthplace of father (State or foreign country) <u>Pocahontas, Ark.</u>		
12. Full maiden name of mother <u>Mary Nell McRabb</u>		
Residence of mother (if deceased so state) <u>Pocahontas, Ark.</u>		
Occupation of mother <u>Housewife</u> Race of mother <u>W.</u>		
Birthplace of mother (State or foreign country) _____		

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed James S. Spikes
New Address 5705 Port Hope Dr., Indpls.
Subscribed and sworn to before me this 16 day of October, 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 16 day of Oct, 1970, authorizing the joining together as husband and wife of James S. Spikes and Margaret Louise Schanz.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert J. Seborg, hereby certify that on the 24 day of October, 1970, at Plainfield, County of Hendricks, State of Indiana, Groom James S. Spikes and, Bride Margaret Louise Schanz were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of _____.
Dated this 24 day of October, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1970.
Signed Robert J. Seborg Official Designation Clerk
Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Margaret Louise Schanz
Date of Birth Sept 15 45
Place of Birth (State or foreign country) Indpls.
Residence Address 824 Longfellow Plainfield Ind.
Maiden Name if Different Margaret Louise Pope
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Waitress - Waffle House
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Melbourne Norwood Pope
Residence of father (if deceased so state) 824 Longfellow, Plainfield
Occupation of father Machinist Race of father W.
Birthplace of father (State or foreign country) Indpls.
8. Full maiden name of mother Meredith Louise Walker
Residence of mother (if deceased so state) 824 Longfellow, Plainfield
Occupation of mother Secretary Race of mother W.
Birthplace of mother (State or foreign country) Indianapolis

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

Signed Margaret Louise Schanz
New Address 5705 Port Hope Dr., Indpls.
Subscribed and sworn to before me this 16 day of October, 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 411

File Book 32

Date of Application 16 October 1970

MALE

Medical Examination Report Dated 14 Oct 1970

Name of Physician Elmer L. Koch MD

FEMALE

Medical Examination Report Dated 14 Oct 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 Robert W. Shugars Jr.
Date of Birth October 21 1950
Place of Birth (State or foreign country) Johnstown, Pa.
Residence Address 269 N. Center St., P.O. Box 14, Hen. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Prod CLK: Ary-Way.Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Else. 12 30 50 359

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

Name	Age	Address
Robert William Shugars Sr		
Betty Jane Shearer		

(b) Are you supporting or contributing to their 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 William Shugars SrResidence of father (if deceased so state) Sang, Pa.Occupation of father Postal CLK. SugarBirthplace of father (State or foreign country) Johnstown, Pa.12. Full maiden name of mother Betty Jane ShearerResidence of mother (if deceased so state) H/W. SangOccupation of mother H/W.Birthplace of mother (State or foreign country) Johnstown, Pa.State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Robert W. Shugars Jr

New Address _____

Subscribed and sworn to before me this 16th day of October, 1970Clerk John J. Smith HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

County of _____

Signed attached FatherSigned Betty Jane Shugars MotherSubscribed and sworn to before me this 16th day of October, 1970Clerk John J. Smith HENDRICKS Circuit Court

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

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

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1970, authorizing the joining together as husband and wife

of Indiana dated the 20 day of October, 1970, and _____

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 24th day of October,at Ans, County of Hendricks,one thousand nine hundred and seventy of Hendricks County, State of Indiana,State of Indiana, Groom Robert W. Shugars Jr of Hendricks County, State of Indiana,and, Bride Lillie Buchanan of _____

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

County. _____

Dated this 24th day of October, 1970. Signed Rev. Douglas R. KlineOfficial Designation Pastor __________ day of October, 1970. ClerkSigned John J. Smith HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 411

File Book 32

Date of Application 16 October 1970

MALE

Medical Examination Report Dated 14 Oct 1970

Name of Physician Elmer L. Koch MD

FEMALE

Medical Examination Report Dated 14 Oct 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 Robert W. Shugars Jr.
Date of Birth October 21 1950
Place of Birth Johnstown, Pa.
Residence Address 269 N. Center St. P.O. Box 14, New, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Prod clk: Ary-way.Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Else: 12 30 50 359

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

Name	Age	Address
Robert Wilbur Shugars Sr.	50	Same as above
Betty Jane Shearer	35	Same as above

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

11. Full name of father: Robert Wilbur Shugars Sr.Residence of father (if deceased so state): Same as aboveOccupation of father: Postal clk. SugarBirthplace of father (State or foreign country): Johnstown, Pa.12. Full maiden name of mother: Betty Jane ShearerResidence of mother (if deceased so state): Same as aboveOccupation of mother: Same as aboveBirthplace of mother (State or foreign country): Greencastle, Ind.

State of Indiana, _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 1970

I, Robert W. Shugars Jr., hereby give my consent formy son, Robert W. Shugars Jr. tomarry Lillie Buchanan.

We, the parents, of _____

signs, state facts _____

State of Indiana, _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 1970

I, Robert W. Shugars Jr., hereby give my consent formy son, Robert W. Shugars Jr. tomarry Lillie Buchanan.

We, the parents, of _____

signs, state facts _____

State of Indiana, _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 1970

I, Robert W. Shugars Jr., hereby give my consent formy son, Robert W. Shugars Jr. tomarry Lillie Buchanan.

We, the parents, of _____

signs, state facts _____

State of Indiana, _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 1970

I, Robert W. Shugars Jr., hereby give my consent formy son, Robert W. Shugars Jr. tomarry Lillie Buchanan.

We, the parents, of _____

signs, state facts _____

FEMALE APPLICANT

Name Lillie B. Buchanan
Date of Birth February 6 1924
Place of Birth Canby, Ohio
Residence Address Amo, Ind.
Maiden Name if Different _____
Previous 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) Reg # 727

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

7. Full name of father: James Hester BuchananResidence of father (if deceased so state): Amo, Ind.Occupation of father: Factory WorkerRace of father: WhiteBirthplace of father (State or foreign country): Council, Va.8. Full maiden name of mother: Annabelle MurphyResidence of mother (if deceased so state): Amo, Ind.Occupation of mother: Nurse AidRace of mother: WhiteBirthplace of mother (State or foreign country): Greencastle, Ind.

State of Indiana, _____

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1970, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, 1970.

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 _____ day of _____, 1970,

at Amo, County of Hendricks,

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

State of Indiana, Groom Robert W. Shugars Jr. of Hendricks County, State of Indiana

and, Bride Lillie Buchanan of Hendricks County, State of Indiana

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

County, _____

Dated this 24th day of October, 1970.

Signed Rev Douglas R. KlineOfficial Designation Pastor

_____ day of _____, 1970.

Signed John R. Runkle

HENDRICKS

Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. A12
File Bk32
Date of Application 10-20-70

MALE
Medical Examination Report Dated 10-13-70
Name of Physician Dr. Fred Warbinton

FEMALE
Medical Examination Report Dated 10-13-70
Name of Physician Dr. 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 Anthony L. Jones
Date of Birth Month 12 Day 27 Year 41
Place of Birth (State or foreign country) Oklahoma
Residence Address Rt 1, Stillville, Hendricks Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Busch Driver

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) D. License 305-32-8397

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

Name Age Address

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

11. Full name of father Anthony Wayne Jones
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) same as above
12. Full maiden name of mother Jane Montgomery
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, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Anthony L. Jones
New Address _____

Subscribed and sworn to before me this 30 day of October, 1970.
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 1970, authorizing the joining together as husband and wife

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

I, _____ hereby certify that on the _____ day of _____, _____

one thousand nine hundred and _____ at _____ County of _____

State of Indiana, Groom Anthony L. Jones of _____ County, State of _____

and, Bride Judy L. Jones 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 _____

Dated this _____ day of _____, 1970.
Signed _____
Official Designation _____
Signed _____ Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 413
File Book 32
10-21-70
Date of Application

MALE
Medical Examination Report Dated 10-19-70
Name of Physician Dr. Joseph Keelin

FEMALE
Medical Examination Report Dated 10-19-70
Name of Physician Dr. Joseph Keelin

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

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

MALE APPLICANT

Name First Lawrence Middle Charles Last McNicholas
Date of Birth Month 1 Day 7 Year 1918
Place of Birth (State or foreign country) Indiana
Residence Address 723 Lafayette Street City Indianapolis County Marion State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Attorney at Law - J. Edgar Service
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Indiana Co.

☐ Other (Specify) Birth Cert. - Record 13 p 32

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

Name Age Address

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

11. Full name of father Charles Mc Nicholas
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Indiana Co. Indiana
12. Full maiden name of mother Katherine Perry
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Indiana Co. Indiana

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

Signed Lawrence C. McNicholas

New Address Ligon Indiana

Subscribed and sworn to before me this 21st day of Oct, 1970.
John Canbolis Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Katherine Middle Geneva Last Smith
Date of Birth Month 11 Day 3 Year 1917
Place of Birth (State or foreign country) Indiana
Residence Address Maplewood Street or R. R. City Hendricks County Hendricks State Indiana
Maiden Name if Different Hendricks

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 Architect & Electronics - Avon
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Indiana Co.

☐ Other (Specify) 113-17-019169 - shape

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

8. Full maiden name of mother Ina Mary Pierson
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Hendricks Co. Ind.

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

Signed Katherine Smith

New Address Ligon Ind.

Subscribed and sworn to before me this 21st day of Oct, 1970.
John Canbolis Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 26th day of October, 1970, authorizing the joining together as husband and wife of Lawrence Charles McNicholas and Katherine Geneva Smith.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Raymond A. Gader, hereby certify that on the 26 day of October, 1970, at _____ County of Hendricks, State of Indiana, Groom Lawrence Charles McNicholas of Hendricks County, State of Indiana, and, Bride Katherine Geneva 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 _____ County.

Dated this 26 day of October, 1970.
Signed Rev. Raymond A. Gader
Official Designation Pastor

Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed John Canbolis Jr.
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 414
File Bk 32
Date of Application 10-21-70

MALE
Medical Examination Report Dated 10-19-70
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 10-19-70
Name of Physician Eric D. Clark

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

MALE APPLICANT

Name William Thomas Car
Date of Birth Month 12 Day 27 Year 44
Place of Birth (State or foreign country) Shapiro, Indiana
Residence Address 301 1/2 West Main Shapiro Ind. Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Construction
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 8796

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

Name Age Address

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

11. Full name of father Smith Thomas Car
Residence of father (if deceased so state) Unknown
Occupation of father Physician Race of father White
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Deborah Shabb
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Kentucky

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

Signed William Thomas Car

New Address _____

Subscribed and sworn to before me this 21 day of October, 1970.
John Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Patricia Ann Smith
Date of Birth Month 1 Day 13 Year 47
Place of Birth (State or foreign country) Shapiro, Indiana
Residence Address 426 West Main Shapiro Ind. Ind
Maiden Name if Different _____
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1967 Inds
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 2206

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

7. Full name of father Sylvester Smith
Residence of father (if deceased so state) Same
Occupation of father Physician Race of father White
Birthplace of father (State or foreign country) Shapiro, Indiana
8. Full maiden name of mother Mary Bertude Ladgen
Residence of mother (if deceased so state) Same
Occupation of mother Worked as nurse Race of mother White
Birthplace of mother (State or foreign country) Shapiro, Indiana

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

Signed Patricia Ann Smith

New Address _____

Subscribed and sworn to before me this 21 day of October, 1970.
John Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of October, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary D. Crawley, hereby certify that on the 31st day of October, 1970, at Shapiro, County of Hendricks, State of Indiana, Groom William Thomas Car of Hendricks County, State of Indiana, and, Bride Patricia Ann 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 _____ County.

Dated this 27 day of October, 1970.
Signed M. D. Crawley
Official Designation Justice of Peace
Signed John Lambold Jr. Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 415

File 32

10-23-70
Date of Application

MALE

Medical Examination Report Dated 21 Oct 1970
Name of Physician R. W. Jacobs MD

FEMALE

Medical Examination Report Dated 21 October 1970
Name of Physician R. W. Jacobs MD

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

MALE APPLICANT

Name James T. West
Date of Birth May 22 1937
Place of Birth Crawfordsville, Ind.
Residence Address Crawford Hotel Crawfordsville, Mont., Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver - Comm. Motor
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) CH 13 P 22

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

Name	Age	Address
Gary	13	614 S. Green
Beth	12	Crawfordsville
Lori	9	Crawfordsville
Charles	9	Crawfordsville

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

11. Full name of father Gerald William West
Residence of father (if deceased so state) Linden, Ind.
Occupation of father Tr. Driver Race of father white
Birthplace of father (State or foreign country) New Town, Ind.
12. Full maiden name of mother Dorothy Louise Combs
Residence of mother (if deceased so state) Same
Occupation of mother Clerk Grocery Race of mother white
Birthplace of mother (State or foreign country) Montgomery Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed James T. West
New Address 3x7 Coatesville Ind.
Subscribed and sworn to before me this 23rd day of October, 1970
John Campbell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name Linda K. Wallace
Date of Birth July 1943
Place of Birth Green Castle Ind.
Residence Address Box 7 Coatesville, Henry Ind.
Maiden Name if Different Linda K. Phillips
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 Stamper, P.R. Mallory
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 17634

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Samuel Franklin Phillips
Residence of father (if deceased so state) Coatesville, Ind.
Occupation of father Tr. Driver Race of father white
Birthplace of father (State or foreign country) Coatesville, Ind.
- Full maiden name of mother Lela Elmina Kerscy
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Ind., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Linda K. Wallace
New Address Same
Subscribed and sworn to before me this 23rd day of October, 1970
John Campbell Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed Linda K. Wallace
New Address Same
Subscribed and sworn to before me this 23rd day of October, 1970
John Campbell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 27th day of October 1970, authorizing the joining together as husband and wife
of James T. West and Linda K. Wallace
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Walter R. Bartholomew hereby certify that on the 30th day of October,
one thousand nine hundred and seventy, at Coatesville, County of Hendricks,
State of Indiana, Groom James T. West of Montgomery County, State of Indiana
and, Bride Linda K. Wallace of HENDRICKS County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County. Dated this 30 day of October, 1970.
Signed Walter R. Bartholomew
Official Designation Minister
Subscribed and sworn to before me this 3 day of November, 1970
Signed John Campbell Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 416
File Ex 32
Date of Application 10-26-70

MALE
Medical Examination Report Dated 10-21-70
Name of Physician Fred P. Warkinton

FEMALE
Medical Examination Report Dated 10-21-70
Name of Physician Fred P. Warkinton

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

MALE APPLICANT

Name Wayne P. Scott
Date of Birth 27 1926
Place of Birth (State or foreign country) Beach Grove, Indiana
Residence Address Rt. 1, Danville, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Brick Layer

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

☐ Other (Specify) Dr. License 10230-6461-07

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

Name Age Address

- (b) Are you supporting or contributing to their 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 R. Scott
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Ellen Anna Perkins
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother White
Birthplace of mother (State or foreign country) Beach Grove, Ind.

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

Signed Wayne P. Scott

New Address _____

Subscribed and sworn to before me this 26 day of October, 1970.

John Canbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Hendricks Circuit Court of Indiana dated the 29th day of October, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Gahan

hereby certify that on the 31st day of October, 1970, at Danville, County of Hendricks, State of Indiana, Groom Wayne P. Scott

and, Bride Ellen Buchanan of Hendricks County, State of Indiana

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

Dated this 31st day of October, 1970.

Signed Fred N. Gahan
Official Designation John P. Rice

Signed John Canbold Jr. Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. A17
File Bk 32
Date of Application 10-26-70

HENDRICKS County

MALE
Medical Examination Report Dated 10-15-70
Name of Physician Dr. J. C. Coker

FEMALE
Medical Examination Report Dated 10-15-70
Name of Physician Dr. J. C. Coker

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

MALE APPLICANT

Name Verne Joseph LaFrancoise
Date of Birth Month 4 Day 17 Year 45
Place of Birth (State or foreign country) Mass.
Residence Address 49 George St. Burlington Vt.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Bar Attendant
Usual Occupation Bar Attendant
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree 3820
☐ Other (Specify) Dr. J. C. Coker New Hampshire
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Evelyn Arnold LaFrancoise
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father white
Birthplace of father (State or foreign country) New Hampshire
12. Full maiden name of mother Linora LaFond
Residence of mother (if deceased so state) New Hampshire
Occupation of mother deceased Race of mother white
Birthplace of mother (State or foreign country) Mass.

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

County of HENDRICKS
Signed Verne J. LaFrancoise
New Address 49 George St. Burlington Vt.

Subscribed and sworn to before me this 26 day of October, 1970
John S. Scharold, Jr. Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name Bonnie Sue Poillion
Date of Birth Month 11 Day 3 Year 47
Place of Birth (State or foreign country) Michigan
Residence Address 546 Smith Carr Plainfield Ind.
Maiden Name if Different Id.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Unemployed
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Burt Date 11-3-47
☐ Other (Specify) Driver's License # 312-50-8698-01
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Theodore Adolph Poillion
Residence of father (if deceased so state) Id.
Occupation of father Sales Supervisor Race of father White
Birthplace of father (State or foreign country) Michigan
8. Full maiden name of mother Eleanor Anna Schumacher
Residence of mother (if deceased so state) Id.
Occupation of mother Unemployed Race of mother White
Birthplace of mother (State or foreign country) Illinois

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

County of HENDRICKS
Signed Bonnie Sue Poillion
New Address 49 George St. Burlington Vt.

Subscribed and sworn to before me this 26 day of October, 1970
John S. Scharold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of October, 1970, authorizing the joining together as husband and wife of Verne Joseph LaFrancoise and Bonnie Sue Poillion
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, George D. Selars hereby certify that on the 31st day of October, 1970, at Plainfield, County of Hendricks, State of Indiana, Groom Verne Joseph LaFrancoise of Hendricks County, State of Indiana, and, Bride Bonnie Sue Poillion of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 31 day of October, 1970.

Signed George D. Selars
Official Designation Deputy Clerk

Signed John S. Scharold, Jr. Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 518
File Book 32
Date of Application 10-26-70

MALE
Medical Examination Report Dated 10-19-70
Name of Physician John Elliott

FEMALE
Medical Examination Report Dated 10-19-70
Name of Physician John Elliott

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

MALE APPLICANT

Name Norman L. Pickett
Date of Birth 6 14 1946
Place of Birth (State or foreign country) Indiana
Residence Address Box 131 Cape Hendricks Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Meat Cutter - Jumbo Super Plant

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree 10-30-46-147

☐ Other (Specify) Driver's License #308-48-7491-03

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

Name Age Address

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

11. Full name of father Harold Benton Pickett
Residence of father (if deceased so state) same
Occupation of father Owner/Operator of Cape Hendricks Race of father white
Birthplace of father (State or foreign country) Nebraska
12. Full maiden name of mother Sara Wilson Walton
Residence of mother (if deceased so state) same
Occupation of mother Public Service Officer Race of mother white
Birthplace of mother (State or foreign country) Indiana

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

Signed Norman L. Pickett

New Address 3036 S. 1st St. Apt 8 Indianapolis

Subscribed and sworn to before me this 26 day of Oct, 19 70
John Lambard Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Sandra Lynn Bridges
Date of Birth 10 19 1948
Place of Birth (State or foreign country) Indiana
Residence Address 4307 Elizabeth Avenue Indianapolis Indiana
Maiden Name if Different Theresa L. Bridges

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Community Hospital - Indpls.

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

☐ Other (Specify) Driver's License #311-54-0817-10

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

7. Full name of father Robert Paul Bridges
Residence of father (if deceased so state) same
Occupation of father West-Union Electric Race of father white
Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Theresa L. Bridges
Residence of mother (if deceased so state) same
Occupation of mother Theresa L. Bridges Race of mother white
Birthplace of mother (State or foreign country) Indiana

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

Signed Sandra Lynn Bridges

New Address 3036 S. 1st St. Apt 8

Subscribed and sworn to before me this 26 day of Oct, 19 70
John Lambard Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of October, 19 70, authorizing the joining together as husband and wife of Norman L. Pickett and Sandra Lynn Bridges.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John D. Taylor, hereby certify that on the 7th day of November, 19 70, at Indianapolis, County of Hendricks, State of Indiana, Groom Norman L. Pickett and, Bride Sandra Lynn Bridges of Hendricks County, State of Indiana, were by me united 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 November, 19 70.

Signed John D. Taylor

Official Designation Notary

Signed John D. Taylor Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 419
File Book 32
10-28-70
Date of Application

MALE
Medical Examination Report Dated 10-19-70
Name of Physician Ired Warbinton

FEMALE
Medical Examination Report Dated 10-19-70
Name of Physician Ired Warbinton

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

MALE APPLICANT

Name First Larry Middle Joe Last Malicoat
Date of Birth Month 7 Day 4 Year 1950
Place of Birth (State or foreign country) Frankfort
Residence Address RR 2 Box 721 Indianapolis Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Fulton Co. Hospital # 34506B
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Roach Malicoat
Residence of father (if deceased so state) same
Occupation of father laborer white
Birthplace of father (State or foreign country) Frankfort Co. Indiana
12. Full maiden name of mother Luth Kline
Residence of mother (if deceased so state) same
Occupation of mother housewife white
Birthplace of mother (State or foreign country) Monrovia, Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Larry J. Malicoat
New Address RR 1 Box 457 Eld. V.
Subscribed and sworn to before me this 28 day of Oct, 1970
John Lamborn Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss: no
County of _____
Signed _____ Father
Signed Ruth Malicoat Mother
Subscribed and sworn to before me this 28 day of Oct, 1970
John Lamborn Jr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 2 day of November, 1970, authorizing the joining together as husband and wife of Larry Joe Malicoat and Joyce Ann Carpenter.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, E. Carpenter hereby certify that on the 8th day of November, at Plainfield, County of Hendricks, State of Indiana, Groom Larry Joe Malicoat of Hendricks County, State of Indiana, and, Bride Joyce Ann Carpenter of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 8 day of November, 1970.
Signed Rev. W. E. Carpenter
Official Designation Pastor
Signed John Lamborn Jr. Clerk
_____ HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 420
File 10-30-70
Book 32
Date of Application

MALE
Medical Examination Report Dated 10-29-70
Name of Physician Dr. Glenn W. Baker

FEMALE
Medical Examination Report Dated 10-29-70
Name of Physician Dr. Glenn W. Baker

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

MALE APPLICANT

Name Don Edwin Anderson
Date of Birth 3 12 1951
Place of Birth (State or foreign country) Burksville Ky.
Residence Address 2237 Centennial Indianapolis Marion Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Bryant Heating -

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Burd Base 3-12-51

☐ Other (Specify) Selective Service Reg Cert # 12-216-51-142

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

Name Age Address

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

11. Full name of father James I. Anderson
Residence of father (if deceased so state) None
Occupation of father Clerk - Ind. University Race of father white
Birthplace of father (State or foreign country) Burksville Ky.
12. Full maiden name of mother Ollie Kate Fluty
Residence of mother (if deceased so state) Deceased
Occupation of mother..... Race of mother.....
Birthplace of mother (State or foreign country) Burksville Ky.

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

Signed Don Edwin Anderson
New Address 2237 N Centennial Indianapolis IN

Subscribed and sworn to before me this 30 day of October, 1970
John Lambard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed Father Consent Attached Father

Signed..... Mother

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

..... Clerk

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

HENDRICKS County Circuit Court by written order issued Nov 2 1970 and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 2nd day of November, 1970, authorizing the joining together as husband and wife

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

I, R. Powell Mead hereby certify that on the 2nd day of November

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

State of Indiana, Groom Don Edwin Anderson of Marion County, State of Indiana

and, Bride Edith Minton of Hendricks County, State of Indiana

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

County.

Dated this 2nd day of November, 1970.

Signed R. Powell Mead

Official Designation Minister

Signed John Lambard Jr. day of November, 1970

..... Clerk

..... HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 420
File 10-30-70
Book 32
Date of Application

MALE
Medical Examination Report Dated 10-29-70
Name of Physician Dr. Glenn W. Baker

FEMALE
Medical Examination Report Dated 10-29-70
Name of Physician Dr. Glenn W. Baker

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

MALE APPLICANT

Name Don Edwin Anderson
Date of Birth 3 12 1951
Place of Birth Burkswille Ky.
Residence Address 2237 Centennial Indianapolis Marion Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Bryant Heating -
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Burd Base 3-12-51
☐ Other (Specify) Selective Service Reg Cert # 12-216-51-142
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 I. Anderson
Residence of father (if deceased so state) same
Occupation of father Clerk Ind University Race of father white
Birthplace of father (State or foreign country) Burkswille Ky.
12. Full maiden name of mother Ollie Kate Shultz
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Burkswille Ky.

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

Signed Don Edwin Anderson

FEMALE APPLICANT

Name Esther Minton
Date of Birth June 26 1904
Place of Birth Manchester Ky.
Residence Address 418 S Dent Brownsville Hendricks Ind.
Maiden Name if Different Minton
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Life of Eugene Shultz #67023140 - Burd Base 6-26-94
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Minton
Residence of father (if deceased so state) same
Occupation of father Bryant Heating Race of father white
Birthplace of father (State or foreign country) Manchester Ky.
8. Full maiden name of mother Lizzie Gregory
Residence of mother (if deceased so state) same
Occupation of mother Unemployed Race of mother white
Birthplace of mother (State or foreign country) Manchester Ky.

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

Signed Esther Minton

New Address 2237 N Centennial

Subscribed and sworn to before me this 30 day of October, 1970
John Lambard Jr. Clerk HENDRICKS Circuit Court

I, Jimmy Anderson, hereby give my consent for
my Don, Don E. Anderson to
marry Esther Minton.

Subscribed and sworn to before me this 30 day of Oct 1970

Paul C. Sutton - 6-3-73
Notary Public

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the
of Indiana dated the 2nd day of November, 1970, authorizing the joining together as husband and wife
of Don Edwin Anderson and Esther Minton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. Powell Mead, hereby certify that on the 2nd day of November,
one thousand nine hundred and seventy, at Indianapolis, County of Marion,
State of Indiana, Groom Don Edwin Anderson of Marion County, State of Indiana
and, Bride Esther Minton of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County. HENDRICKS
Dated this 2nd day of November, 1970.

Signed R. Powell Mead

Official Designation Minister
Signed John Lambard Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of November, 1970.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 421

File Bk 32

10-30-70
Date of Application

MALE

Medical Examination Report Dated 10-28-70

Name of Physician Thomas Walker, M.D.

FEMALE

Medical Examination Report Dated 10-28-70

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 Charles D. Bayne
Date of Birth 5 26 1918
Place of Birth (State or foreign country) Pennsylvania
Residence Address Rt 2 Box 187 Plainfield Hendricks Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ 1967 Michigan State

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

Usual Occupation Pipe line welder

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

☐ Other (Specify) Dr. License # 7892403

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

(a) List their full names, ages and addresses

Name Donna Jean Bayne Age 17 1/2 Address unknown

- (b) Are you supporting or contributing to their 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 D. Bayne
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Scottsboro Tenn.
12. Full maiden name of mother Mary Allen Charlesworth
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother White
Birthplace of mother (State or foreign country) Pennsylvania

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

Signed Charles D. Bayne

New Address _____

Subscribed and sworn to before me this 30th day of October, 1970
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Jeannette Marie Smith
Date of Birth 2 7 1913
Place of Birth (State or foreign country) Scottsburg Indiana
Residence Address Rt 2 Box 187 Plainfield Hendricks Indiana
Maiden Name if Different Dean

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) Dr. License # 304-10-5700-10

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

Residence of father (if deceased so state) Scottsburg Indiana

Occupation of father deceased Race of father White

Birthplace of father (State or foreign country) Scottsburg Indiana

8. Full maiden name of mother Carle Allen

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

Occupation of mother _____ Race of mother White

Birthplace of mother (State or foreign country) Scottsburg, Indiana

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

County of _____

Signed Jeannette M. Smith

New Address _____

Subscribed and sworn to before me this 30th day of October, 1970

John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1970, authorizing the joining together as husband and wife of Indiana dated the 3rd day of November and Jeannette Marie Smith

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

I, Robert D. Baum hereby certify that on the 6th day of November

at Plainfield County of Hendricks

one thousand nine hundred and seventy County, State of Indiana

State of Indiana, Groom Charles D. Bayne County, State of Indiana

and, Bride Jeannette Marie 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 _____
County. _____
Dated this 7th day of November, 1970. Signed Robert D. Baum

Official Designation _____, 1970

Signed John Sanbold, Jr. Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 422
File Book 32
10-31-70
Date of Application

MALE
Medical Examination Report Dated 10-27-70
Name of Physician Fred Workinton

FEMALE
Medical Examination Report Dated 10-27-70
Name of Physician Fred Workinton

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

MALE APPLICANT

Name Frederick Nelson Foster
Date of Birth 5 29 1940
Place of Birth (State or foreign country) Indiana
Residence Address 2402 W. Key Indianapolis Marion Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Marion 1968
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Route Salesman - Worden Bros.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Date of Birth - 5-29-40
☐ Other (Specify) Driver's License # 307-384314-00

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

Name	Age	Address
<u>Kellie Sue</u>	<u>7</u>	<u>706 Keffin Dr. Bay</u>
<u>Debra Wayne</u>	<u>5</u>	<u>" "</u>
<u>Kendrick Diane</u>	<u>4</u>	<u>" "</u>

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

11. Full name of father Edwin Eugene Foster
Residence of father (if deceased so state) 2402 W. Key Indianapolis
Occupation of father Dr. Rgn. Yellow Springs Indiana
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Thelma Cross
Residence of mother (if deceased so state) same
Occupation of mother Asst. Post Mstr. Indiana
Birthplace of mother (State or foreign country) Morgan Co. Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Frederick N. Foster
New Address 1115 WALTON DR - PLAINFIELD

Subscribed and sworn to before me this 31 day of Oct, 1970
John D. Taylor Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name Sharon Ann Collier
Date of Birth 8 9 1942
Place of Birth (State or foreign country) Indiana
Residence Address 2402 W. Key Indianapolis Marion Indiana
Maiden Name if Different Phillips
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 Store House
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB - 8-9-42
☐ Other (Specify) Driver's License # 303-442039-00

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

7. Full name of father William James Phillips
Residence of father (if deceased so state) 2411 Fillmore Dr.
Occupation of father Electrician Indiana
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Flora Muriel McCannick
Residence of mother (if deceased so state) same as father
Occupation of mother Housewife Indiana
Birthplace of mother (State or foreign country) Putnam Co.

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

Signed Sharon Ann Collier
New Address 1115 Walton Dr. Plainfield
Subscribed and sworn to before me this 31st day of October, 1970
John D. Taylor Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 5th day of November, 19____, authorizing the joining together as husband and wife of Frederick Nelson Foster and Sharon Ann Collier.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John D. Taylor, hereby certify that on the 10th day of November, 19____, at Stilesville, County of Hendricks, State of Indiana, Groom Frederick Nelson Foster of Marion County, State of Indiana, and, Bride Sharon Ann Collier of _____ County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 10 day of November, 1970.

Signed John D. Taylor
Official Designation Clerk
Signed John D. Taylor Clerk HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 16 day of November, 1970.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 423
File Book 32
10-31-70
Date of Application

MALE
Medical Examination Report Dated 10-28-70
Name of Physician James Black mb

FEMALE
Medical Examination Report Dated 10-28-70
Name of Physician James Black mb

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

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

MALE APPLICANT

Name Donald Lee First Lee Middle Alberty Last
Date of Birth December 11 Month 1937 Year
Place of Birth (State or foreign country) Laurensburg
Residence Address 529 Trevor Street or R. R. Brownsville City Ind. 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 Guard Supt
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
<u>Donald Lee</u>	<u>11</u>	<u>529 Trevor</u>
<u>Lisa Ann</u>	<u>7</u>	<u>529 Trevor</u>

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Harvey Burns Alberty
Residence of father (if deceased so state) 10th St Ind.
Occupation of father Const. Supt Race of father W
Birthplace of father (State or foreign country) Ind. Carmel Ind.

12. Full maiden name of mother Florence Gertrude Bennett
Residence of mother (if deceased so state) same
Occupation of mother Shoe Supt. Dept. Race of mother W
Birthplace of mother (State or foreign country) Clinton Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Donald Lee Alberty
New Address 529 Trevor

Subscribed and sworn to before me this 31 day of Oct, 1970
John Gaudel Jr Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name Eula Jean First Carroll Middle Carroll Last
Date of Birth May 15 Month 1940 Year
Place of Birth (State or foreign country) Ind.
Residence Address 529 E. Main Street or R. R. Ind. City Ind. County Ind. State
Maiden Name if Different Gladden
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 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 Herbert Eugene Gladden
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Ind. Co. Ind.

8. Full maiden name of mother Wylene Eula Bowman
Residence of mother (if deceased so state) Brownsville Ind.
Occupation of mother Book Keeper Race of mother W
Birthplace of mother (State or foreign country) Ind. Co. Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Eula Jean Carroll
New Address 529 Trevor

Subscribed and sworn to before me this 31 day of Oct, 1970
John Gaudel Jr Clerk HENDRICKS Circuit Court

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 5 day of November, 1970, authorizing the joining together as husband and wife
of Donald Lee Alberty and Eula Jean Carroll
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clarence E. Fike Jr, hereby certify that on the 5th day of November,
one thousand nine hundred and seventy, at Brownsville, County of Hendricks,
State of Indiana, Groom Donald Lee Alberty of Ind. County, State of Indiana
and, Bride Eula Jean Carroll of Ind. County, State of Indiana
were by me united 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 November, 1970. Signed Clarence E. Fike Jr
Official Designation Notary of the Peace
9th day of November, 1970
Signed John Gaudel Jr Clerk
HENDRICKS Circuit Court

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 424
File 10-31-70
Book 32
Date of Application

MALE
Medical Examination Report Dated 10-26-70
Name of Physician Eli A. Coats

FEMALE
Medical Examination Report Dated 10-26-70
Name of Physician Eli A. Coats

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

MALE APPLICANT

Name William L. Coy
Date of Birth August 1, 1923
Place of Birth (State or foreign country) Indiana
Residence Address R.R. 5 Lebanon Boone 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 Bottle Screw Prod-mch. Oper.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father Forrest Melvin Coy
Residence of father (if deceased so state) R.R. 5 Lebanon
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Boone Co. Indiana
12. Full maiden name of mother Lorena B. Burleson
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Boone Co. Ind.

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

Signed William L. Coy
New Address R.R. 5 Lebanon
Subscribed and sworn to before me this 31 day of Oct, 1970
John Gaudelot Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name Charlene C. Glendy
Date of Birth June 2, 1917
Place of Birth (State or foreign country) Indiana
Residence Address 9725 Old Road 40 Judges Hendricks Ind
Maiden Name if Different Shiel
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Charles Fred Shiel
Residence of father (if deceased so state) 1442 Timberly Dr St. Joe, Ind.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Princeton Ind.
8. Full maiden name of mother Anna Mae McDonald
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Princeton Ind.

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

Signed Charlene C. Glendy
New Address R.R. 5 Lebanon
Subscribed and sworn to before me this 31 day of Oct, 1970
John Gaudelot Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
in Clerk's Office County HENDRICKS Court by written order issued Nov 2 1970 and filed
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of November, 1970, authorizing the joining together as husband and wife of William L. Coy and Charlene C. Glendy.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham hereby certify that on the 2nd day of November,
one thousand nine hundred and Seventy at Lebanon, County of Hendricks,
State of Indiana, Groom William L. Coy and, Bride Charlene C. Glendy of Boone County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 2 day of November, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1970.
Signed Fred N. Graham Official Designation Justice of Peace
Signed John Gaudelot Jr. Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 425
File Bk 32
Date of Application 10-31-70

HENDRICKS County

MALE

Medical Examination Report Dated 10-19-70
Name of Physician John Elliott, Jr. M.D.

FEMALE

Medical Examination Report Dated 10-19-70
Name of Physician John Elliott, Jr. M.D.

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

MALE APPLICANT

Name Michael Eugene Vincent
Date of Birth July 19 1947
Place of Birth (State or foreign country) Shades, Indiana
Residence Address 109 Wilbur Dr. Evansburg Ind. 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 Servant

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

☐ Other (Specify) Dr. License U525-47299

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

Name Age Address

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

11. Full name of father Larry Albert Vincent
Residence of father (if deceased so state) same
Occupation of father Montezuma Race of father White
Birthplace of father (State or foreign country) Evansburg, Indiana
12. Full maiden name of mother Jane Christa Pickert
Residence of mother (if deceased so state) same
Occupation of mother Cashier Race of mother White
Birthplace of mother (State or foreign country) Kentucky, Dawson

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

Signed Michael Eugene Vincent

New Address

Subscribed and sworn to before me this 31 day of October, 1970
Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, **HENDRICKS** ss:

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Alice Wallace
Date of Birth February 9 1951
Place of Birth (State or foreign country) Greencastle, Indiana
Residence Address Rt 3 Danville, Ind. 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 Typist

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

☐ Other (Specify) Dr. License U420-51089

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Billy James Wallace
Residence of father (if deceased so state) same
Occupation of father Eastern Trucking Race of father White
Birthplace of father (State or foreign country) Greencastle, Indiana
8. Full maiden name of mother Mary Ann Alexander
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Greencastle, Indiana

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

Signed Alice H. Wallace

New Address

Subscribed and sworn to before me this 31 day of October, 1970
Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, **HENDRICKS** ss:

Signed _____ Father
Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 31 day of October, 1970, authorizing the joining together as husband and wife of Michael Eugene Vincent and Alice H. Wallace.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Calvin Duane Calhoun, hereby certify that on the 14 day of November, at Danville, County of Hendricks, State of Indiana, Groom Michael Eugene Vincent of Hendricks County, State of Indiana, and, Bride Alice Lynette Wallace of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 14 day of November, 1970.

Signed Calvin Duane Calhoun

Official Designation Minister

16 day of November, 1970

Signed John B. Bunkle, Jr. Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 426
File Bk 32
10-31-70
Date of Application

MALE
Medical Examination Report Dated 10-27-70
Name of Physician David B. Saggard

FEMALE
Medical Examination Report Dated 10-27-70
Name of Physician David B. Saggard

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

MALE APPLICANT

Name Steve Musters
Date of Birth Month Day Year
Place of Birth (State or foreign country) Indiana
Residence Address Rt. 1, Box 69 Clayton Hendricks Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Central Motor Parts
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 1932 General 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 Raymond L. Saggard Musters
Age deceased
Address deceased
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruby Madary D.
Residence of mother (if deceased so state) deceased
Occupation of mother deceased Race of mother White
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Steve Musters
New Address 302 N. East St. Plainfield
Subscribed and sworn to before me this 31 day of October, 1970
John Landhold, Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed deceased Father
Signed Mrs. Ruby Madary D. Saggard Mother
Subscribed and sworn to before me this 31 day of October, 1970
John Landhold, Jr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 5th day of November, 1970, authorizing the joining together as husband and wife of Steve Musters and Delores Kay Sayre.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Brian Campbell hereby certify that on the 14th day of November, 1970, at Clayton, County of Hendricks, State of Indiana, Groom Steven Musters and, Bride Delores Kay Sayre of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 14 day of November, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of November, 1970.
Signed Brian Campbell Official Designation Pastor
Signed John Landhold, Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Delores Kay Sayre
Date of Birth Month Day Year
Place of Birth (State or foreign country) Bloomington Indiana
Residence Address Rt 2 Box 180 Clayton Hendricks Indiana
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Private Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) deceased Bloomington 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 Paul E. Sayre
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father White
Birthplace of father (State or foreign country) West Virginia
8. Full maiden name of mother Betty Jan Hubb
Residence of mother (if deceased so state) deceased
Occupation of mother deceased Race of mother White
Birthplace of mother (State or foreign country) Bloomington, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Delores Kay Sayre
New Address 302 N. East St. Plainfield, Ind.
Subscribed and sworn to before me this 31 day of October, 1970
John Landhold, Jr. Clerk HENDRICKS Circuit Court

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

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 427
File Book 32
Date of Application 11-2-70

MALE

Medical Examination Report Dated 11-2-70Name of Physician J.E. Gillespie, M.D.

FEMALE

Medical Examination Report Dated 11-2-70Name of Physician J.E. Gillespie, M.D.

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

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

MALE APPLICANT

Name First Layes Middle Stidham Last
Date of Birth Month 16 Day 1948 Year
Place of Birth (State or foreign country) Lafayette, Ky.
Residence Address Rt 2 Box 273 Danville Hendricks Ky.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☐ Negro ☐ Other ☐ (specify) _____Usual Occupation Set up Man Crown BoxDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) SS Reg Cert # 12-30-48-380

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

Name	Age	Address

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

11. Full name of father Orville Stidham
Residence of father (if deceased so state) same as groom
Occupation of father Well Driller Race of father white
Birthplace of father (State or foreign country) Lafayette Ky.
12. Full maiden name of mother Beulah Mae Cook
Residence of mother (if deceased so state) same
Occupation of mother H.C. Gillespie Race of mother white
Birthplace of mother (State or foreign country) Lafayette Ky.

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

Signed Layes StidhamNew Address RR 2 Box 273 - Danville

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

FEMALE APPLICANT

Name First Carla Middle Jean Last Baudoin
Date of Birth Month 9 Day 13 Year 1950
Place of Birth (State or foreign country) Indiana
Residence Address 9525 Melody Dr. Indianapolis Ind.
Maiden Name if Different Carla Baudoin

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Loan Officer - BankDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) St. Francis Hospital

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

7. Full name of father Dennis Baudoin
Residence of father (if deceased so state) unknown
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Louisiana
8. Full maiden name of mother Mella Frances Gunn
Residence of mother (if deceased so state) same as bride
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Tennessee

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

Signed Carla BaudoinNew Address RR 2 Box 273 - Danville

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

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 6th day of November, 1970, authorizing the joining together as husband and wife
of Layes Stidham and Carla Jean Baudoin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Maurice Bratcher, hereby certify that on the 6th day of November,
one thousand nine hundred and seventy, at Gastons, County of Hendricks,
State of Indiana, Groom Layes Stidham of Hendricks County, State of Indiana,
and, Bride Carla Jean Baudoin of Hendricks County, State of Indiana,
were by me united 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 November, 1970.
Signed Rev. Maurice Bratcher
Official Designation Ordained Elder

Signed John Randolph Jr., 1970.
Clerk

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 428
File Bk 32
11-6-70
Date of Application

MALE
Medical Examination Report Dated 11-4-70
Name of Physician Lloyd Jerry M.D.

FEMALE
Medical Examination Report Dated 11-4-70
Name of Physician Lloyd Jerry M.D.

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

MALE APPLICANT

Name First Randall Middle Bruce Last Ritchey
Date of Birth Month October Day 15 Year 1947
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. 423 N. Washington St. City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Bank - Bell Inspector

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #10218 Coleman 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? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Linton Ritchey
Residence of father (if deceased so state) unknown
Occupation of father unknown Race of father White
Birthplace of father (State or foreign country) Marion, Indiana
12. Full maiden name of mother Mary Elise Layworth
Residence of mother (if deceased so state) same as groom
Occupation of mother Nurses Aid Race of mother White
Birthplace of mother (State or foreign country) Marion, Indiana

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

Signed Randall B. Ritchey
New Address 5824 Same as Bride's

Subscribed and sworn to before me this 6th day of November, 1970.
John Danaheld, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Susan Middle Jane Last Wiley
Date of Birth Month Sept. Day 26 Year 1944
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Street or R. R. 5824 Put Ining Dr. Apt A City Indianapolis County Marion State Ind.
Maiden Name if Different Dropla

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1970 Marion

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

Usual Occupation Beautician - Indianapolis, Indiana

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 247 Hamilton County

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 John Dropla
Residence of father (if deceased so state) South Carolina
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) New York
8. Full maiden name of mother Mary Wilcox Butler
Residence of mother (if deceased so state) 107 S. 6th Indianapolis
Occupation of mother Beautician Race of mother White
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Susan J. Wiley

New Address same

Subscribed and sworn to before me this 6 day of November, 1970.
John Danaheld, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

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

I, Peter Ford hereby certify that on the 14th day of November, at Indianapolis, County of Hendricks, State of Indiana, Groom Randall Bruce Ritchey and, Bride Susan Jane Wiley of _____ County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 10 day of November, 1970.

Signed Peter Ford

Official Designation Minister
Signed John Danaheld, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of November, 1970.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 429

File Book 32

11-6-70

Date of Application

MALE

Medical Examination Report Dated 11-6-70

Name of Physician James Black

FEMALE

Medical Examination Report Dated 11-6-70

Name of Physician James Black

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

MALE APPLICANT

Name First Chris Middle Allen Last Vance
Date of Birth Month 7 Day 18 Year 1949
Place of Birth (State or foreign country) Illinois
Residence Address 131 E. 14th St. R.R. City Indianapolis County Hendricks State Indiana

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Railroad Engineer - Penn Central

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

☐ Other (Specify) System # 12-30-49-23 45200729

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

Name Age Address

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

11. Full name of father M. L. Stallard Vance

Residence of father (if deceased so state) same

Occupation of father Asst. Sup. Ind. P. & E. Dept. Race of father white

Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Elaine Jean Cherry

Residence of mother (if deceased so state) same

Occupation of mother Housewife Race of mother white

Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS

Signed Chris E. Vance

New Address

Subscribed and sworn to before me this 6 day of Nov, 1970

Clerk John L. Simons Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued Nov 9 1970 and filed in Charles authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1970, authorizing the joining together as husband and wife of Indiana dated the 9th day of November, and Gail Elaine Caldwell

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Chris Allen Vance and Gail Elaine Caldwell

I, Henry E. Hill hereby certify that on the 9th day of November, at Indianapolis, County of Hendricks, State of Indiana

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

and, Bride Gail Elaine Caldwell of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____, 1970

Dated this 9 day of November, 1970

Signed Henry E. Hill Official Designation Register 11th day of November, 1970

Signed John L. Simons Jr. Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 430

File Book 32

11-6-70
Date of Application

MALE
Medical Examination Report Dated 11-2-70
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated 11-2-70
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 Middle Last
Jack Edward Finney
Date of Birth Month Day Year
July 31 1951
Place of Birth (State or foreign country)
Metropolitan Hospital Judges Marion Ind
Residence Address Street or R. R. City County State
520 Harlan St Plainfield Hend Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Draftsman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

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

Name	Age	Address

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

11. Full name of father James Edward Finney
Residence of father (if deceased so state) Same
Occupation of father Supv. Allen Race of father W
Birthplace of father (State or foreign country) Boone Co Ind
12. Full maiden name of mother Sue Erma Chapman
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Judges Ind

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

Signed Jack Edward Finney
New Address 1644 N. Goddard Judges Ind

Subscribed and sworn to before me this 6 day of Nov 1970
John Gansel Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed James E. Finney Father
Signed Sue E. Finney Mother

Subscribed and sworn to before me this 6 day of Nov 1970
John Gansel 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 10 day of November, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert L. Kitchin, hereby certify that on the 14 day of November

one thousand nine hundred and Seventy at Plainfield, County of Hendricks, State of Indiana, Groom Jack Edward Finney

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

Dated this 14 day of November, 1970

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of November, 1970

Signed Robert L. Kitchin
Official Designation Roman Catholic Pastor

Signed John Gansel Jr Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 431
File Book 32
11-9-70
Date of Application

MALE
Medical Examination Report Dated 11-6-70
Name of Physician Dr. Elmer Koch

FEMALE
Medical Examination Report Dated 11-6-70
Name of Physician Dr. 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 James Middle Howard Last Williams
Date of Birth Month 7 Day 17 Year 1952
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 202 E. Clinton City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Electric Steel - Speedway
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Tag - Oct - 12-30-52-267

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

Name	Age	Address

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

11. Full name of father James L. Williams
Residence of father (if deceased so state) 394 W. Main Danville
Occupation of father Railroad Passenger Race of father white
Birthplace of father (State or foreign country) Russellville, Tenn.
12. Full maiden name of mother Annabelle Harrison
Residence of mother (if deceased so state) same
Occupation of mother Walter Co. Danville Race of mother white
Birthplace of mother (State or foreign country) Danville Co. Ind.

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

Signed James L. Williams
New Address 202 E. Clinton Danville

Subscribed and sworn to before me this 9 day of Nov, 1970
John Hancock Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed James L. Williams Father
Signed Annabelle Harrison Mother

Subscribed and sworn to before me this 9 day of Nov, 1970
John Hancock Jr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 13th day of November, 1970, authorizing the joining together as husband and wife of James Howard Williams and Diana Sue Price

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James O. Ironsdale hereby certify that on the 14th day of November, at New Winchester, County of Hendricks, State of Indiana, one thousand nine hundred and seventy

State of Indiana, Groom James Howard Williams of Hendricks County, State of Indiana, and, Bride Diana Sue 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 _____ County.

Dated this 14 day of November, 1970

Signed James O. Ironsdale
Official Designation Minister

Signed John Hancock Jr. Clerk
HENDRICKS Circuit Court

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

Signed _____ Clerk
HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

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

Signed Diana S. Price
New Address 202 E. Clinton Danville

Subscribed and sworn to before me this 9 day of Nov, 1970
John Hancock Jr. Clerk HENDRICKS Circuit Court

7. Full name of father Edgar Lewis Price
Residence of father (if deceased so state) same
Occupation of father Oil Field Supervisor Race of father white
Birthplace of father (State or foreign country) Camden, Ky.

8. Full maiden name of mother Storah Elizabeth Copeland
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Birth Certificate # 313-56-2577-70

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

FEMALE APPLICANT

Name First Diana Middle Sue Last Price
Date of Birth Month 7 Day 3 Year 1952
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. Rt 1 Box 524 City Coatesville County Hendricks State Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Beauty School - Housewife

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 432
File 432
Date of Application Nov. 10-1970

MALE
Medical Examination Report Dated 11-7-70
Name of Physician James Black

FEMALE
Medical Examination Report Dated 11-7-70
Name of Physician James Black

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

MALE APPLICANT

Name Charles R. Deville
Date of Birth Sept 12 1935
Place of Birth (State or foreign country) Illinois
Residence Address Rt. 1 Box 156 Taylor 26 Danville Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages maried 68
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Operating Engineer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree 311-34-7665-08

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

(a) List their full names, ages and addresses

Name	Age	Address
<u>Robert C. Deville</u>	<u>8</u>	<u>Rt. 1 Box 158 Indiana</u>
<u>William Lee Deville</u>	<u>6</u>	<u>"</u>
<u>Barry Dean Deville</u>	<u>4</u>	<u>"</u>

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

11. Full name of father Cletus John Deville
Residence of father (if deceased so state) Illinois
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Mildred Caroline Linertel
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Illinois

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

Signed Charles R. Deville
New Address _____
Subscribed and sworn to before me this 10 day of November, 1970
John Samhold Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____

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

Clerk

FEMALE APPLICANT

Name Barbara Ann Milan
Date of Birth April 27 1941
Place of Birth (State or foreign country) Illinois
Residence Address Rt. 1 Box 156 Taylor 28 Danville Ind.
Maiden Name if Different Roberts

Previous Marital Status: Never Married ☐ Number of Previous Marriages July 1968 Ind.
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 300-41187 Dr. License

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

7. Full name of father Woodrow Roberts
Residence of father (if deceased so state) Oregon
Occupation of father unknown Race of father White
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Ada Pearl Criswell
Residence of mother (if deceased so state) Brownburg
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Kentucky

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

Signed Barbara Ann Milan
New Address Rt. 1 Box 156 Taylor 26 Danville
Subscribed and sworn to before me this 10 day of November, 1970
John Samhold Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 10 day of November, 1970, authorizing the joining together as husband and wife of Charles R. Deville and Barbara Ann Milan.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham hereby certify that on the 11 day of November,
one thousand nine hundred and seventy at Danville, County of Hendricks,
State of Indiana, Groom Charles R. Deville of Hendricks County, State of Indiana,
and, Bride Barbara Ann Milan of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 11 day of November, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of November, 1970.

Signed Fred N. Graham
Official Designation Justice of the Peace
Signed John Samhold Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 433

File Bk 32

Nov. 10-1970
Date of Application

MALE

Medical Examination Report Dated 11-4-70

Name of Physician Lloyd Terry M.D.

FEMALE

Medical Examination Report Dated 11-4-70

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, representa-

MALE APPLICANT

Name Thomas Marion Coleman
 Date of Birth 11 Month 1 Day 51 Year
 Place of Birth (State or foreign country) Indiana
 Residence Address 4035 Rockwell Ave. Indianapolis, Ind.
 Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Mechanic Scott IndustryDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Dr. License 0455-51441

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

Name	Age	Address

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

11. Full name of father Harry James Coleman
 Residence of father (if deceased so state) unknown
 Occupation of father Truck Driver Race of father White
 Birthplace of father (State or foreign country) Nebraska
 12. Full maiden name of mother Katherine Louise Day
 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, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
 County of HENDRICKS

Signed Thomas ColemanNew Address same

Subscribed and sworn to before me this 11 day of 10, 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.

Notary of Son Florence E. Day
11-10-70 attached
 State of Indiana, HENDRICKS } ss:
 County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this 10 day of 10, 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,
HENDRICKS County Superior Court by written order issued Nov. 10, 1970
 in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County of Indiana dated the 10 day of November, 1970, authorizing the joining together as husband and wife of Thomas Marion Coleman and Dorothy Kay Davitt.
 Be it further remembered, the following marriage certificate was filed in my office, to-wit:
 I, Keith Russell, hereby certify that on the 23rd day of November, 1970, at Belleville, County of Hendricks, State of Indiana, Groom Thomas Marion Coleman of Hendricks County, State of Indiana, and, Bride Dorothy Kay Davitt of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
 Dated this 10th day of November, 1970.

Signed Keith RussellOfficial Designation Notary of the State, 1970

Signed John Gambold, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of November, 1970.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 433

File

Bk 52

Nov. 10-1970
Date of Application

MALE

Medical Examination Report Dated 11-4-70

Name of Physician Lloyd Terry M.D.

FEMALE

Medical Examination Report Dated 11-4-70

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, representa-

MALE APPLICANT

Name Thomas Marion Coleman
Date of Birth 11 Month Day 57 Year
Place of Birth (State or foreign country) Indiana
Residence Address 4035 Rockville Ave. Indpls. Marion Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)Usual Occupation Mechanic Scott IndustryDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. License #455-51441

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

Name	Age	Address

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

11. Full name of father Harry James Coleman
Residence of father (if deceased so state) unknown
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) Westport Kentucky
12. Full maiden name of mother Katherine Louise Ray
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, HENDRICKS } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Thomas ColemanNew Address same

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

Notary of Don Florence E. Day
11-10-70 attached
State of Indiana, HENDRICKS } ss: full guardianship of groom.
County of HENDRICKS

Signed — FatherSigned — Mother

Subscribed and sworn to before me this 10 day of 10, 1970.
John Gambold, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT

HENDRICKS County Superior Court
in Clerks Office authorizes and directs the issuance of a marriage license to

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10 day of November, 1970, authorizing the joining together as husband and wife of Thomas Marion Coleman and Donna Kay Davitto.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Russell, hereby certify that on the 25th day of November, at Belleville, County of Hendricks, one thousand nine hundred and seventy of Hendricks County, State of Indiana, Groom Thomas Marion Coleman and, Bride Donna Kay Davitto of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 10th day of November, 1970.

Signed Keith Russell
Official Designation Notary of the State
27 day of November, 1970
Signed John Gambold, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of November, 1970.

FEMALE APPLICANT

Name Donna Kay Davitto
Date of Birth 6 Month Day 1952 Year
Place of Birth (State or foreign country) Indiana
Residence Address 700 West Mill Street Davittville Ind.
Maiden Name if Different —

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)Usual Occupation UnemployedDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. License #304-60-8147-02

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

7. Full name of father Irvin Davitto
Residence of father (if deceased so state) same
Occupation of father Tool and Die Maker Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Barbara Jean Clemens
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother White

November - 10 - 1970

I, Florence E. Day, Legal Guardian
of Thomas M. Coleman, age 19 do
hereby give him permission to
marry Donna K. Davitto
Indpls, Ind.
Marion County

Florence E. Day
Notary

LESTER L. PRUITT
MY COMMISSION EXPIRES 3-14-71



Lester L. Pruitt
(NOTARY)

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 434
File Book 32
12 November 1970
Date of Application

MALE
Medical Examination Report Dated 7 Nov. 1970
Name of Physician Jas. W. Blackford

FEMALE
Medical Examination Report Dated 7 Nov. 1970
Name of Physician Jas. W. Blackford

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 W. Last White
Date of Birth Month 10 Day 20 Year 1943
Place of Birth (State or foreign country) Marion, Ind.
Residence Address 3233 N. Meridian Indianapolis, 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 Bill Col. Chrysler Credit
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Apr. Rec 316-42-9304 06

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

(a) List their full names, ages and addresses
Name Age Address
John David 3 1/2 Frankton, 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 Keith W. White Sr.
Residence of father (if deceased so state) Commerce City, Ind.
Occupation of father Construction Mch. Race of father White
Birthplace of father (State or foreign country) Ind.

12. Full maiden name of mother Daisy Mooney
Residence of mother (if deceased so state) 7725 E. Main, Detroit, Mich.
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Ind.

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

Signed David H. White
New Address 5817 Beach View Ind., Ind.
Subscribed and sworn to before me this 12th day of November, 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, HENDRICKS } ss:
County of

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

Clerk

FEMALE APPLICANT

Name First Deborah S. Middle S. Last Burnett
Date of Birth Month November Day 28 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address RA Bx 205 Brownsburg, Ind.
Maiden Name if Different

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

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

Usual Occupation Cashier Palmer Dodge
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Residence of father (if deceased so state) Same

Occupation of father Farmer Race of father Ind.

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

8. Full maiden name of mother Mary Joan Ruechel

Residence of mother (if deceased so state) Same

Occupation of mother H/W. Race of mother White

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

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

Signed Deborah S. Burnett

New Address Same

Subscribed and sworn to before me this 12th day of November, 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, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued 12 Nov 1970 and filed in
clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3da Warr

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of November, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Keith L. Kinney hereby certify that on the 20 day of November

one thousand nine hundred and seventy at Brownsburg, County of Hendricks

State of Indiana, Groom Keith W. White of Marion County, State of Indiana

and, Bride Deborah S. Burnett of Hendricks County, State of Indiana

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

Dated this 20th day of November, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of December, 1970.

Signed Keith L. Kinney
Official Designation Pastor, Messiah Lutheran Church
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. 435
File Bk 32
Date of Application 11-12-70

MALE
Medical Examination Report Dated 11-11-70
Name of Physician A. J. Brady, M.D.

FEMALE
Medical Examination Report Dated 11-11-70
Name of Physician A. J. Brady, M.D.

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

MALE APPLICANT
Name Flex Edel Jaughender
Date of Birth July 25 1950
Place of Birth (State or foreign country) Kentucky
Residence Address 1517 Bradbury 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 None
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Dr. License # 3253-50305
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

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

11. Full name of father James Dine Dennis Jaughender
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Martha Sue Vickery
Residence of mother (if deceased so state) Same as groom's
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Flex Jaughender
New Address _____
Subscribed and sworn to before me this 12 day of November, 1970
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS ss: _____
County of _____
Signed deceased Father
Signed Mrs. L. M. Vickery Mother
Subscribed and sworn to before me this 12 day of November, 1970
John Sanbold, Jr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 16 day of November, 1970, authorizing the joining together as husband and wife
of Flex Edel Jaughender and Rhonda Sue Horning
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John P. Underwood, hereby certify that on the 16th day of November,
at Indpls, County of Marion,
one thousand nine hundred and Seventy of Approx County, State of Indiana,
State of Indiana, Groom: Flex Edel Jaughender of Hendricks County, State of Indiana,
and, Bride: Rhonda Sue Horning
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 16 day of November, 1970
Signed John P. Underwood
Official Designation Registrar
21 day of December, 1970
Signed John Sanbold, Jr. Clerk
HENDRICKS Circuit Court

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

FEMALE APPLICANT
Name Rhonda Sue Horning
Date of Birth August 13 1952
Place of Birth (State or foreign country) Greencastle Indiana
Residence Address Rt 1 Greenville Hendricks Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

- ☐ Other (Specify) Dr. License # 115 310-60-2690
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Donald Eugene Horning
Residence of father (if deceased so state) Greenville, Indiana
Occupation of father Mechanic Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Shirley Ann Davis
Residence of mother (if deceased so state) Same as bride's
Occupation of mother Housewife 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.
County of _____
Signed Rhonda Horning
New Address Same as bride's
Subscribed and sworn to before me this 12 day of November, 1970
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

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

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

Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 436
File Book 31
Date of Application 11-12-70

MALE
Medical Examination Report Dated Dr. David B. Haggard
Name of Physician 11-4-70

FEMALE
Medical Examination Report Dated 11-4-70
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 David Jay Abplanalp
Date of Birth 9/28/1945
Place of Birth (State or foreign country) Indiana
Residence Address Rt 2 Box 44 Indpls Hendricks Adams
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Management Training - J. C. Hays
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Indiana Bureau of Vital Statistics #1230-45-187
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 Elmer George Abplanalp
Residence of father (if deceased so state) same
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Asquodale Ind
12. Full maiden name of mother Donally Marie Kollfing
Residence of mother (if deceased so state) same
Occupation of mother Nurse - R.N. Race of mother white
Birthplace of mother (State or foreign country) Asquodale Ind

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

Signed David J. Abplanalp

New Address 4524 Bellingham Tenure Apt 159 Indpls Ind 13 day of Nov 1970
Subscribed and sworn to before me this _____ day of _____, 1970.
Clerk John Campbell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1970.

Clerk _____

FEMALE APPLICANT

Name Sandra Diana Coleman
Date of Birth 5/27/1949
Place of Birth (State or foreign country) Indiana
Residence Address Rt 2 Box 431 Indpls Hendricks Adams
Maiden Name if Different Coleman
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation School Bus Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver License #C 455-49227
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Armond Coleman
Residence of father (if deceased so state) same
Occupation of father Officer Race of father white
Birthplace of father (State or foreign country) Jessaville Ind
8. Full maiden name of mother Philip Sweet
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Jessaville Ind

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

Signed Sandra Diana Coleman

New Address same

Subscribed and sworn to before me this 13 day of Nov, 1970.

Clerk John Campbell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1970.

Clerk _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 20 day of November, 1970, authorizing the joining together as husband and wife of David Jay Abplanalp and Sandra Diana Coleman.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul W. Ragdale, hereby certify that on the 28th day of November, 1970, at Center Friends Church, County of Hendricks, State of Indiana, Groom David Jay Abplanalp and, Bride Sandra Diana Coleman of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 28 day of November, 1970.

Signed Paul W. Ragdale

Official Designation Minister
day of December, 1970

Signed John Campbell HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 437
File Book 32
Date of Application 13 November 1970

MALE
Medical Examination Report Dated Nov 13 1970
Name of Physician Henry Martyn McGladdery

FEMALE
Medical Examination Report Dated 21 October 70
Name of Physician Dr. R. Warbenton

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

MALE APPLICANT

Name Martin Terence Vale
Date of Birth April 24 1946
Place of Birth (State or foreign country) Portsmouth, England
Residence Address Box 243 Grand Cayman, B.W.I.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Hotel manager - asst.

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

☒ Other (Specify) Passport

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

Name	Age	Address

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

11. Full name of father Wallis Vale
Residence of father (if deceased so state) 15 Edendale Rd. Farmington, Conn.
Occupation of father State agent Race of father W
Birthplace of father (State or foreign country) England
12. Full maiden name of mother Hazel Walker
Residence of mother (if deceased so state) 51 Edmund Rd Southgate
Occupation of mother clerk Race of mother W
Birthplace of mother (State or foreign country) England

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

Signed X
New Address Box 243 Beach Club Colony, Grand Cayman, B.W.I.

Subscribed and sworn to before me this 19 day of Nov, 1970.
John G. Arnold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____
County of _____

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Rebecca Ann Willey
Date of Birth September 21 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address 1412 Senior Dr. 2nd Fl. New Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) aprc

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

7. Full name of father John Ragland Willey
Residence of father (if deceased so state) Same
Occupation of father Agrop. Race of father white
Birthplace of father (State or foreign country) Memphis, Tenn.
8. Full maiden name of mother Mary Louise Mc Dowell
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Toledo, Ohio

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

Signed Rebecca Ann Willey

New Address Same

Subscribed and sworn to before me this 13th day of November, 1970.
John G. Arnold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 19 day of November, 1970, authorizing the joining together as husband and wife

of Martin Terence Vale and Rebecca Ann Willey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles B. Gibson hereby certify that on the 23rd day of November, _____, County of _____, State of _____

one thousand nine hundred and seventy at Indianapolis, County, State of _____
State of Indiana, Groom Martin Terence Vale of Hendricks County, State of _____

and, Bride Rebecca Ann Willey of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County, _____
Dated this 23 day of November, 1970.

Signed Charles B. Gibson
Official Designation Pastor of Christ Church Cathedral
25 day of November, 1970 Clerk

Signed _____
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 438
File Book 32
Date of Application 13 Nov 1970

MALE
Medical Examination Report Dated 31 October 1970
Name of Physician James Black MD

FEMALE
Medical Examination Report Dated 31 October 1970
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 Richard Leo Andres
Date of Birth Dec 23 1947
Place of Birth (State or foreign country) Lafayette Ind.
Residence Address Box 291 Remington Ind.
Previous 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) Army Discharge Papers

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Andres
Residence of father (if deceased so state) Same
Occupation of father Veterinarian Race of father W
Birthplace of father (State or foreign country) Dover Ind.
12. Full maiden name of mother Rita Carter
Residence of mother (if deceased so state) deceased
Occupation of mother..... Race of mother W
Birthplace of mother (State or foreign country) Randolph Co Ind.

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

County of.....

Signed Richard Leo Andres

New Address Manchester Auto Chantilly Dr.

Subscribed and sworn to before me this 24 day of Nov, 1970

John Garwood Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

County of.....

Signed..... Father

Signed..... Mother

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

..... Clerk

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

HENDRICKS County..... Court by written order issued..... and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 24 day of November, 1970, authorizing the joining together as husband and wife

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

1, Fred N. Galanis hereby certify that on the 25 day of November

one thousand nine hundred and seventy at Deerfield, County of Hendricks

State of Indiana, Groom Richard Leo Andres of Deerfield County, State of Indiana

and, Bride Marsha Anne Cox of Deerfield County, State of Indiana

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

County. 25 day of November, 19.....

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

Signed Fred N. Galanis

Official Designation Justice of the Peace

day of Dec, 1970

Signed John Garwood Jr Clerk HENDRICKS Circuit Court

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

FEMALE APPLICANT

Name Marsha Anne Cox
Date of Birth July 18 1949
Place of Birth (State or foreign country) Indpls Ind.
Residence Address Box 256 Indpls Ind.
Maiden Name if Different Rita

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Emp Counselor Life Exp. Ind.

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

☐ Other (Specify) 113-49-216565

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

7. Full name of father Kess Ivan Cox

Residence of father (if deceased so state) Deerfield, Ill.

Occupation of father over 30 yrs Genl Race of father white

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

8. Full maiden name of mother Pauline Leona Marshall

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

Occupation of mother A/W Race of mother white

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

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

County of.....

Signed Marsha Anne Cox

New Address Same

Subscribed and sworn to before me this 13th day of Nov, 1970

John Garwood Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

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

State of Indiana, HENDRICKS } ss:

County of.....

Signed..... Father

Signed..... Mother

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

..... Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 439
File 3-K32
Nov. 13-70
Date of Application

MALE
Medical Examination Report Dated 11/13/70
Name of Physician Eli A. Coats

FEMALE
Medical Examination Report Dated 11-13-70
Name of Physician Eli Coats

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

MALE APPLICANT

Name First Middle Last
Richard Donald Montgomery
Date of Birth Month Day Year
Feb. 24 1951
Place of Birth (State or foreign country)
Indianapolis
Residence Address Street or R. R. City County State
R.R. #8 Box 419 Indianapolis Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Restaurant
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father Robert Lee Montgomery
Residence of father (if deceased so state) R.R. #8 Box 419 Indianapolis
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Elizabeth Arnold
Residence of mother (if deceased so state) R.R. #8 Box 419 Indianapolis
Occupation of mother Cook - restaurant Race of mother White
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Richard Donald Montgomery
New Address

Subscribed and sworn to before me this 13 day of Nov. 1970
John Gambold Jr. Clerk Hendricks Circuit Court

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

State of Indiana, Hendricks } ss:
County of
Signed Robert Lee Montgomery Father
Signed Elizabeth Montgomery Mother
Subscribed and sworn to before me this 13 day of Nov. 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 Court by written order issued and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Nov. 1970, authorizing the joining together as husband and wife Richard Montgomery and Sheila Diana Shue.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sonny H. Mayo, hereby certify that on the 21st day of November one thousand nine hundred and seventy at Plainfield, County of Hendricks, State of Indiana, Groom Richard Donald Montgomery of Hendricks County, State of Indiana and, Bride Sheila Diana Shue of Hendricks County, State of Indiana were by me united 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 November, 1970.
Signed Sonny H. Mayo
Official Designation Pastor
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of November, 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. 440
File _____
Date of Application 11/13/70

MALE
Medical Examination Report Dated 11/12/70
Name of Physician Lloyd S. Terry M.D.

FEMALE
Medical Examination Report Dated 11/12/70
Name of Physician Lloyd S. Terry M.D.

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

MALE APPLICANT

Name Charles E. Brown
Date of Birth March 2, 1946
Place of Birth (State or foreign country) Clinton, Vermillion Ind.
Residence Address R.R. #1, Box 205 North Salem, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Farmer

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

☐ Other (Specify) _____

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

Name Age Address

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

11. Full name of father: Herbert Harold Brown
Residence of father (if deceased so state) R.R. #1, Box 205 North Salem
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) St. Paul, Minn.
12. Full maiden name of mother: Florence Marie Tepper
Residence of mother (if deceased so state) R.R. #1, Box 205 North Salem
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) _____

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

Signed Charles E. Brown
New Address R.R. #1 North Salem, Ind.

Subscribed and sworn to before me this 13 day of Nov., 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name Teresa Jean Davis
Date of Birth 4/8/48
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R.R. #1, Box 205 Danville, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Office

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

☐ Other (Specify) _____

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

7. Full name of father: Fredrick Davis Jr.
Residence of father (if deceased so state) R.R. #1, Box 205 Danville, Ind.
Occupation of father Tool & Die Maker Race of father W.
Birthplace of father (State or foreign country) Danville, Ind.
8. Full maiden name of mother: Margorie Josephine Nelson
Residence of mother (if deceased so state) R.R. #1, Box 205 Danville, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Danville

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

Signed Teresa Jean Davis
New Address R.R. #1 North Salem, Ind.

Subscribed and sworn to before me this 13 day of Nov., 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 18 day of Nov., 1970, authorizing the joining together as husband and wife

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

I, Rev. Frederick D. Bruns hereby certify that on the 5th day of December, one thousand nine hundred and seventy, at Danville, County of Hendricks, State of Indiana, Groom Charles E. Brown and, Bride Teresa Jean Davis of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 5 day of Dec., 1970.

Signed Rev. Frederick D. Bruns

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 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. 441
File Book 32
Date of Application 11-16-70

MALE

Medical Examination Report Dated 11-10-70

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 11-10-70

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 Ronald Middle M Last Allen
Date of Birth Month May Day 2 Year 1945
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. City County State
R 2 Box 155 Plainfield Hendricks 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 Car Inspector - Penn Central
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver License

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

Name Age Address

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

11. Full name of father Lewis Wayne Allen
Residence of father (if deceased so state) R R 2 Box 156 Plainfield
Occupation of father Machinist Race of father W
Birthplace of father (State or foreign country) Tipton Co Ind
12. Full maiden name of mother Mildred Maxine Watson
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Marion Co Ind

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

Signed Ronald M Allen

New Address R R 2 Box 155

Subscribed and sworn to before me this 16 day of Nov, 1970.
John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Latoria Middle A Last Harris
Date of Birth Month February Day 24 Year 1948
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. City County State
325 Weybridge Plainfield Hendricks Ind
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Beautician

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

☐ Other (Specify) Driver License

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

Residence of father (if deceased so state) Same

Occupation of father Truck Driver Race of father W

Birthplace of father (State or foreign country) Clay Co Ind

8. Full maiden name of mother Lucile May Hall

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Marion Co Ind

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

Signed Latoria A Harris

New Address R R 2 Box 155

Subscribed and sworn to before me this 16 day of Nov, 1970.
John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the _____ day of _____, 1970, authorizing the joining together as husband and wife

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

I, Paul W. Ragdale hereby certify that on the 21st day of November

at Central Friends Church, County of Hendricks, State of Indiana

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

State of Indiana, Groom Ronald M. Allen and, Bride Latoria A. Harris

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

Dated this 21 day of November, 1970.
Signed Paul W. Ragdale
Official Designation Minister

Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed John Gauld Jr HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 442
File Book 32
Date of Application 17 Nov 1970

MALE
Medical Examination Report Dated 10 November 1970
Name of Physician R. W. Kirtley MD

FEMALE
Medical Examination Report Dated 10 November 1970
Name of Physician Donald D. Cheesman MD

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

MALE APPLICANT
Name Augustin Guerrero Jr.
Date of Birth April 15, 1950
Place of Birth La Mesa, Texas
Residence Address R1 Bx 234A, Daville, Hend. Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Meat Cutter: Kroger Indpls
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sel. Sr. 12-30-50-125
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Augustin Guerrero Jr. Age 20 Address R1 Bx 234A, Daville, 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 Augustin Guerrero Sr.
Residence of father (if deceased so state) Same Daville Ind.
Occupation of father Farmer, Self Race of father White Mexican
Birthplace of father (State or foreign country) San Felipe, Guanajuato, Mex.
12. Full maiden name of mother Esther Quiroz

Name of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother Mexican
Birthplace of mother (State or foreign country) Monterrey, Mexico
I, Augustin Guerrero Jr. do hereby depose and state the information given in this application is true and correct.
Signed Augustin Guerrero Jr. 17th day of November, 1970
New Address R1 Bx 234A, Daville, Ind.
Subscribed and sworn to before me this 17th day of November, 1970
John Gambell Clerk HENDRICKS Circuit Court

PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Fathers notarized statement of 29 Nov 1970 giving consent attached.
State of Indiana, HENDRICKS } ss:
County of HENDRICKS }
Signed Augustin Guerrero Sr. Father
Signed Esther Quiroz Mother
Subscribed and sworn to before me this 17th day of November, 1970
John Gambell Clerk

FEMALE APPLICANT
Name Rebecca Jane Bell
Date of Birth April 23, 1953
Place of Birth Lawrenceville, Ill.
Residence Address R3 Bx 175, Daville, Hend. Ind.
Maiden Name if Different
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student: DHS. Senior
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Lawrence County Hospital, Lawrenceville, Illinois
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Harold Bell
Residence of father (if deceased so state) Same Daville Ind.
Occupation of father Ret. Lt. Alameda State of father White
Birthplace of father (State or foreign country) Greene Co., Ill.
8. Full maiden name of mother Leona Mae Decker
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Lawrence Co., Ill.

I, Rebecca Jane Bell do hereby depose and state the information given in this application is true and correct.
Signed Rebecca Jane Bell
New Address Same
Subscribed and sworn to before me this 17th day of November, 1970
John Gambell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of 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 statement of 29 Nov 1970 giving consent attached.
State of Indiana, HENDRICKS } ss:
County of HENDRICKS }
Signed Leona Mae Bell Mother
Signed James Harold Bell Father
Subscribed and sworn to before me this 17th day of November, 1970
John Gambell Clerk

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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court
of Indiana dated the 23 day of November 1970, authorizing the joining together as husband and wife
of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 25 day of November
one thousand nine hundred and Seventy _____ at _____ County of _____
State of Indiana, Groom Augustin Guerrero Jr. of _____ County, State of Indiana
and, Bride Rebecca Jane Bell of _____ County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 23 day of November, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of November, 1970.
Signed Edward McHughlin Official Designation Priest Catholic
Signed John Gambell Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 442
File Book 32
Date of Application 17 Nov 1970

MALE
Medical Examination Report Dated 10 November 1970
Name of Physician R.W. Kirtley MD

FEMALE
Medical Examination Report Dated 10 November 1970
Name of Physician Donald D. Cheesman MD

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

MALE APPLICANT

Name Augustin Guerrero Jr
Date of Birth April 15 1950
Place of Birth (State or foreign country) La Mesa Texas
Residence Address Rt 3 Box 234A Daville Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Meat Cutter: Kroger Indpls
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sel. for 12-30-50-125
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Augustin Guerrero Sr
Residence of father (if deceased so state) Same Daville Ind.
Occupation of father Former Self Race of father White Mexican
Birthplace of father (State or foreign country) San Felipe Guanajuato Mex.
12. Full maiden name of mother Esther Quinaz

FEMALE APPLICANT

Name Rebecca Same Bell
Date of Birth April 23 1953
Place of Birth (State or foreign country) Lawrenceville Ill
Residence Address Rt 3 Box 175 Daville Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student: D.H.S. Senior
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Lawrence County Hospital Illinois
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Harold Bell
Residence of father (if deceased so state) Same Daville Ind.
Occupation of father Pipe Fitter: Algonquin Race of father White
Birthplace of father (State or foreign country) Greene Co, Ill
8. Full maiden name of mother Leona Mae Decker
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Lawrence Co, Ill

I, James H. Bell, do hereby depose and state the information given is true and correct.
State of Indiana, HENDRICKS County of HENDRICKS

I, James H. Bell, hereby give my consent for
my daughter, Rebecca Jane Bell, to
marry Augustin Guerrero Jr.

Subscribed and sworn to before me this 20 day of Nov 19 70

James H. Bell
Notary Public
Clerk.

Subscribed and sworn to before me this 17 day of Nov 19 70
John Gambrell Jr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of November 1970, authorizing the joining together as husband and wife of Augustin Guerrero Jr. and Rebecca Jane Bell.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Edward McHughlin, hereby certify that on the 25 day of November, one thousand nine hundred and Seventy, at Daville, County of Hendricks, State of Indiana, Groom Augustin Guerrero Jr. of Hendricks County, State of Indiana and, Bride Rebecca Jane Bell of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 23 day of November, 19 70.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of November, 19 70.

Signed Edward McHughlin
Official Designation Priest Catholic
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. 443

File Bk 32

11-19-70

Date of Application

MALE

Medical Examination Report Dated 11-18-70

Name of Physician John P. Calhoun, M.D.

FEMALE

Medical Examination Report Dated 11-18-70

Name of Physician John P. Calhoun, M.D.

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

MALE APPLICANT

Name Stephen Duane Jennings
Date of Birth 2 29 1948
Place of Birth (State or foreign country) North Dakota

Residence Address 509 S. East Street Plainfield Ind. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Trucker

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

☐ Other (Specify) 395 North Dakota

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

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

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

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

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

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

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

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

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

11. Full name of father Dwayne Lee Jennings

Residence of father (if deceased so state) same

Occupation of father Export Maple Ind. Ind. Race of father white

Birthplace of father (State or foreign country) Missouri

12. Full maiden name of mother Maxine Lorraine Screen

Residence of mother (if deceased so state) same

Occupation of mother Housewife Ind. Ind. Race of mother white

Birthplace of mother (State or foreign country) Missouri

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

County of HENDRICKS

Signed Stephen Duane Jennings

New Address 314 Helcomway Blvd. Indianapolis, Ind.

Subscribed and sworn to before me this 19 day of Nov., 1970.

John Danbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

FEMALE APPLICANT

Name Mary Kay LaJave
Date of Birth 6 5 1949
Place of Birth (State or foreign country) Beuch Grove Ind. Ind.

Residence Address 316 Harley Plainfield Ind. Ind.

Maiden Name if Different LaJave

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Trucker

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 afflicted with a transmissible disease? No ☒ Yes ☐

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

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

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

7. Full name of father Lyons Thomas LaJave

Residence of father (if deceased so state) Michigan

Occupation of father Building Contractor White

Birthplace of father (State or foreign country) Maple, Indiana

8. Full maiden name of mother Dorothy Catherine Peters

Residence of mother (if deceased so state) Indiana

Occupation of mother Secretary White

Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS

Signed Mary Kay LaJave

New Address 314 Helcomway Blvd. Indianapolis, Ind.

Subscribed and sworn to before me this 19 day of Nov., 1970.

John Danbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1970 authorizing the joining together as husband and wife of Indiana dated the 23 day of Nov. and Mary Kay LaJave

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Stephen Duane Jennings and Mary Kay LaJave

I, Robert L. Kitchin, hereby certify that on the 25 day of November, at Plainfield, County of Hendricks, State of Indiana

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

and, Bride Mary Kay LaJave of Hendricks County, State of Indiana

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

Dated this 23 day of November, 1970. Signed Robert L. Kitchin

Official Designation Catholic Priest day of November, 1970. Signed John Danbold Jr. Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 444
File Book 32
11-20-70
Date of Application

MALE
Medical Examination Report Dated 11-5-70
Name of Physician Irving Cohen MD

FEMALE
Medical Examination Report Dated Nov 5 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 Raymond Earl Russell
Date of Birth September 21 1952
Place of Birth (State or foreign country) Methodist Hospital Marion Ind
Residence Address R R 2 Box 594 Plainfield Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Feeling Station Attendant

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

☒ Other (Specify) _____

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

Name	Age	Address

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

11. Full name of father Milton Lloyd Russell
Residence of father (if deceased so state) Same
Occupation of father Machinist Race of father W
Birthplace of father (State or foreign country) Plainfield Ind
12. Full maiden name of mother Rosa Mae Bates
Residence of mother (if deceased so state) Same
Occupation of mother Restaurant Help Race of mother W
Birthplace of mother (State or foreign country) 3 Somerset Ky

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

Signed Raymond Earl Russell

New Address 4354 Spondanery Dr. Judges Ind

Subscribed and sworn to before me this 20 day of Nov, 1970.

John Gaudelot Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Attached Notarized Signature of Mother 11-23-70 Minor Children

State of Indiana, HENDRICKS ss: Notary

Signed Milton L. Russell Father

Signed _____ Mother

Subscribed and sworn to before me this 20 day of Nov, 1970.

John Gaudelot Jr Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of November, 1970, authorizing the joining together as husband and wife of Raymond Earl Russell and Carolyn Sue Larkin. Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lee Bates hereby certify that on the 28th day of November, 1970, at Plainfield County of Hendricks State of Indiana, Groom Raymond Earl Russell and, Bride Carolyn Sue Larkin of Hendricks County, State of Indiana were by me united 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 Nov, 1970.

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

Signed Lee Bates Official Designation Notary
Signed John Gaudelot Jr Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 444
File Book 32
11-20-70
Date of Application

MALE
Medical Examination Report Dated 11-5-70
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated Nov 5 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 Raymond Middle Earl Last Russell
Date of Birth Month September Day 21 Year 1952
Place of Birth (State or foreign country) Methodist Hospital Marion Ind
Residence Address Street or R. R. RR 2 Box 59A City Plainfield County Ind State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Driving Station Attendant

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

☒ Other (Specify) _____

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

Name Age Address

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

11. Full name of father Milton Lloyd Russell
Residence of father (if deceased so state) Same
Occupation of father Machinist Race of father W
Birthplace of father (State or foreign country) Plainfield Ind
12. Full maiden name of mother Ola Mae Bates
Residence of mother (if deceased so state) Same
Occupation of mother Restaurant Help Race of mother W
Birthplace of mother (State or foreign country) Somerset Ky

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

Signed X Raymond Earl Russell

FEMALE APPLICANT

Name First Carolyn Middle Sue Last Larkin
Date of Birth Month March Day 10 Year 1951
Place of Birth (State or foreign country) Methodist Hospital
Residence Address Street or R. R. RR 2 Box 81 City Plainfield County Ind State Ind
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Cashier

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

☐ Other (Specify) _____

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

7. Full name of father Clayd Eugene Larkin
Residence of father (if deceased so state) Same
Occupation of father Group Leader - Link Bets Race of father W
Birthplace of father (State or foreign country) Elkton Ky
8. Full maiden name of mother Roselyn Louise Bates
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Judges Ind

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

Signed * Carolyn Sue Larkin
New Address 425 Henderson Dr Judges Ind

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

I, Ola M. Russell, hereby give my CONSENT for
my son, Raymond E. Russell
marry Carolyn Sue Larkin.

Ola M. Russell
Subscribed and sworn to before me this 23rd day of Nov, 1970

My commission expires:

My Commission Expires August 8, 1973
MARIAN L. CHILDERS, Notary Public

Marian L. Childers
Notary Public

Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24 day of November, 1970, authorizing the joining together as husband and wife of Raymond Earl Russell and Carolyn Sue Larkin.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Sue Bates, hereby certify that on the 28th day of November, 1970, at Plainfield, County of Hendricks, State of Indiana, Groom Raymond Earl Russell of Hendricks County, State of Indiana, and, Bride Carolyn Sue Larkin of Hendricks County, State of Indiana were by me united 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 Nov, 1970.

Signed Sue Bates

Official Designation Minister

Signed John Gauld Jr Clerk HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 29 day of December, 1970.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 445

File Book 32

11-20-70

Date of Application

MALE

Medical Examination Report Dated 11-10-70

Name of Physician R. W. Kirtley

FEMALE

Medical Examination Report Dated 11-10-70

Name of Physician R. W. Kirtley

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

MALE APPLICANT

Name First Warren Middle Last Haas
Date of Birth Month August Day 7 Year 1948
Place of Birth (State or foreign country) Crawfordsville
Residence Address 25 Clinton St. Danville 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 School Teacher, Linbey St. Louis Mo

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Passport G343720

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

Name	Age	Address

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

11. Full name of father: Ralph Haas
Residence of father (if deceased so state): Deceased
Occupation of father: Judge
Birthplace of father (State or foreign country): Ind. Ind.
12. Full maiden name of mother: Betty Jane Arrard
Residence of mother (if deceased so state): 2514 1/2 St. Danville
Occupation of mother: R. H. H. Race of mother: W
Birthplace of mother (State or foreign country): Montezuma, Ind.

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

Signed: Warren Haas

New Address: 11210 R. Gravois, St. Louis Mo

Subscribed and sworn to before me this 26th day of November, 1970
John G. Gaudin Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed: _____ Father

Signed: _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Marie Middle Last Karpowicz
Date of Birth Month August Day 15 Year 1949
Place of Birth (State or foreign country) Cleveland
Residence Address 714 Atwater Apt 3 Bloomington Monroe Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student

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

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

7. Full name of father: Walter Joseph Karpowicz
Residence of father (if deceased so state): Cleveland Ohio
Occupation of father: Window Cleaner Race of father: W
Birthplace of father (State or foreign country): Cleveland O.
8. Full maiden name of mother: Ann Meczka
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Cleveland O.

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

Signed: Marie Karpowicz

New Address: 11210 Gravois Rd St Louis Mo

Subscribed and sworn to before me this 20 day of Nov, 1970
John G. Gaudin Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed: _____ Father

Signed: _____ Mother

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

Clerk

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

HENDRICKS

County

Court by written order issued.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1970, authorizing the joining together as husband and wife of Indiana dated the 26th day of November, and Marie Karpowicz

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph O. Stamp, hereby certify that on the 26th day of November, County of Hendricks, State of Indiana, Groom Warren Haas, and Bride Marie Karpowicz, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 26 day of November, 1970. Signed: Joseph O. Stamp
Official Designation: Pastor

30 day of November, 1970. Signed: John G. Gaudin Jr. Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 4246
File Book 31
Nov 20, 1970
Date of Application

MALE
Medical Examination Report Dated 11-5-70
Name of Physician Glen W. Baker

FEMALE
Medical Examination Report Dated 11-5-70
Name of Physician Glen W. Baker

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

MALE APPLICANT

Name First John Middle Raymond Last Hudson
Date of Birth Month 10 Day 20 Year 1947
Place of Birth (State or foreign country) Crawfordville
Residence Address R#1 Lebanon Boone 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 Carpenter - Cleveland Builders
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Birth Date - 10-20-47
☐ Other (Specify) Armed Forces of the U.S. # 2316040

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

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address

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

11. Full name of father Donald Henry Hudson
Residence of father (if deceased so state) R#1 Box 201A Lebanon
Occupation of father Supervisor - Illinois Race of father white
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Iris Berdenay Jones
Residence of mother (if deceased so state) same as father
Occupation of mother Beautician Race of mother white
Birthplace of mother (State or foreign country) Indiana

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

Signed John R. Hudson
New Address R#1 Lebanon Ind.

Subscribed and sworn to before me this 20 day of Nov, 1970
John R. Hudson Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Donna Middle Mae Last Wolfe
Date of Birth Month 10 Day 22 Year 1951
Place of Birth (State or foreign country) Lebanon
Residence Address R#1 Box 43 Lebanon Boone Indiana
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Practical Nurse - Geneva Hospital
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Marion Co Hospital - Ind.
☐ Other (Specify) Ind. Driver License W 410-51422

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

7. Full name of father Glen Lester Wolfe
Residence of father (if deceased so state) same
Occupation of father Surge Doctor Race of father white
Birthplace of father (State or foreign country) Scott Co. Indiana
8. Full maiden name of mother Edna Mae Rutledge
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Hendricks Co. Ind.

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

Signed Donna Mae Wolfe
New Address R#1 Lebanon, Ind.

Subscribed and sworn to before me this 20 day of Nov, 1970
John R. Hudson Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of November, 1970, authorizing the joining together as husband and wife of John Raymond Hudson and Donna Mae Wolfe.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Beth D. Brazil, hereby certify that on the 27th day of November, 1970, at New Brunswick Church, County of Boone, State of Indiana, Groom John Raymond Hudson and, Bride Donna Mae Wolfe, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 27 day of November, 1970.

Signed Beth D. Brazil

Official Designation Minister
Signed John R. Hudson Jr. Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 447
File Book 32
11-20-70
Date of Application

MALE
Medical Examination Report Dated 11-2-70
Name of Physician Robert K. Stirling D.O.

FEMALE
Medical Examination Report Dated 11-2-70
Name of Physician Robert K. Stirling

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

MALE APPLICANT

Name Don Richard Rord
Date of Birth 1 29 1942
Place of Birth (State or foreign country) Indiana
Residence Address Rt 1 Box 244 Camby Hendricks Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Married 1969
Color or Race White ☐ Negro ☐ Other ☐ (specify)

Usual Occupation Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Supervisor - Sec Bd of Health

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

(a) List their full names, ages and addresses
Name Age Address
Michael Patrick Rord 7 Spokane, Wash
John Christopher Rord 7 Spokane, Wash
(Children living with father)

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

11. Full name of father Carl Edward Rord
Residence of father (if deceased so state) Ben Hallie Florida
Occupation of father Unknown Race of father white
Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Geneva May Rord
Residence of mother (if deceased so state) Ben Hallie
Occupation of mother RN Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Don R. Rord
New Address RR 1 Box 244 Camby, Ind.

Subscribed and sworn to before me this 20 day of Nov, 1970
John D. Sanders Jr. Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name Sharon Louise Riley
Date of Birth 7 24 1952
Place of Birth (State or foreign country) Indiana
Residence Address 3620 W. Perry Indianapolis Ind
Maiden Name if Different Judd
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Married 1970
Color or Race White ☐ Negro ☐ Other ☐ (specify)

Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Certificate # 7354 Methodist Hosp.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Herchel Forrest Judd
Residence of father (if deceased so state) Indianapolis
Occupation of father Unemployed Race of father white
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Gene Crowley
Residence of mother (if deceased so state) Indianapolis
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Sharon L. Riley
New Address RR 1 Box 244 Camby, Ind.

Subscribed and sworn to before me this 20 day of Nov, 1970
John D. Sanders Jr. Clerk HENDRICKS Circuit Court

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 19____, authorizing the joining together as husband and wife
of Don R. Rord and Sharon Louise Riley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John D. Sanders Jr. hereby certify that on the 28 day of November,
at Plainfield, County of Hendricks,
one thousand nine hundred and seventy of Hendricks County, State of Indiana
State of Indiana, Groom Don R. Rord of Marion County, State of Indiana
and, Bride Sharon L. Riley of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 28 day of November, 1970

Signed John D. Sanders Jr.
Official Designation Justice of the Peace
day of November, 1970
Signed John D. Sanders Jr. Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 448

File

Date of Application 11-23-70

MALE
Medical Examination Report Dated 11-20-70
Name of Physician Fred P. Warbenton

FEMALE
Medical Examination Report Dated 11-20-70
Name of Physician Fred P. Warbenton

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

MALE APPLICANT

Name First Homer Middle Andrew Last Pemberton
Date of Birth Month 9 Day 2 Year 1931
Place of Birth (State or foreign country) Indiana
Residence Address RR1 Box 136-39 Danville Street or R. R. Hendricks City Indiana County Hendricks State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hendricks 1968
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Railroad Conductor - Penn Central
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Date of Birth 9/2/21
☐ Other (Specify) Driver License #309-12 6141-03
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Full name of father <u>Frank Pemberton</u>		
Residence of father (if deceased so state) <u>deceased</u>		
Occupation of father _____	Race of father <u>white</u>	
Birthplace of father (State or foreign country) <u>Indiana</u>		
12. Full maiden name of mother <u>Helen Beckwith</u>		
Residence of mother (if deceased so state) <u>Washington Indiana</u>		
Occupation of mother <u>retired</u>	Race of mother <u>white</u>	
Birthplace of mother (State or foreign country) <u>Union Indiana</u>		

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Homer Andrew Pemberton
New Address RR1 Box 136-39 Danville
Subscribed and sworn to before me this 23 day of Nov, 1970.
John Lamberson Jr. Clerk HENDRICKS Circuit Court

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

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

Clerk

FEMALE APPLICANT

Name First Joyce Middle Joann Last Roseboom
Date of Birth Month 4 Day 10 Year 1930
Place of Birth (State or foreign country) Indiana
Residence Address RR1 Box 136-39 Danville Street or R. R. Hendricks City Indiana County Hendricks State Indiana
Maiden Name if Different Uenable
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hendricks 1968
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB - 4-10-30
☐ Other (Specify) Temporary Driver License #311-30-7126
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Andrew Peaslee
Residence of father (if deceased so state) RR2 Box 211 Springfield Ind.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Goldensale Washington
8. Full maiden name of mother Mary Alice Pratt
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) Jonestown Boone Co. Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Joyce Joann Roseboom
New Address same
Subscribed and sworn to before me this 23 day of Nov, 1970.
John Lamberson Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 21st day of November, 1970, authorizing the joining together as husband and wife of Homer Andrew Pemberton and Joyce Joann Roseboom.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Seal O'Neil Joyce, hereby certify that on the 28th day of November, 1970, at Danville, County of Hendricks, State of Indiana, Groom Homer Andrew Pemberton and, Bride Joyce Joann Roseboom were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, State of Indiana.
Dated this 28 day of November, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1970.
Signed Seal O'Neil Joyce Official Designation Minister
Signed John Lamberson Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 449
File Bk 32
Date of Application 11-23-70

MALE

Medical Examination Report Dated 11-18-70
Name of Physician Dr. Gerald E. Fisher

FEMALE

Medical Examination Report Dated 11-18-70
Name of Physician Dr. Gerald E. Fisher

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

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

MALE APPLICANT

Name First Dwight Middle Lindley Last
Date of Birth Month 3 Day 13 Year 1952
Place of Birth (State or foreign country) Boone County
Residence Address R#3 Danville Hend. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Delta Air Lines

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Dr. License 304-56-396097 Manual Physical

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

Name Age Address

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

11. Full name of father Paul David Lindley
Residence of father (if deceased so state) Same
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Ind. County Ind.
12. Full maiden name of mother Darlene Delight Adams
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Ind. Co. Ind.

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

Signed Dwight D. Lindley

New Address Pittsburg Ind.

Subscribed and sworn to before me this 23 day of Nov, 1970.
John Samuel J. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:

Signed Paul D. Lindley Father

Signed Darlene D. Lindley Mother

Subscribed and sworn to before me this 23 day of November, 1970.
John Samuel J. Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 27th day of Nov, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Rev. B. H. Strasser hereby certify that on the 29th day of November, 1970, at Pittsburg, County of Hendricks, State of Indiana, Groom Dwight D. Lindley of Hendricks County, State of Indiana, and, Bride Cynthia K. Blacker of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 29 day of November, 1970.
Signed Rev. B. H. Strasser
Official Designation Minister
14 day of December, 1970.
Signed John Samuel J. Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of December, 1970.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 450
File Book 32
25 Nov 1920
Date of Application

MALE
Medical Examination Report Dated 18 Nov 1920
Name of Physician R.M. Jacobs, MD

FEMALE
Medical Examination Report Dated 18 Nov 1920
Name of Physician R.M. Jacobs MD

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

MALE APPLICANT

Name First Middle Last
James R. Dugger
Date of Birth Month Day Year
February 18 1921
Place of Birth (State or foreign country)
Vigo, Ind.
Residence Address Street or R. R. City County State
Rt. 1 Stilesville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Mechanic: Indpls W-70

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

☐ Other (Specify) Self 12 30 51 57

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

Name Age Address

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

11. Full name of father James Leon Dugger
Residence of father (if deceased so state) Same Stilesville
Occupation of father Mach. Rep. Algon Race of father White
Birthplace of father (State or foreign country) Terre Haute, Ind.
12. Full maiden name of mother Wilma Joyce Poole
Residence of mother (if deceased so state) Deceased
Place of mother (State or foreign country) New Goshen, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed James R. Dugger
Subscribed and sworn to before me this 25th day of Nov. 1920
John J. Jamball Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 giving full consent, files notarized instrument dated 25 Nov 1920
State of Indiana, HENDRICKS } ss:
County of
Signed
Subscribed and sworn to before me this 25th day of Nov. 1920
John J. Jamball Clerk

FEMALE APPLICANT

Name First Middle Last
Francine Hope York Sr.
Date of Birth Month Day Year
January 8 1922
Place of Birth (State or foreign country)
Lebanon, Ind.
Residence Address Street or R. R. City County State
Rt. 2 Bx 363 Field, Hendricks, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: Carr. Count.

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

☐ Other (Specify)

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

7. Full name of father Fletcher Hughes York Sr.
Residence of father (if deceased so state) 160 S. R. 225 E. Danville, Ind.
Occupation of father Truck driver Race of father White
Birthplace of father (State or foreign country) Danville, Ind.

8. Full maiden name of mother Bessie Juanita Townsaw
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) New Winchester, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Francine H. York
Subscribed and sworn to before me this 25th day of Nov. 1920
John J. Jamball Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of
Signed
Subscribed and sworn to before me this day of 1920
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 29 day of Nov. 1920, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, W. E. Potts

one thousand nine hundred and Twenty, hereby certify that on the 29 day of November

State of Indiana, Groom James R. Dugger at Danville, County of Hendricks

and, Bride Francine Hope York Sr. of Hendricks County, State of Indiana

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

Dated this 29 day of November, 1920

Filed and recorded in accordance with the laws of the State of Indiana this day of December, 1920

Signed W. E. Potts
Official Designation Minister
Signed John J. Jamball Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 450
File Book 32
25 Nov 1970
Date of Application

MALE
Medical Examination Report Dated 18 Nov 1970
Name of Physician R.M. Jacobs, MD

FEMALE
Medical Examination Report Dated 18 Nov 1970
Name of Physician R.M. Jacobs MD

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

MALE APPLICANT

Name James R. Dugger
Date of Birth February 18 1931
Place of Birth Wigo, Ind.
Residence Address Stilesville, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Mechanics: Indpls W-70

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) SSA 12305157

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

Name Age Address

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

11. Full name of father James L. Con Dugger
Residence of father (if deceased so state) Sane Stilesville
Occupation of father Mark Rep. Alton Race of father White
Birthplace of father (State or foreign country) Terra Haute, Ind.
12. Full maiden name of mother Wilma Joyce Poole
Residence of mother (if deceased so state) Deceased
Race of mother White

FEMALE APPLICANT

Name Francine Hope York Jr.
Date of Birth August 8 1952
Place of Birth San Francisco, Cal.
Residence Address B2 Box 363 Field, Hendricks, Ind.
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student: Carr. Count.

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

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

7. Full name of father Fletcher Hughes York Sr.
Residence of father (if deceased so state) 160 S. R. 225 E. Danville, Ind.
Occupation of father Truck driver Race of father White
Birthplace of father (State or foreign country) Danville, Ind.
8. Full maiden name of mother Bessie Juanita Townsend
Residence of mother (if deceased so state) Sane
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) New Winchester, Ind.

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

County of _____

Signed Francine H. York Jr.

New Address Sane
25th day of Nov., 1970

I, James Leon Dugger, hereby give my consent for
my son James R. Dugger to
marry Francine York

I have full custody of James R. Dugger his father is deceased

Subscribed and sworn to before me this 25th day of November, 1970
STATE OF INDIANA
COUNTY OF HENDRICKS

Green J. Shelton
Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 29 day of Nov., 1970, authorizing the joining together as husband and wife of James R. Dugger and Francine Hope York Jr.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, W. E. Potts hereby certify that on the 29 day of November, 1970, at Danville, County of Hendricks, State of Indiana, Groom James R. Dugger and, Bride Francine Hope York Jr. of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 29 day of November, 1970.

Signed W. E. Potts

Official Designation Minister

Signed John B. Bannard, Jr.

HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 451

File B male 32

Nov 27 1970
Date of Application

MALE

Medical Examination Report Dated 11-24-70

Name of Physician R W Kirtley

FEMALE

Medical Examination Report Dated 11-24-70

Name of Physician R W Kirtley

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

MALE APPLICANT

Name First Donald Middle Leslie Last Garhart
Date of Birth Month April Day 17 Year 1948
Place of Birth (State or foreign country) Henry Co. Hoop, Newcastle Henry Ind.
Residence Address 430 E. Main St Danville Ind Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Asst. Mgr. - Danner'sDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Henry Co. Hoop, Hoop Ind 52724

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

Name	Age	Address

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

11. Full name of father: Delmas O. Garhart
Residence of father (if deceased so state): Tampa Fla.
Occupation of father: Sexton of Church Race of father: W
Birthplace of father (State or foreign country): Frankfort Ind
12. Full maiden name of mother: Charlotte George
Residence of mother (if deceased so state): deceased
Occupation of mother: _____ Race of mother: W
Birthplace of mother (State or foreign country): Indianapolis Ind

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

Signed Donald Leslie GarhartNew Address: Lot 21 715 N Pratt Greenfield

Subscribed and sworn to before me this 27 day of Nov, 1970.
John Gaudin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Karen Middle Sue Last Headrick
Date of Birth Month Aug Day 19 Year 1950
Place of Birth (State or foreign country) Melchett Hoop Ind
Residence Address 430 E. Main St Danville Ind Ind
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation SecretaryDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Certificate # 7562

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

7. Full name of father: Robert William Headrick
Residence of father (if deceased so state): 430 E. Main Danville
Occupation of father: Borden milk Co Race of father: W
Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Betty Lou Falowski
Residence of mother (if deceased so state): same
Occupation of mother: Hospital worker Race of mother: W
Birthplace of mother (State or foreign country): Indpls Ind

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

Signed Karen Sue HeadrickNew Address: same

Subscribed and sworn to before me this 27 day of Nov, 1970.
John Gaudin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1970, authorizing the joining, together as husband and wife of Indiana dated the 1st day of December, 1970, and Donald Leslie Garhart and Karen Sue Headrick

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, W. E. Potts hereby certify that on the 5th day of December

one thousand nine hundred and seventy at Danville County of Hendricks

State of Indiana, Groom: Donald Leslie Garhart of Hendricks County, State of Indiana

and, Bride: Karen Sue Headrick of Hendricks County, State of Indiana

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

Dated this 1st day of December, 1970. Signed W. E. Potts
Official Designation: Marshall _____, 1970.
Signed John Gaudin Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 452
File Book 32
Date of Application 11-27-70

MALE
Medical Examination Report Dated 11-25-70
Name of Physician Eli Coats

FEMALE
Medical Examination Report Dated 11-25-70
Name of Physician Eli Coats

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

MALE APPLICANT

Name Chester Dean Friel
Date of Birth 6-24-49
Place of Birth (State or foreign country) Indiana
Residence Address 8446 Main Street City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Electrician - Friel Electric

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB-6-24-49

☐ Other (Specify) Reg Cert # 12-30-49-197

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

Name Age Address

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

11. Full name of father Chester Friel
Residence of father (if deceased so state) same
Occupation of father Electrician Race of father white
Birthplace of father (State or foreign country) Plainfield Indiana
12. Full maiden name of mother Donna Helen Tagellett
Residence of mother (if deceased so state) same
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Arkansas

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

Signed Chester Dean Friel
New Address 1837 N. Talbot Indpls.

Subscribed and sworn to before me this 27 day of Nov, 1970
John Camberger Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss: _____

Signed _____ Father
Signed _____ Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued 11-27-70 and filed in Clerk's _____ 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 27 day of Nov, 1970, authorizing the joining together as husband and wife

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

I, Enoch S. Ralph hereby certify that on the 28 day of November

one thousand nine hundred and seventy at Plainfield County of Hendricks

State of Indiana, Groom Chester Dean Friel of Hendricks County, State of Indiana

and, Bride Martha Jeanne Ralph of Hendricks County, State of Indiana

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

Dated this 27 day of November, 1970

Signed Enoch S. Ralph
Official Designation Minister
day of December, 1970

Signed John Camberger Jr. Clerk HENDRICKS Circuit Court

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

Signed John Camberger Jr. Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 453

File Book 32

30 November 1970
Date of Application

MALE

Medical Examination Report Dated 28 November 70
Name of Physician Thos. M. Walker MD.

FEMALE

Medical Examination Report Dated 24 Nov 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, representa-

MALE APPLICANT

Name Michael George Parham
Date of Birth December 3 1949
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address 23 Bx 620 Danville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U.S. Army E-2

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

☐ Other (Specify) 13231858

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

Name Age Address

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

11. Full name of father Richard Leon Parham
Residence of father (if deceased so state) Same Danville, Ind.
Occupation of father Photographer, Alton, Ind.
Birthplace of father (State or foreign country) Bloomingburg, Ind.
12. Full maiden name of mother Peggy Janet Stalla.
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Solsberry, Ind.

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

Signed Michael George Parham

New Address 23 Bx 620 Danville, Ind. 46121

Subscribed and sworn to before me this 30th day of November, 1970
John Jambell Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Richard L. Parham Father

Signed Peggy Janet Stalla Mother

Subscribed and sworn to before me this 30th day of November, 1970
John Jambell Clerk

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County, Indiana dated the 4th day of December, 1970, authorizing the joining together as husband and wife of Michael George Parham and Vicki Irene Hale.

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

I, James A. Jambell, Jr., hereby certify that on the 29th day of December, 1970, at Danville, Indiana, County of Marion, State of Indiana, Groom Michael George Parham, of Danville, Indiana, County of Marion, State of Indiana, and, Bride Vicki Irene Hale, of Danville, Indiana, County of Marion, State of Indiana, were by me united 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 December, 1970.

Signed James A. Jambell, Jr.
Official Designation Registrar

Signed John Jambell
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of November, 1970.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 454
File Bk32
12-1-70
Date of Application

MALE
Medical Examination Report Dated 11-27-70
Name of Physician Robert W. Kirtley, M.D.

FEMALE
Medical Examination Report Dated 11-27-70
Name of Physician Robert W. Kirtley, M.D.

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

MALE APPLICANT

Name First Wayne Middle Wells Last Wells
Date of Birth Month Oct Day 2 Year 1919
Place of Birth (State or foreign country) Pittsburg, Indiana
Residence Address Rt. 1, Box 348 Street or R. R. Clayton City 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 Salesman

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

☐ Other (Specify) Dr. License - 310-16-8779

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children 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 Wells Age 14 Address Same as father's

- (b) Are you supporting or contributing to their 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 Elmore Wells

Residence of father (if deceased so state) deceased

Occupation of father _____

Birthplace of father (State or foreign country) Pittsburg, Indiana

12. Full maiden name of mother Mary Hange

Residence of mother (if deceased so state) Hendricks, Indiana

Occupation of mother Housewife

Birthplace of mother (State or foreign country) Hendricks, Indiana

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

Signed Wayne Wells

New Address Same as father's

Subscribed and sworn to before me this Dec day of 1970

John Danaheld, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

_____, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 5th day of December, 19 1970, authorizing the joining together as husband and wife

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

one thousand nine hundred and seventy hereby certify that on the 11 day of December

State of Indiana, Groom Wayne Wells at Hendricks, County of Hendricks

and, Bride Lillian R. Byrdwell of Hendricks, County, State of Indiana

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

Dated this 11 day of December, 19 70

Signed Arthur Bonser

Official Designation Deputy Minister

Signed John Danaheld, Jr. Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 455
File Bk 32
Date of Application 12-3-70

MALE

Medical Examination Report Dated 11-25-70Name of Physician O. Kouring

FEMALE

Medical Examination Report Dated 11-25-70Name of Physician O. Kouring

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

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

MALE APPLICANT

Name Stephen Wayne Sluder
Date of Birth April 16 1952
Place of Birth (State or foreign country) Shelbyville, Indiana
Residence Address Street or R. R. City County State
Shelbyville, Indiana, Hendricks
Previous Marital Status: Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Shoe Salesman (Kearney Shoes) Inc.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 52-030193

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

Name	Age	Address

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

11. Full name of father Ira Wayne Sluder
Residence of father (if deceased so state) Same
Occupation of father Tool Grinder Race of father White
Birthplace of father (State or foreign country) Shelbyville, Indiana
12. Full maiden name of mother Marilyn Ann Edmondson
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Shelbyville, Indiana

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

New Address

Subscribed and sworn to before me this Dec day of 3, 1970
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed Ira Wayne Sluder Father
Signed Marilyn Ann Sluder Mother
Subscribed and sworn to before me this Dec day of 3, 1970
John Sanbold, Jr. Clerk

FEMALE APPLICANT

Name Lorraine Jane Cashon
Date of Birth April 24 1948
Place of Birth (State or foreign country) Shelbyville, Indiana
Residence Address Street or R. R. City County State
Shelbyville, Indiana, Hendricks
Maiden Name if Different Brown
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Bookkeeper (Caple) (National Bookkeeping)
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Welch's Memorial Baptist Hospital

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

7. Full name of father George Lee Cashon
Residence of father (if deceased so state) Same
Occupation of father Self Employed Race of father White
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Eva Jane Briston
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Illinois

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

Signed Lorraine Cashon
New Address

Subscribed and sworn to before me this Dec day of 3, 1970
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1970, authorizing the joining together as husband and wife of Indiana dated the 11 day of December and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James H. Conks hereby certify that on the 11 day of December
at Brewerwood, County of Shelby
one thousand nine hundred and seventy of Hendricks County, State of Indiana
State of Indiana, Groom Stephen Wayne Sluder of Brown County, State of Indiana
and, Bride Lorraine Jane Cashon of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 11 day of December, 1970 Signed James H. Conks

Official Designation Minister
John Sanbold, Jr. Clerk
Signed _____ HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 456
File 12/1/70 Bk 32
Date of Application 12/1/70

MALE
Medical Examination Report Dated 12/2/70
Name of Physician John Ellett Jr. M.D.

FEMALE
Medical Examination Report Dated 12/2/70
Name of Physician John Ellett Jr. M.D.

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

MALE APPLICANT

Name First Paul Middle Last Sorrells
Date of Birth Month 2 Day 2 Year 44
Place of Birth (State or foreign country) Indianapolis, Ind. Marion County State
Residence Address Street or R. R. City County State
Box 422 Mooresville, 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 Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Draft Card 12-52-44-25
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Bruce Sorrells 7 Indianapolis, Ind.

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

11. Full name of father Cecil Sorrells
Residence of father (if deceased so state) R.R. #1 Box 422 Mooresville
Occupation of father Turbin Eng. Race of father W.
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Ora Jones
Residence of mother (if deceased so state) R.R. #1 Box 422 Mooresville
Occupation of mother Nurse Aide Race of mother W.
Birthplace of mother (State or foreign country) Morgantown Ky.

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

Signed Paul S. Smith

New Address Manchester Village Indiana

Subscribed and sworn to before me this 4 day of Dec. 1970.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Diana Middle Sue Last Buchanan
Date of Birth Month 3 Day 13 Year 52
Place of Birth (State or foreign country) Greencastle, Ind. Putnam County State
Residence Address Street or R. R. City County State
R.R. #1 Coatesville, Ind.
Maiden Name if Different

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

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

Usual Occupation

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Putnam Co. Dept of Health - Bk 17A p135

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

7. Full name of father Luther Buchanan
Residence of father (if deceased so state) R.R. #1 Coatesville, Ind.

Occupation of father Carpenter Race of father W.
Birthplace of father (State or foreign country) North Carolina

8. Full maiden name of mother Cylda Alta Hampton
Residence of mother (if deceased so state) R.R. #1 Coatesville, Ind.

Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) North Carolina

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

Signed Diana Sue Buchanan

New Address Manchester Village Indiana

Subscribed and sworn to before me this 4 day of Dec. 1970.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of Dec. 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Douglas L. Kline, hereby certify that on the 11th day of December, 1970, at _____, County of _____, State of Indiana, Groom Paul Sorrells and, Bride Diana Sue Buchanan, 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 9th day of Dec. 1970.

Signed Rev. Douglas L. Kline

Official Designation _____ Baptist Church

Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Dec. 1970.

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 457

File Bk 52

12-7-70

Date of Application

MALE

Medical Examination Report Dated 12-3-70

Name of Physician Eleanore H. Seal, M.D.

FEMALE

Medical Examination Report Dated 12-3-70

Name of Physician Eleanore H. Seal, M.D.

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

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

MALE APPLICANT

Name First Randall Middle D. Last Allen
Date of Birth Month Jan Day 2 Year 1949
Place of Birth (State or foreign country) Shannon, Boone Co., Ind.
Residence Address 9825 W. Washington Street or R. R. Indpls. City Ind. State
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Factory Worker

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

☐ Other (Specify) Within 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 Lynn Martin Allen
Residence of father (if deceased so state) Same
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helena Grace Gundersing
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS
Signed Randall D. Allen
New Address 721 1/2 E Main St.

Subscribed and sworn to before me this 7 day of December, 1970.
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Cathy Middle Ann Last Cooper
Date of Birth Month Sept Day 22 Year 1951
Place of Birth (State or foreign country) Indianapolis, Marion Co., Ind.
Residence Address Rt 8 Box 405 P Street or R. R. Indpls. City Ind. State
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) # 9789 -

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Manual Arthur Cooper
Residence of father (if deceased so state) Same
Occupation of father Power Light Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Florence Mae Dyer
Residence of mother (if deceased so state) Same
Occupation of mother Liberty Bell Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS
Signed Cathy A. Cooper
New Address 721 1/2 E Main St Plainfield

Subscribed and sworn to before me this 7 day of December, 1970.
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

HENDRICKS County _____ Court by written order issued _____ and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 11th day of December, 1970, authorizing the joining together as husband and wife

of Randall D. Allen and Cathy Ann Cooper
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. W. Wells R. Howard, hereby certify that on the 12 day of December,
at Indianapolis, County of Marion,
one thousand nine hundred and seventy of Hendricks County, State of Indiana,
State of Indiana, Groom Randall D. Allen of Hendricks County, State of Indiana,
and, Bride Cathy Ann Cooper of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 11 day of December, 1970.
Signed R. W. Wells R. Howard
Official Designation Minister
14 day of December, 1970.
Signed John Sanbold, Jr. Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 458
File Book 32
Date of Application 12-8-70

MALE
Medical Examination Report Dated 12-7-70
Name of Physician Lloyd D. Candell

FEMALE
Medical Examination Report Dated 12-7-70
Name of Physician Lloyd D. Candell

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

MALE APPLICANT

Name Michael J. Paorman
Date of Birth December 3, 1946
Place of Birth Baltimore (Johns Hopkins Hosp) Md.
Residence Address 286 N. Center St Plainfield Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

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

Usual Occupation Shoe Store Mgr.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address

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

11. Full name of father George Michael Paorman
Residence of father (if deceased so state) 2827 Hemlock Ave Baltimore Md
Occupation of father machinist Race of father W
Birthplace of father (State or foreign country) Wheeling W. Va.
12. Full maiden name of mother Marilda Eileen Marshall
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) New York N.Y.

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

Subscribed and sworn to before me this 8 day of Dec, 1970.
John Gaudes Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name Betty J. Reed
Date of Birth October 21, 1950
Place of Birth (State or foreign country) _____
Residence Address RR 2 Box 58 City Judges Marion Ind County _____ State _____
Maiden Name if Different _____

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

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

Usual Occupation Waitress

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Ins. Policy # 50-074354

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

7. Full name of father Paul Arthur Reed
Residence of father (if deceased so state) RR 2 Spencer Ind
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Clay Co. Ind.
8. Full maiden name of mother Dorothy May Mullen
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Judges Ind

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

Subscribed and sworn to before me this 8 day of December, 1970.
John Gaudes Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12 day of December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jed O'Neil Yonice

hereby certify that on the 26 day of December, at Indianapolis, County of Hendricks, State of Indiana, Groom Michael J. Paorman and, Bride Betty J. 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 26 day of December, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.
Signed Jed O'Neil Yonice Official Designation Minister
Signed John Gaudes Jr Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 459
File Bk 32
Date of Application 12-8-70

MALE

Medical Examination Report Dated 12-4-70Name of Physician Thomas M. Walker, M.D.

FEMALE

Medical Examination Report Dated 12-4-70Name of Physician Thomas M. Walker, M.D.

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

MALE APPLICANT

Name Douglas Thur
Date of Birth 3 22 1945
Place of Birth (State or foreign country) Indiana
Residence Address 103 Woodale Terrace South Bend Indiana
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Johnson 1970

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

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

Name	Age	Address

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

11. Full name of father Donald Earl Hunt
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Velma LaVonne Partidge
Residence of mother (if deceased so state) 1311 Sarah St. Indiana
Occupation of mother housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

County of HENDRICKS
Signed Douglas L. Thur
New Address 517 Francis Lane Bensenville

Subscribed and sworn to before me this 8 day of Dec, 1970
John Sanbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name John Nossett
Date of Birth 3 3 1940
Place of Birth (State or foreign country) Indiana
Residence Address 517 Francis Lane Bensenville Indiana
Maiden Name if Different Chapman
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Ind. 1966

Color or Race White ☐ Negro ☐ Other ☐ (specify)Usual Occupation Indiana Bell Service RepresentativeDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as an imbecile?
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father Richard Barnett Nossett
Residence of father (if deceased so state) Colubia Kentucky
Occupation of father Carpenter Race of father White
Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Carrie Marie Helms
Residence of mother (if deceased so state) St. Louis Missouri
Occupation of mother Clerical Race of mother White
Birthplace of mother (State or foreign country) Kentucky

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

County of HENDRICKS
Signed John Ann Nossett
New Address same

Subscribed and sworn to before me this 8 day of December, 1970
John Sanbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 12 day of December, 1970, authorizing the joining together as husband and wife

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

I, Rev. Donald J. Iyer, hereby certify that on the 12 day of December, 1970, at Bensenville, County of Hendricks, State of Indiana, Groom Douglas L. Thur and, Bride John Ann Nossett of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 12 day of December, 1970. Signed Rev. Donald J. Iyer

Official Designation PastorSigned John Sanbold Jr. Clerk

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 460
File BR 32
Date of Application 12-8-70

MALE
Medical Examination Report Dated 12-7-70
Name of Physician Joseph C. Kelen, M.D.

FEMALE
Medical Examination Report Dated 12-7-70
Name of Physician Joseph C. Kelen, M.D.

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

MALE APPLICANT

Name Larry Nease
Date of Birth 11 5 1948
Place of Birth (State or foreign country) Kentucky
Residence Address 303 Oak Avenue Danville Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Other (Specify)
Usual Occupation Teacher (Stewart)
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. License #200-48-445

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

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Oliver Nease
Residence of father (if deceased so state) Kentucky
Occupation of father Miner Race of father White
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Audrey Morris
Residence of mother (if deceased so state) Kentucky
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Larry Nease
New Address 8 day of December, 1970
Subscribed and sworn to before me this 8 day of December, 1970
Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed Father
Signed Mother
Subscribed and sworn to before me this 8 day of December, 1970
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Linda Nease
Date of Birth 10 3 1949
Place of Birth (State or foreign country) Danville Indiana
Residence Address 244 East Main Apt 4 Danville Hendricks Ind.
Maiden Name if Different Singleton
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Putman 1970
Color or Race White ☒ Negro ☐ Other ☐ (specify) Other (Specify)
Usual Occupation Waitress
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #1938

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Basie Singleton
Residence of father (if deceased so state) Rt 3 Danville
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Mary Katherine Butler
Residence of mother (if deceased so state) Kentucky Danville
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Linda Nease
New Address 8 day of December, 1970
Subscribed and sworn to before me this 8 day of December, 1970
Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed Father
Signed Mother
Subscribed and sworn to before me this 8 day of December, 1970
Clerk HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 12 day of December, 1970 and filed in Hendricks County, State of Indiana authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 December, 1970, authorizing the joining together as husband and wife of Larry Nease and Linda Nease.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John A. Goodman, hereby certify that on the 12 day of Dec, at Danville, County of Hendricks, State of Indiana, Groom Larry Nease and, Bride Linda Nease were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 12 day of Dec, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of December, 1970.
Signed John A. Goodman Official Designation Justice of Peace
Signed John Campbell Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 461
File Book 32
Date of Application 12-8-70

MALE

Medical Examination Report Dated 12-8-70
Name of Physician Les Kammen M.D.

FEMALE

Medical Examination Report Dated 12-8-70
Name of Physician Les Kammen M.D.

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

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

MALE APPLICANT

Name Robert S. Pierce
Date of Birth July 16 1952
Place of Birth (State or foreign country) Ind. Starting
Residence Address 9701 Melody Lane Indianapolis Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Factory Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 9 D card - Dr. Lie

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

Name Age Address

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

11. Full name of father Henry Bradley Pierce
Residence of father (if deceased so state) same
Occupation of father Maintenance Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Mollie Lou Martin
Residence of mother (if deceased so state) same
Occupation of mother RCA Worker Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

Signed Robert S. Pierce
New Address 7777 W. Wash. Apt. 14 Indianapolis

Subscribed and sworn to before me this 8 day of Dec, 1970
John Gaulsord Jr Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed James C. C. C. C. Father
Signed Mollie Lou Martin Mother
Subscribed and sworn to before me this 8 day of Dec, 1970
Clerk

FEMALE APPLICANT

Name Marsha A. Reilly
Date of Birth May 7 1952
Place of Birth (State or foreign country) Ark.
Residence Address 1459 Dunlap Ave Indianapolis Ind.
Maiden Name if Different Marion

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Clerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) School Records - Dunlap Ave

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

Residence of father (if deceased so state) 50 Chestwood Dr. Mooresville

Occupation of father Maint + Plumb Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Myla Jo Rigdon

Residence of mother (if deceased so state) same as

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Indiana

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

Signed Marsha A. Reilly
New Address 7777 W. Wash. Apt. 14 Indianapolis

Subscribed and sworn to before me this 8 day of Dec, 1970
John Gaulsord Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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 December, 1970, authorizing the joining together as husband and wife
of Robert S. Pierce and Marsha A. Reilly
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald Ricketts hereby certify that on the 12 day of December
one thousand nine hundred and seventy at Indianapolis County of Marion
State of Indiana, Groom Robert S. Pierce of Marion County, State of Indiana
and, Bride Marsha A. Reilly of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 12 day of Dec, 1970

Signed Ronald Ricketts
Official Designation The Reverend
Signed John Gaulsord Jr Clerk
HENDRICKS Circuit Court

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

Form Presc
Indiana Sta
Health und
Chap. 126.

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Name

Date of Bi

Place of B

Residence

Previous Marital Status

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Factory Worker

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

☐ Other (Specify) 9 D card - Dr. Hie

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

Name Age Address

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

11. Full name of father Henry Bradley Pierce
Residence of father (if deceased so state) same
Occupation of father Maintenance Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Mellie Lou Martin
Residence of mother (if deceased so state) same
Occupation of mother RCA Worker Race of mother W
Birthplace of mother (State or foreign country) Kentucky

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

Signed Robert S. Pierce
New Address 777 W. Wash. Apt. 14 Judges

Subscribed and sworn to before me this 8 day of Dec, 1970.
John Gaulsord Jr Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:

County of HENDRICKS
Signed James Cray - Attorney Father
Signed Mellie Pierce Mother
Subscribed and sworn to before me this 8 day of Dec, 1970.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 12 day of Dec, 1970, and filed in HENDRICKS County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County, Indiana, dated the 12 day of December, 1970, authorizing the joining together as husband and wife of Robert S. Pierce and Marsha A. Reilly.

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

I, Roscoe Richette, hereby certify that on the 12 day of December, 1970, at Indianapolis, County of Marion, State of Indiana, Groom Robert S. Pierce of Marion County, State of Indiana, and, Bride Marsha A. Reilly of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of Dec, 1970. Signed Roscoe Richette
Official Designation He. Overland, 1970.
Signed John Gaulsord Jr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of Dec, 1970.

I give my permission for Robert S. Pierce (my son) to get a marriage license, to be married set Dec 12th.

Dec 8th 1970

State of Indiana County of Marion
Before me, a Notary Public, in and for said County and State this 8th Day of December, 1970 Bradley Pierce acknowledged his execution of the above permission for marriage of his son Robert S. Pierce.

My commission expires
November 20, 1974

Notary Public

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Clerk

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

☐ Other (Specify) School Records - Duane Lee

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Ernest Reilly
Residence of father (if deceased so state) 50 Crestwood Dr Mooresville
Occupation of father Maint & Plumb Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Myla Jo Ruggan
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

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

Signed Marsha A. Reilly
New Address 777 W. Wash. Apt. 14 Judges

Subscribed and sworn to before me this 8 day of Dec, 1970.
John Gaulsord Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

County of HENDRICKS
Signed Marsha A. Reilly Father
Signed John Gaulsord Jr Mother
Subscribed and sworn to before me this 8 day of Dec, 1970.
Clerk

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 462
File Book 32
12-9-70
Date of Application

MALE
Medical Examination Report Dated 12-7-70
Name of Physician Dr. Berace Fisher

FEMALE
Medical Examination Report Dated 12-7-70
Name of Physician Dr. Berace Fisher

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Reed Last Morrison
Date of Birth Month 8 Day 26 Year 1950
Place of Birth (State or foreign country) Portland, Oregon
Residence Address Street or R.R. 306 South McKinley North Salem City North Salem 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 Postman - Mack Truck Inc.

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

☐ Other (Specify) County Hospital - Discharge 1/6/79

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

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Thomas Morrison
Residence of father (if deceased so state) 300 S. McKinley N. S. Ind.
Occupation of father Truck Driver Race of father white
Birthplace of father (State or foreign country) Blackfoot Co. Indiana

12. Full maiden name of mother Helen Louise Brewster
Residence of mother (if deceased so state) 300 S. McKinley N. S. Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Adams Co. Indiana

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

Signed Thomas Reed Morrison
New Address 306 S. McKinley North Salem

and sworn to before me this 9 day of Dec, 1970
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, HENDRICKS } ss:
County of.....

Signed..... Father
Signed Helen L. Morrison Mother

Subscribed and sworn to before me this 9 day of Dec, 1970
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.....

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Thomas Reed Morrison and Kathy Lynne Eberwein

I, Herbert J. Wilson hereby certify that on the 14th day of December, 1970, at Lochdale, County of Putnam, State of Indiana, Groom Thomas Reed Morrison of Hendricks County, State of Indiana, and, Bride Kathy Lynne Eberwein of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of December, 1970.

Signed Herbert J. Wilson
Official Designation Minister day of December, 1970

Signed John Dambach Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of December, 1970

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 462
File Book 32
12-9-70
Date of Application

MALE
Medical Examination Report Dated 12-7-70
Name of Physician Dr. Deane Fisher

FEMALE
Medical Examination Report Dated 12-7-70
Name of Physician Dr. Deane Fisher

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Reed Last Morrill
Date of Birth Month 8 Day 30 Year 1950
Place of Birth (State or foreign country) Portland, Oregon
Residence Address Street or R.R. 306 South McKinley North Salem Hendricks Co. 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 Postman - Mack Truck Inc.

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

☐ Other (Specify) Very County Hospital - Discharge #1679

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Thomas Morrill

Residence of father (if deceased so state) 300 S. McKinley N.S. Ind.

Occupation of father Truck Driver Race of father white

Birthplace of father (State or foreign country) Blackford Co. Indiana

12. Full maiden name of mother Helen Lucille Brewster

Residence of mother (if deceased so state) 300 S. McKinley N.S. Ind.

Occupation of mother Housewife Race of mother white

Birthplace of mother (State or foreign country) Adams Co. Indiana

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

Signed Thomas Reed Morrill

New Address 306 S. McKinley North Salem Ind.

FEMALE APPLICANT

Name First Kathy Middle Lynne Last Eberwein
Date of Birth Month 4 Day 11 Year 1952
Place of Birth (State or foreign country) Noblesville, Indiana
Residence Address R#2 Roadside Putnam 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 State Office Recy - Clerk

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

☐ Other (Specify) Shannon Co. Ky. Birth - B# H-14 B. 35

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

Residence of father (if deceased so state) same

Occupation of father Truck Driver Race of father white

Birthplace of father (State or foreign country) Jasper Co. Indiana

8. Full maiden name of mother Evelyn Elizabeth Sharp

Residence of mother (if deceased so state) same

Occupation of mother Housewife Race of mother white

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

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

Signed Kathy Eberwein

New Address 306 S. McKinley North Salem Ind.

Subscribed and sworn to before me this 7 day of Dec 1970

John Danballe Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent the other parent unnecessary.

I, Charles T. Morrill, hereby give my consent for my son Thomas Reed Morrill to marry Kathy Lynne Eberwein.

Charles T. Morrill
subscribed and sworn to before me this 14 day of Dec 1970

My Commission Expires May 21, 1974

Charles T. Morrill
Russell T. Owen
Notary Public

of Indiana dated the 14 day of December 1970
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Herbert J. Wilson, hereby certify that on the 14th day of December 1970 at Roadside, County of Putnam, State of Indiana, Groom Thomas Reed Morrill and, Bride Kathy Lynne Eberwein of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 19 day of December, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of December, 1970.

Signed Herbert J. Wilson
Official Designation Minister
Signed John Danballe, Jr.
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 463
File Bk 32
Date of Application 12-9-70

MALE
Medical Examination Report Dated 12-9-70
Name of Physician Donald D. Chessman

FEMALE
Medical Examination Report Dated 12-9-70
Name of Physician Donald D. Chessman

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

MALE APPLICANT

Name Eldon Perrin
Date of Birth June 27 1920
Place of Birth (State or foreign country) Iowa, Hollman
Residence Address 77 Michael St. Plainfield Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Bar Ind.

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree
36-382-811

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

(a) List their full names, ages and addresses
Name Age Address
Betty Perrin 8 Arkansas
Billy Perrin 9 Arkansas

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

11. Full name of father Archie Floyd Perrin
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Iowa
12. Full maiden name of mother Alice Goodman
Residence of mother (if deceased so state) Washington
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Iowa

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

New Address _____
Subscribed and sworn to before me this 9 day of December, 1970.
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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Mary Durbin
Date of Birth May 26 1932
Place of Birth (State or foreign country) Indiana
Residence Address 77 Michael St. Plainfield Ind.
Maiden Name if Different English
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Unemployed

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

☐ Other (Specify) Dr. License 315-587-238-396

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Gerald English
Residence of father (if deceased so state) 77 Michael St.
Occupation of father Wrecking Rate of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Suzel Davis
Residence of mother (if deceased so state) None
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

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

Signed Mary Durbin
New Address _____

Subscribed and sworn to before me this 9 day of December, 1970.
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, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 3 day waiver and filed in HENDRICKS County Superior Court by written order issued. _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of December, 1970, authorizing the joining together as husband and wife of _____ and _____.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John Sanford Jr. hereby certify that on the 9 day of December, 1970, at Plainfield, County of Hendricks, State of Indiana, one thousand nine hundred and seventy of Hendricks County, State of Indiana, Groom Eldon Perrin and, Bride Mary Durbin were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 10 day of December, 1970.
Signed John Sanford Jr.
Official Designation Clerk
Subscribed and sworn to before me this 14 day of December, 1970.
John Sanford Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 464
File BK 32
Date of Application Dec. 10, 1970

HENDRICKS County

MALE
Medical Examination Report Dated 12-7-70
Name of Physician James Black Md.

FEMALE
Medical Examination Report Dated 12-7-70
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 Charles E. Prather
Date of Birth 2 12 47
Place of Birth (State or foreign country) Louisville, Kentucky
Residence Address R.R. #1, Lexington, Hendricks Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Railroad

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

☐ Other (Specify) Drivers License - P636-47092

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

Name	Age	Address
Michelle Ann Prather	4	Louisville, Kentucky
Michael Scott Prather	3	Louisville, Kentucky

- (b) Are you supporting or contributing to their 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 C. Prather
Residence of father (if deceased so state) Louisville, Kentucky
Occupation of father Foreman Race of father W.
Birthplace of father (State or foreign country) Louisville, Kentucky

12. Full maiden name of mother Marie Lynn
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Louisville, Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Charles E. Prather
New Address R.R. #1 Lexington, Ind.

Subscribed and sworn to before me this 10 day of December, 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.

See attached

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

FEMALE APPLICANT

Name Linda Kay Bartley
Date of Birth 5 5 58
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #1 Lexington, 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 _____

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

☐ Other (Specify) 6514 Marion County

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

7. Full name of father Leslie Odell Bartley
Residence of father (if deceased so state) R.R. #1 Lexington, Ind.
Occupation of father Tool & Die maker Race of father W.
Birthplace of father (State or foreign country) Rockville, Ind.

8. Full maiden name of mother Mary Kathleen Euge
Residence of mother (if deceased so state) R.R. #1 Lexington, Ind.
Occupation of mother Nurse aide Race of mother W.
Birthplace of mother (State or foreign country) Louisville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Linda Kay Bartley
New Address R.R. #1 Lexington, Indiana

Subscribed and sworn to before me this 10 day of Dec, 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 14th day of December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Rev. Raymond A. Rader and Linda Kay Bartley

one thousand nine hundred and seventy hereby certify that on the 14th day of December, 1970, at Lexington, County of Hendricks, State of Indiana, Groom Charles E. Prather of Hendricks County, State of Indiana, and, Bride Linda Kay Bartley of _____ County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 14th day of December, 1970

Signed Rev. Raymond A. Rader
Official Designation Pastor
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of December, 1970

I, Leslie E. Bartley, hereby give my consent for
my Daughter, Linda Bartley to
marry Charles Prather.

subscribed and sworn to before me this 10th day of Dec 1970

William E. Bladder
Notary Public

My Comm. expires 3-20-72

Place of Birth (State or foreign country) Louisville, Kentucky
Residence Address R.R. #1, Lexington, Kentucky
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 Railroad

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

☐ Other (Specify) Driver's License - P636-47092

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

Name	Age	Address
Michelle Ann Prather	4	Louisville, Kentucky
Michael Scott Prather	3	Louisville, Kentucky

- (b) Are you supporting or contributing to their 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 C. Prather
Residence of father (if deceased so state) Louisville, Kentucky
Occupation of father Foreman Race of father W.
Birthplace of father (State or foreign country) Louisville, Kentucky

12. Full maiden name of mother Marie Lynn
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Louisville, Kentucky

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

Signed Charles E. Prather
New Address R.R. #1 Lexington, Ind.

Subscribed and sworn to before me this 10 day of December, 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.

see attached

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

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

Clerk

Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #1 Lexington, Kentucky
Maiden Name if Different _____

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation _____

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

☐ Other (Specify) 6514 Marion County

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

7. Full name of father Leslie Adell Bartley
Residence of father (if deceased so state) R.R. #1 Lexington, Ind.
Occupation of father Tool & Die maker Race of father W.
Birthplace of father (State or foreign country) Rockville, Ind.

8. Full maiden name of mother Mary Kathleen Egan
Residence of mother (if deceased so state) R.R. #1 Lexington, Ind.
Occupation of mother Nurse aide Race of mother W.
Birthplace of mother (State or foreign country) Lushville, Ind.

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

Signed Linda Kay Bartley
New Address R.R. #1 Lexington, Indiana

Subscribed and sworn to before me this 10 day of Dec, 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rw. Raymond A. Rader hereby certify that on the 19th day of December,
one thousand nine hundred and seventy at Lexington, County of Hendricks,
State of Indiana, Groom Charles E. Prather of Hendricks County, State of Indiana,
and, Bride Linda Kay Bartley of _____ County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 14th day of December, 1970.

Signed Rw. Raymond A. Rader
Official Designation Rader

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of December, 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. 465

File Book 32

Dec 10 1970
Date of Application

MALE

Medical Examination Report Dated 11-30-70

Name of Physician Fred Warlinton

FEMALE

Medical Examination Report Dated 11-30-70

Name of Physician Fred Warlinton

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

MALE APPLICANT

Name First Ronald Middle Leon Last Bush
Date of Birth Month March Day 15 Year 1948
Place of Birth (State or foreign country) Sullivan
Residence Address 114 Vine Street or R. R. Plainfield City Hendricks County Indiana State
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 TeacherDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify)

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

Name	Age	Address

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

11. Full name of father Roy Leon Bush
Residence of father (if deceased so state) Sullivan Ind 21
Occupation of father Carpenter Race of father W
Birthplace of father (State or foreign country) Sullivan Ind
12. Full maiden name of mother Evelyn Capeland
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Ronald Leon Bush
New Address 114 Vine Plainfield
Subscribed and sworn to before me this 10 day of Dec, 1970.
John Gansbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

FEMALE APPLICANT

Name First Linda Middle Jean Last Runyan
Date of Birth Month February Day 2 Year 1951
Place of Birth (State or foreign country) Indiana
Residence Address 429 Duffy St Street or R. R. Plainfield City Hendricks County Indiana State
Maiden Name if Different Runyan

Previous Marital Status: Never Married ☒ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)Usual Occupation StudentDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Joseph Adolphus Runyan
Residence of father (if deceased so state) same
Occupation of father Truck Eng Race of father W
Birthplace of father (State or foreign country) Indiana Ind
8. Full maiden name of mother Margaret Mitchell
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Terre Haute Ind

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

Signed Linda Jean RunyanNew Address 114 Vine Plainfield

Subscribed and sworn to before me this 10 day of Dec, 1970.
John Gansbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1970, authorizing the joining together as husband and wife of Indiana dated the 16 day of December and Linda Jean Runyan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Charles R. Lee hereby certify that on the 19th day of December,
at Terre Haute, County of Vigo,
one thousand nine hundred and seventy, County, State of Indiana,
State of Indiana, Groom Ronald Leon Bush of Hendricks County, State of Indiana,
and, Bride Linda Jean 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 _____
County, _____
Dated this 16th day of December, 1970.
Signed Charles R. Lee
Official Designation Minister
24 day of December, 1970.
Signed John Gansbold Jr Clerk
HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 466
File Book 32
11 December 70
Date of Application

MALE

Medical Examination Report Dated 2 Dec 1970
Name of Physician Samuel R. Winkler M.D.

FEMALE

Medical Examination Report Dated 5 Dec 1970
Name of Physician R.W. Van Bokkelen M.D.

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

MALE APPLICANT

Name John William Dittmer
Date of Birth October 10 1949
Place of Birth Beech Grove, Ind.
Residence Address R2 Box 192 Clayton, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Arman 1st class: USAF

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

☐ Other (Specify) Arman ID 7844657

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

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father Bertie William Dittmer

Residence of father (if deceased so state) RS New Castle, Ind.

Occupation of father Radio Rep. Race of father white

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

12. Full maiden name of mother Roberta C. Krauth

Residence of mother (if deceased so state) same

Occupation of mother Waitress: Sam's Race of mother white

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

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

Signed John William Dittmer

New Address 1011 Catalina Hwy, Alamogordo, N.M.

Subscribed and sworn to before me this 11th day of December, 1970

John G. Smith Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed..... Father

Signed..... Mother

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

Clerk

FEMALE APPLICANT

Name Kathy Anne Callahan
Date of Birth August 12 1952
Place of Birth Indpls, Ind.
Residence Address 920 Walter Dr, P.O. Box 114, Hendricks, Ind.
Maiden Name if Different.....

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Nursing Asst

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

☐ Other (Specify) 113-52-063895

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

7. Full name of father Ray Edward Callahan

Residence of father (if deceased so state) same

Occupation of father Typewriter Rep. Royal Race of father white

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

8. Full maiden name of mother Sarah Mae Elmore

Residence of mother (if deceased so state) same

Occupation of mother H/W. Race of mother white

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

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

Signed Kathy Anne Callahan

New Address same

Subscribed and sworn to before me this 11th day of December, 1970

John G. Smith Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed..... Father

Signed..... Mother

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

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued December 11, 1970 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. Iday 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 11 day of December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Thomas E. Bury hereby certify that on the 12 day of December,

one thousand nine hundred and seventy at Clayton, County of Hendricks,

State of Indiana, Groom John William Dittmer of Hendricks County, State of Indiana

and, Bride Kathy Anne Callahan of Hendricks County, State of Indiana

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

Dated this 12 day of December, 1970.

Signed Rev. Thomas E. Bury

Official Designation Minister

Signed John G. Smith day of December, 1970

John G. Smith Clerk HENDRICKS Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 467

File Book 32

12-11-70
Date of Application

MALE

Medical Examination Report Dated 12-5-70

Name of Physician n. Shuster

FEMALE

Medical Examination Report Dated 12-5-70

Name of Physician n. Shuster

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

MALE APPLICANT

Name First Richard Middle Robert Last Hickel
Date of Birth Month October Day 10 Year 1949
Place of Birth (State or foreign country) Indiana
Residence Address 1434 S. 1st St. City Marion County Ind State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Shipping & Receiving Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver License

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

Name	Age	Address

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

11. Full name of father George Robert Hickel
Residence of father (if deceased so state) Same
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Terre Haute Ind
12. Full maiden name of mother Sda Christine Crafton
Residence of mother (if deceased so state) Same
Occupation of mother Factory worker Race of mother W
Birthplace of mother (State or foreign country) Tennessee

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

Signed Richard Robert HickelNew Address 1517 S. Maryland Ind

Subscribed and sworn to before me this 11 day of Dec, 1970.
John Gaudelord Sr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

FEMALE APPLICANT

Name First Diana Middle Lynn Last Merritt
Date of Birth Month November Day 9 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address 85 N. 500 East City Marion County Ind State Ind
Maiden Name if Different Danville Hend Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) 113-54-095294

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

Residence of father (if deceased so state) SameOccupation of father Cheese maker Race of father WBirthplace of father (State or foreign country) Judges Ind8. Full maiden name of mother Lura Virginia HesterResidence of mother (if deceased so state) deceasedOccupation of mother _____ Race of mother WBirthplace of mother (State or foreign country) Plainfield Ind

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

Signed Diana Lynn MerrittNew Address 1517 S. Maryland Ind

Subscribed and sworn to before me this 11 day of Dec, 1970.
John Gaudelord 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.

mother deceasedConsent of father attached.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

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

Clerk

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

HENDRICKS County _____ Court by written order issued _____

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

of Indiana dated the 15th day of December, 1970, authorizing the joining together as husband and wife

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

I, Carlos Lammon hereby certify that on the 19th day of December

at Indianapolis County of Marion

one thousand nine hundred and seventy of Indiana County, State of Indiana

State of Indiana, Groom Richard Robert Hickel of Hendricks County, State of Indiana

and, Bride Diana Lynn Merritt of _____ County, State of _____

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

County, _____

Dated this 19th day of Dec, 1970. Signed Carlos Lammon

Official Designation Baptist Minister, 1970

Signed John Lammon Jr Clerk

HENDRICKS Circuit Court

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 468

File Book 32

Date of Application

MALE
Medical Examination Report Dated 12-2-70
Name of Physician James Black

FEMALE
Medical Examination Report Dated 12-2-70
Name of Physician James Black

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

MALE APPLICANT

Name First Middle Last
Michael Joseph King
Date of Birth Month Day Year
December 10 1952
Place of Birth (State or foreign country)
Methodist Hosp. Judges Marion Ind.
Residence Address Street or R. R. City County State
R 2 Box 167 B Brownsburg Ind. Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

11. Full name of father Robert Joseph King
Residence of father (if deceased so state) Same
Occupation of father Tool & Die Maker Race of father W
Birthplace of father (State or foreign country) Judges Ind.
12. Full maiden name of mother Jeanne Esther Davis
Residence of mother (if deceased so state) Same
Occupation of mother Nurses Aide Race of mother W
Birthplace of mother (State or foreign country) Judges Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Michael Joseph King
New Address Same

Subscribed and sworn to before me this 11 day of Dec, 1970.
John Gamble Sr Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:
County of
Signed Jeanne E. King Father
Signed Michael Joseph King Mother
Subscribed and sworn to before me this 11 day of Dec, 1970.
John Gamble Sr Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 11 day of December, 1970, authorizing the joining together as husband and wife of Michael Joseph King and Nancy Joan Heinlein. Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Nell, hereby certify that on the 18th day of December, 1970, at Brownsburg, Indiana, County of Hendricks, State of Indiana, Groom Michael Joseph King and, Bride Nancy Joan Heinlein, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 15 day of December, 1970.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of December, 1970.

Signed Rev. Charles Nell
Official Designation
Signed John Gamble Jr Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 468

File Book 32

Date of Application

MALE
Medical Examination Report Dated 12-2-70
Name of Physician James Black

FEMALE
Medical Examination Report Dated 12-2-70
Name of Physician James Black

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

MALE APPLICANT

Name First Middle Last
Michael Joseph King
Date of Birth Month Day Year
December 10 1952
Place of Birth (State or foreign country)
Methodist Hosp. Judges Marion Ind.
Residence Address Street or R. R. City County State
R 2 Box 167 B Brownsburg Hend Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name Age Address

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

11. Full name of father Robert Joseph King
Residence of father (if deceased so state) Same
Occupation of father Tool & Die Maker Race of father W
Birthplace of father (State or foreign country) Judges Ind.
12. Full maiden name of mother Jeanne Esther Davis
Residence of mother (if deceased so state) Same
Occupation of mother Nurse Aide Race of mother W
Birthplace of mother (State or foreign country) Judges Ind.

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

FEMALE APPLICANT

Name First Middle Last
Nancy Joan Heinlein
Date of Birth Month Day Year
May 21 1950
Place of Birth (State or foreign country)
St. Vincent's Hosp. Judges Marion Ind.
Residence Address Street or R. R. City County State
R 2 Box 167 B Brownsburg Hend Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Beautician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

7. Full name of father Ralph Edward Heinlein
Residence of father (if deceased so state) Same
Occupation of father Salesman Race of father W
Birthplace of father (State or foreign country) Judges Ind.
8. Full maiden name of mother Faye Evelyn Morris
Residence of mother (if deceased so state) Same
Occupation of mother Legal Secy Race of mother W
Birthplace of mother (State or foreign country) Borden Ind.

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

Signed Nancy Joan Heinlein
New Address R 2 Brownsburg

Subscribed and sworn to before me this 11 day of Dec, 1970
HENDRICKS Circuit Court

I, Robert J. King, hereby give my consent for
my son, Michael J. King, to
marry Nancy Joan Heinlein.

Subscribed and sworn to before me this 11th day of Dec, 1970

My Commission
Expires 10-15-73

Robert J. King
Notary Public

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Hall

hereby certify that on the 18th day of December, 1970, at Brownsburg, County of Hendricks, State of Indiana, Groom Michael Joseph King and Nancy Joan Heinlein

and, Bride Nancy Joan Heinlein of Hendricks County, State of Indiana

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

Dated this 15 day of December, 1970

Signed Rev. Charles Hall
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of December, 1970

Signed John Randolph Jr.
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 469

File Book 32

12-11-70

Date of Application

MALE

Medical Examination Report Dated 12-8-70

Name of Physician A. N. Sudder M.D.

FEMALE

Medical Examination Report Dated 12-8-70

Name of Physician A. N. Sudder M.D.

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

MALE APPLICANT

Name First Middle Last
Thomas Edward Tunney Jr.
Date of Birth Dec 21 1952
Place of Birth Batesville Indiana
Residence Address R.R. #3 Box 727B Brownsburg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Brick Mason
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 3064

☐ Other (Specify)

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

Name Age Address

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

11. Full name of father Thomas Edward Tunney Sr.
Residence of father (if deceased so state) Deceased
Occupation of father
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Ruth Benham
Residence of mother (if deceased so state) R.R. #3 Box 727B Brownsburg, Ind.
Occupation of mother Housewife
Birthplace of mother (State or foreign country) Decatur County, Ind.

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

Signed Thomas E. Tunney
New Address R.R. 3 Box 727B Brownsburg

Subscribed and sworn to before me this 18 day of Dec. 1970
John Hambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Mary R. Herbert Father

Signed John Hambold Jr. Mother

Subscribed and sworn to before me this 18 day of Dec. 1970
John Hambold Jr. Clerk

FEMALE APPLICANT

Name First Middle Last
Paula Jean Pressel
Date of Birth Apr 27 1953
Place of Birth Beach Grove Indiana
Residence Address R.R. #1 New Palestine Ind.
Maiden Name if Different
Previous 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)

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

7. Full name of father Paul Harold Pressel
Residence of father (if deceased so state) R.R. #1 New Palestine
Occupation of father Tool & Die Maker Race of father W.
Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Mrs. Elizabeth Astern
Residence of mother (if deceased so state) R.R. #1 New Palestine
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Paula J. Pressel
New Address R.R. #3 Box 727B Brownsburg, Ind.

Subscribed and sworn to before me this 18 day of Dec. 1970
John Hambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:
County of

Signed Paul Pressel Father

Signed Mrs. Paul Pressel Mother

Subscribed and sworn to before me this 18 day of Dec. 1970
John Hambold Jr. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the
of Indiana, dated the 18 day of Dec. 1970, authorizing the joining together as husband and wife
Thomas Edward Tunney Jr. and Paula Jean Pressel

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Hall, hereby certify that on the 26th day of December

one thousand nine hundred and seventy, at Brownsburg, County of Hendricks,
State of Indiana, Groom Thomas Edward Tunney Jr. of Hendricks County, State of Indiana

and, Bride Paula Jean Pressel of Hancock County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County.

Dated this 18 day of December, 1970
Signed Rev. Charles Hall
Official Designation Pastor

29 day of December, 1970
Signed John Hambold Jr. Clerk

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 470

File Book 32

12-11-70

Date of Application

MALE

Medical Examination Report Dated 12-8-70

Name of Physician Thomas M. Walker

FEMALE

Medical Examination Report Dated 12-8-70

Name of Physician Thomas M. Walker

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

MALE APPLICANT

Name First Steven Middle Duane Last Lowery
Date of Birth Month October Day 25 Year 1949
Place of Birth (State or foreign country) Metropolitan Hosp.
Residence Address Street or R.R. City Judges Marion Ind. State
R.R. 18 Box 139 Rt 135 Judges Hand Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Eli Lilly - Sew. Oper.

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

☐ Other (Specify)

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

Name Age Address

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

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

- Full name of father: Elmer A. Lowery
Residence of father (if deceased so state): 2810 W. 20th
Occupation of father: deceased Race of father: W
Birthplace of father (State or foreign country): Judges Indiana
- Full maiden name of mother: Annabelle Sutter
Residence of mother (if deceased so state): 1250 E. Markwood
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Judges Ind

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

Signed Steven Duane Lowery

New Address: R.R. 18 Box 139

Subscribed and sworn to before me this 11 day of Dec, 1970

John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name First Lenore Middle Lea Last Mullen
Date of Birth Month April Day 9 Year 1952
Place of Birth (State or foreign country) St. Vincent's
Residence Address Street or R.R. City Judges Marion Ind. State
R.R. 8 Box 232 Judges Hand Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify)

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

- Full name of father: Richard Glen Mullen
Residence of father (if deceased so state): Same
Occupation of father: machinist Race of father: W
Birthplace of father (State or foreign country): Indiana
- Full maiden name of mother: Argetha Rose
Residence of mother (if deceased so state): Same
Occupation of mother: meat Dept. wrapper Race of mother: W
Birthplace of mother (State or foreign country): Indiana

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

Signed Lenore Lea Mullen

New Address: R.R. 18 Box 139

Subscribed and sworn to before me this 11 day of Dec, 1970

John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Frederick D. Bucks, hereby certify that on the 19th day of December, 1970, at Indianapolis, County of Hendricks, State of Indiana, Groom Steven Duane Lowery and, Bride Lenore Lea Mullen were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of December, 1970

Signed Rev. Frederick D. Bucks

Official Designation Minister

Signed John Gambold Jr Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of December, 1970

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 471

File 12-11-70

Berk 32

Date of Application

MALE

Medical Examination Report Dated 12-11-70

Name of Physician Karl Gansbarger

FEMALE

Medical Examination Report Dated 12-11-70

Name of Physician Karl Gansbarger

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First John Middle M. Last Money
Date of Birth Month Nov. Day 16 Year 1946
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 529 College City Brownsville County Ind. State Ind.
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Salesman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) I.D. Card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
(a) List their full names, ages and addresses

Name	Age	Address
<u>Shelley</u>	<u>7</u>	<u>O.R.I. Brownsville</u>
<u>Sean</u>	<u>3</u>	<u>"</u>

- Are you supporting or contributing to their support? Yes ☒ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Marvin Money
Residence of father (if deceased so state) Same
Occupation of father Felling Sta. Op. Race of father W
Birthplace of father (State or foreign country) Ind. Co. Ind.
12. Full maiden name of mother Beatrice R. Foist
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed John M. Money
New Address 9224 Chestnutbrook & Judges
Subscribed and sworn to before me this 11 day of Dec, 1970.
John Gansbarger Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Lora Middle F. Last Hahn
Date of Birth Month Nov. Day 22 Year 1936
Place of Birth (State or foreign country) Indiana
Residence Address Street or R. R. 9224 Chestnutbrook City Monticello County Ind. State Ind.
Maiden Name if Different Bell
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 2
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) Passport

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Wm. Bryan Bell
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Melie Pearl Christell
Residence of mother (if deceased so state) O.R.I. Carmel
Occupation of mother Retired Race of mother W
Birthplace of mother (State or foreign country) Monticello Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Lora F. Hahn
New Address 9224 Chestnutbrook
Subscribed and sworn to before me this 11 day of Dec, 1970.
John Gansbarger Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
_____ Court by written order issued _____
_____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 16th day of December, 1970, authorizing the joining together as husband and wife
of John M. Money and Lora F. Hahn
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harold R. Hoffman hereby certify that on the 18th day of December
at Carmel, County of Hamilton
one thousand nine hundred and seventy of Hendricks County, State of Indiana
State of Indiana, Groom John M. Money of Marion County, State of Indiana
and, Bride Lora F. Hahn of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 18 day of December, 1970.
Signed Harold R. Hoffman
Official Designation Baptist Minister
_____ day of _____, 1970.
Signed John Gansbarger Clerk
_____ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 472
File B-1-32
12-12-70
Date of Application

MALE
Medical Examination Report Dated 12-8-70
Name of Physician R W Kirtley

FEMALE
Medical Examination Report Dated 12-8-70
Name of Physician R W Kirtley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Michael Middle William Last Stein
Date of Birth Month May Day 4 Year 1948
Place of Birth (State or foreign country) St. Vincent
Residence Address Street or R. R. 2 Box 124 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 Factory 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 William Anthony Stein
Residence of father (if deceased so state) Same
Occupation of father Factory Worker Race of father W
Birthplace of father (State or foreign country) Marion Co. Indiana
12. Full maiden name of mother Margaret Frances Stein
Residence of mother (if deceased so state) Same
Occupation of mother Factory Worker Race of mother W
Birthplace of mother (State or foreign country) Thomtown Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of in this application is true and correct.

Signed x Michael W Stein

New Address 312 Teddy Lane Apt 510

Subscribed and sworn to before me this 12 day of Dec 1970
John Gaudes Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Linda Middle Lyle Last Strong
Date of Birth Month January Day 15 Year 1952
Place of Birth (State or foreign country) Methodist Hosp
Residence Address Street or R. R. P.O. Box 117 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 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 Joe Duell Strong

Residence of father (if deceased so state) Same

Occupation of father Factory Worker Race of father W

Birthplace of father (State or foreign country) Helena Tenn.

8. Full maiden name of mother Dorothy Mae Kellow

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Helena Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of in this application is true and correct.

Signed x Linda Lyle Strong

New Address 312 Teddy Lane

Subscribed and sworn to before me this 12 day of Dec 1970

John Gaudes Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 16th day of December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert O. Talcott, hereby certify that on the 19th day of December, 1970,

one thousand nine hundred and seventy, at Clayton, County of Hendricks,

State of Indiana, Groom, Michael William Stein, of Hendricks County, State of Indiana,

and, Bride, Linda Lyle Strong, of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

Dated this 19th day of Dec, 1970.

Signed Robert O. Talcott

Official Designation, Ordained Presbyterian Minister

Signed 32nd day of Dec, 1970.

Signed John Gaudes Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 473

File Book 32

12-14-40

Date of Application

MALE

Medical Examination Report Dated 12-7-40

Name of Physician Elmer E. Koch MD

FEMALE

Medical Examination Report Dated Elmer Koch MD

Name of Physician 12-7-40

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First David Middle Lee Last Clark
Date of Birth Month June Day 19 Year 1945
Place of Birth (State or foreign country) Wichau, Mo.
Residence Address 355 S. Indiana City Danville County Hendricks State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Public Service
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Russell Clark
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Hendricks Co.
12. Full maiden name of mother Wilema James
Residence of mother (if deceased so state) Box 114 N. Salem
Occupation of mother Crestline Window Co. Race of mother W
Birthplace of mother (State or foreign country) Bone Co. Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed David Lee Clark
New Address 355 S. Ind. Danville

Subscribed and sworn to before me this 14 day of Dec, 1940.
John Gaudin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Donna Middle Marie Last Carr
Date of Birth Month January Day 26 Year 1950
Place of Birth (State or foreign country) St. Vincents
Residence Address 291 S. Ed. Bone 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 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 Donald Edward Carr
Residence of father (if deceased so state) same
Occupation of father machinist Race of father W
Birthplace of father (State or foreign country) Judges Ind.
8. Full maiden name of mother Dora Ellen Barkers
Residence of mother (if deceased so state) same
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Hortonville Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Donna Marie CarrNew Address 355 S. Ind. Danville

Subscribed and sworn to before me this 14 day of Dec, 1940.
John Gaudin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1940, authorizing the joining together as husband and wife of Indiana dated the 18 day of December and Donna Marie Carr

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Steve A. Edwards hereby certify that on the 19th day of December

at Danville, County of Hendricks

one thousand nine hundred and seventy of Hendricks County, State of Indiana

State of Indiana, Groom David Lee Clark of Hendricks County, State of Indiana

and, Bride Donna Marie Carr of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County. _____
Dated this 19 day of Dec, 1940. Signed Rev. Steve A. Edwards

Official Designation Minister
22nd day of Dec, 1940.
Signed John Gaudin Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed John Gaudin Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 474
File Bk 32
Date of Application 12-14-70

MALE
Medical Examination Report Dated 12-10-70
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 12-10-70
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 Sten Eugene Payne
Date of Birth 2 10 42
Place of Birth (State or foreign country) Clinton County
Residence Address 252 South Clay Frankfort 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 Sales Clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. House 315-38-5512-09

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address
Carol Elaine Payne 7 411 W Adams
Andy Lynn Payne 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 William Elmer Payne
Residence of father (if deceased so state) Kirklin, Indiana
Occupation of father Factory Worker Race of father White
Birthplace of father (State or foreign country) Clinton County

12. Full maiden name of mother Ellis Louise Boone
Residence of mother (if deceased so state) 252 South Clay
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Clinton County

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Sten Eugene Payne

New Address 219 Hancock Rd. Plainfield

Subscribed and sworn to before me this 14 day of December, 1970.
John Sanford J. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Barlene Summers
Date of Birth 6 23 42
Place of Birth (State or foreign country) Marion County
Residence Address 219 Hancock Plainfield Ind.
Maiden Name if Different Crowe

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) Dr. House 316-40-1959-09

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Everett Crowe

Residence of father (if deceased so state) 249 North Mill P
Occupation of father Policeman Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Josephine Archer
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Barlene Summers

New Address Same

Subscribed and sworn to before me this 14 day of December, 1970.
John Sanford J. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins

hereby certify that on the 18 day of December, 1970, at Plainfield, County of Hendricks, State of Indiana, Groom Sten Eugene Payne of Clinton County, State of Indiana and, Bride Barlene Sue Summers of Hendricks County, State of Indiana were by me united 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 December, 1970.

Signed Warren A. Robbins

Official Designation Christian Minister

Signed John Sanford J. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1970.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 475

File Book 32

15 Dec 1970

Date of Application

MALE

Medical Examination Report Dated 14 Dec 1970

Name of Physician R.W. Kirtley M.D.

FEMALE

Medical Examination Report Dated 14 Dec 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 Eric Middle David Last Siff
Date of Birth Month November Day 20 Year 1948
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address 110 Slayton, New Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation PFC: US Army

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Army ID F 948236

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 1 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Arthur Vernon Siff
Residence of father (if deceased so state) Same place as above
Occupation of father (if deceased so state) Same as above
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Ruth Lorraine Barker
Residence of mother (if deceased so state) Same
Occupation of mother (if deceased so state) Same
Birthplace of mother (State or foreign country) Atlanta, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed Eric David Siff
New Address Ft Benning Ga
Subscribed and sworn to before me this 15th day of December 1970

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name First Edra Middle Gay Last Wilson
Date of Birth Month July Day 22 Year 1950
Place of Birth (State or foreign country) OKmulgee, Okla.
Residence Address 4923 Rockville Rd, Indpls, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Secy: Delta Upsilon Frat.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 029545

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father Raydene Eugene Wilson
Residence of father (if deceased so state) OKmulgee, Okla.
Occupation of father Baker
Birthplace of father (State or foreign country) Christie, Okla.

8. Full maiden name of mother Pearl Edra Erwin
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Waitress
Birthplace of mother (State or foreign country) Ramsey, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed Edra Gay Wilson
New Address 4923 Rockville Rd, Indpls, Ind.

Subscribed and sworn to before me this 15th day of December 1970

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Court by written order issued _____ and filed

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County, State of _____, authorizing the joining together as husband and wife of Indiana, dated the 19 day of December 1970, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 19th day of December

I, _____ at _____ County of _____

one thousand nine hundred and Seventy _____ of _____ County, State of _____

State of Indiana, Groom Eric David Siff _____ County, State of _____

and, Bride Edra Gay Wilson _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County, _____ Signed _____

Dated this 19 day of December, 1970 _____ Official Designation _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed _____ Clerk _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 476
File Book 32
12-15-70
Date of Application

MALE
Medical Examination Report Dated 12-12-70
Name of Physician Dr. Walter McManis Md.

FEMALE
Medical Examination Report Dated 12-12-70
Name of Physician Dr. Walter McManis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Daniel Middle Burr Last Spicer
Date of Birth Month 10 Day 29 Year 1909
Place of Birth (State or foreign country) Jackson County Indiana
Residence Address 2254 N. Adams Brownburg Hendricks Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB-10-29-09

☐ Other (Specify) Drivers License # 315-03-2461-00

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Lisa Marie Spicer 8 - 3705 Mann Rd Ind.

- Are you supporting or contributing to their support? Yes ☒ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Charles M. Spicer
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Mt. Comfort Pa

12. Full maiden name of mother Eva Mae Murphy
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Unknown

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Daniel Burr Spicer
New Address 3705 Mann Rd Ind.

Subscribed and sworn to before me this 15 day of Dec, 1970
John Lambrecht Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

FEMALE APPLICANT

Name First Juanita Middle Maxine Last Spicer
Date of Birth Month 8 Day 25 Year 1919
Place of Birth (State or foreign country) Deen County Indiana
Residence Address 3705 Mann Rd Ind.
Maiden Name if Different Davis
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 Beautician Deputy M. Marion County

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB-8-25-19

☐ Other (Specify) Drivers License # 342-12-1649-05

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Eugene Allen Servis
Residence of father (if deceased so state) Unknown
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Clay Co. Indiana

8. Full maiden name of mother Ola Mae Lindsey
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Clay Co. Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Juanita Maxine Spicer
New Address 3705 Mann Rd Ind.

Subscribed and sworn to before me this 15 day of Dec, 1970
John Lambrecht Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 19th day of Dec, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office to-wit:
I, Rev. John C. Baker, hereby certify that on the 19 day of December, 1970, at Brownburg, Indiana, County of Hendricks, State of Indiana, Groom Daniel Burr Spicer and, Bride Juanita Maxine Spicer were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of December, 1970.

Signed Rev. John C. Baker
Official Designation Pastor

Signed John Lambrecht Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of December, 1970.

Signed John Lambrecht Jr. Clerk HENDRICKS Circuit Court

Signed John Lambrecht Jr. Clerk HENDRICKS Circuit Court

Signed John Lambrecht Jr. Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 477

File B-477-32

12-16-70

Date of Application

MALE

Medical Examination Report Dated Dec 7 1970

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 12-7-70

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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Geoffrey Wayne Price
Date of Birth Month Day Year
December 11 1948
Place of Birth (State or foreign country)
Metropolitan Hospital Judges Marion Ind
Residence Address Street or R. R. City County State
R-1 Clayton Hendricks Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Armed Forces
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: George Washington Price
Residence of father (if deceased so state): R-1 Clayton
Occupation of father: Diamond Chair Race of father: W
Birthplace of father (State or foreign country): Somerset Ky
12. Full maiden name of mother: Beatrice Banglin
Residence of mother (if deceased so state): Same
Occupation of mother: L. S. Ayres Race of mother: W
Birthplace of mother (State or foreign country): Hendricks Co Ind

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Geoffrey Wayne Price

New Address

Subscribed and sworn to before me this 16 day of Dec 1970.
John Gamble Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1970.
Clerk

FEMALE APPLICANT

Name First Middle Last
Janis Kay Morgan
Date of Birth Month Day Year
October 26 1948
Place of Birth (State or foreign country)
Putnam Co Ind
Residence Address Street or R. R. City County State
109 W. Jackson Martinsville Morgan Ind
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Teacher
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Max Lee Morgan
Residence of father (if deceased so state): Stilesville
Occupation of father: International Race of father: W
Birthplace of father (State or foreign country): Hendricks Ind
8. Full maiden name of mother: Lola Marie Phleggs
Residence of mother (if deceased so state): Same
Occupation of mother: State Office Bldg Race of mother: W
Birthplace of mother (State or foreign country): Morgan Co Ind

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Janis Kay Morgan

New Address: Same as above

Subscribed and sworn to before me this 16 day of Dec 1970.

John Gamble Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1970.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS

County

Court by written order issued

and filed

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the 1970, authorizing the joining together as husband and wife

of Indiana dated the 20 day of December and Janis Kay Morgan

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 10th day of December

I, Geoffrey Wayne Price and Edward D. Roberts hereby certify that on the 10th day of December

at Stilesville, County of Hendricks

one thousand nine hundred and seventy of Hendricks County, State of Indiana

State of Indiana, Groom: Geoffrey Wayne Price of Hendricks County, State of Indiana

and, Bride: Janis Kay Morgan of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks

County.

Dated this 20 day of December, 1970. Signed: Edward D. Roberts

Official Designation: Minister

11 day of January, 1971. Clerk

Signed: John Gamble Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 478
File 12-17-70
Book 32
Date of Application

MALE
Medical Examination Report Dated 12-11-70
Name of Physician Walter McManis M.D.

FEMALE
Medical Examination Report Dated 12-11-70
Name of Physician Walter McManis M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Walter M. Nealey
Date of Birth March 20 1917
Place of Birth (State or foreign country) Plainfield Ind.
Residence Address 2809 Six Points Rd. Indianapolis Ind.
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Link Beech

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Driver's License
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 Patton Nealey
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Virginia
12. Full maiden name of mother Dora M. Spears
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Virginia

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.

Signed Walter M. Nealey

New Address R.R. 2 Box 632 2nd

Subscribed and sworn to before me this 17 day of Dec, 1970.
John Gauld Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John Gauld Jr.

hereby certify that on the 23rd day of December

at Indianapolis, County of Marion

of Hendricks County, State of Indiana

and, Bride Mary Helen Nealey of Hendricks County, State of Indiana

were by me united 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 December, 1970.

Signed John Gauld Jr.
Official Designation Clerk
Signed John Gauld Jr.
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1970.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 479

File Book 32

12-17-40

Date of Application

MALE

Medical Examination Report Dated 12-16-70

Name of Physician James Black MD

FEMALE

Medical Examination Report Dated 12-16-70

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 Jerry Middle Lee Last Case
Date of Birth Month October Day 20 Year 1942
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. 620 S. Worth City Indianapolis County Marion State Ind
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Industrial Contractor

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Divorced License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Steven	7	Judges
Jerry	4	
Shelley	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 Floyd Case
Residence of father (if deceased so state) 1019 S. Whitcomb Judges
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Mary Adis Hensley
Residence of mother (if deceased so state) Same
Occupation of mother Creamery Laborer Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed x Jerry Lee Case
New Address 620 S. Worth Judges
Subscribed and sworn to before me this 17 day of Dec, 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Betty Middle Jean Last Cline
Date of Birth Month July Day 26 Year 1943
Place of Birth (State or foreign country) Clay Co.
Residence Address Box 167C Brownburg, Ky. State Ky.
Maiden Name if Different Gregory

Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Divorced License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father John Gregory
Residence of father (if deceased so state) 211 E. Jeff Brownburg
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Marie Thomas
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed x Betty Jean Cline
New Address 620 S. Worth Judges
Subscribed and sworn to before me this 17 day of Dec, 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day 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 30 day of December, 1970, authorizing the joining together as husband and wife
of Jerry Lee Case and Betty Jean Cline
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, County of _____,
at _____ County, State of _____,
one thousand nine hundred and _____ of _____ County, State of _____,
State of Indiana, Groom _____ of _____ County, State of _____,
and, Bride _____ of _____ County, State of _____,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this _____ day of _____, 19____ Signed _____
Official Designation _____, 19____
_____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed _____ HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 480
File Book 32
Date of Application 12-17-70

MALE
Medical Examination Report Dated 12-9-70
Name of Physician Dr. Thomas Walker

FEMALE
Medical Examination Report Dated 12-9-70
Name of Physician Dr. Thomas Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Male Riley Hambler
Date of Birth 10 11 1941
Place of Birth (State or foreign country) Indiana
Residence Address 242 N. Adams Brownsburg Hendricks Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation App Engineer Ind pl. Ind
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree DOB-10-11-41
☐ Other (Specify) Bd of Health - Cert #113-41-05295

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

11. Full name of father Earl Hambler
Residence of father (if deceased so state) Whitewater Indiana
Occupation of father App Engineer Race of father white
Birthplace of father (State or foreign country) Calver Ky.
12. Full maiden name of mother Frances Fern Adams
Residence of mother (if deceased so state) same
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Park Co. Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Earl Hambler

New Address 242 N. Adams Brownsburg

Subscribed and sworn to before me this 17 day of Dec, 1970
John Lambson Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Glenna Rae Shets
Date of Birth 9 2 1951
Place of Birth (State or foreign country) West Virginia
Residence Address 330 S. Green Brownsburg Hendricks Ind
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) West Virginia Birth Cert #17 p. 450

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Shets
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) West Virginia
8. Full maiden name of mother Glennia Pauline Mabry
Residence of mother (if deceased so state) 341 E. 9th Inapex Ind.
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) West Virginia

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Glenna Shets

New Address _____

Subscribed and sworn to before me this 17 day of Dec, 1970
John Lambson Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 22nd day of December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James W. Bauer hereby certify that on the 23rd day of December, 1970, at Indianapolis, County of Marion, State of Indiana, Groom Male Riley Hambler and, Bride Glenna Rae Shets of Welch County, State of West Virginia were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 23 day of December, 1970.
Signed James W. Bauer
Official Designation Justice of the Peace
Signed John Lambson Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1970.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 481
File Bault 32
Date of Application 12-17-40

MALE
Medical Examination Report Dated 12-2-70
Name of Physician John F. Moe M.D.

FEMALE
Medical Examination Report Dated 12-2-70
Name of Physician John F. Moe M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James Leonard Jones
Date of Birth June 9 1942
Place of Birth (State or foreign country) Terre Haute
Residence Address RR 8 Box 344A Lupton 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 Teacher
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Leonard Jones
Residence of father (if deceased so state) Seelyville Ind.
Occupation of father Bus Driver Race of father W
Birthplace of father (State or foreign country) Seelyville Ind.
12. Full maiden name of mother Anna Marie McKinney
Residence of mother (if deceased so state) Same
Occupation of mother Postmaster Race of mother W
Birthplace of mother (State or foreign country) Linton Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X James Leonard Jones
New Address RR 8 Box 344 Lupton

Subscribed and sworn to before me this 17 day of Dec, 1940
John Gaudelord Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Heidelore Lupton
Date of Birth October 17 1945
Place of Birth (State or foreign country) Berlin
Residence Address 5802 W. 38th Apt 6 Lupton Ind
Maiden Name if Different Gerlach
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 Clean Clerk - Ins.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Passport
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Erich Gerlach
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Germany - Leipzig
8. Full maiden name of mother Gerti Schleintz
Residence of mother (if deceased so state) Berlin Germany
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Leipzig Germany

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Heidelore Lupton
New Address RR 8 Box 344 Lupton

Subscribed and sworn to before me this 17 day of Dec, 1940
John Gaudelord Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of December, 1940, authorizing the joining together as husband and wife of James Leonard Jones and Heidelore Lupton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William A. Huber hereby certify that on the 26th day of December,
one thousand nine hundred and seventy at Indianapolis, County of Marion,
State of Indiana, Groom James Leonard Jones of Hendricks County, State of Indiana,
and, Bride Heidelore Lupton of Marion County, State of Indiana.
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 26 day of December, 1940.

Signed William A. Huber
Official Designation Pastor
_____ day of _____, 1941
Signed John Gaudelord Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 482
File Book 32
18 December 1970
Date of Application

MALE
Medical Examination Report Dated 14 Dec 1970
Name of Physician Gerald E. Fisher M.D.

FEMALE
Medical Examination Report Dated 14 Dec 1970
Name of Physician Gerald E. Fisher M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Carroll S Randle
Date of Birth June 12 1945
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address Rt 1 Jamestown Boone Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Boone 1968

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Cable Repairman: Ind. Bell
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Bell Tele. Emp # 4548

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Dawn Marie Age 4 Address Winthrop St, Detroit

- Are you supporting or contributing to their support? Yes ☒ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Elmer Dayton Randle
Residence of father (if deceased so state) Same Jamestown, Ind.
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) Lebanon, Ind.

12. Full maiden name of mother Catherine Elaine Wiley
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Lebanon, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carroll S. Randle
New Address Lebanon, Ind.

Subscribed and sworn to before me this 18th day of December, 1970
Clerk John G. Smith Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

FEMALE APPLICANT

Name Cathy Louada Dillon
Date of Birth December 25 1951
Place of Birth (State or foreign country) Indpls, Ind.
Residence Address 533 Bx 144 Drills, Ind.
Maiden Name if Different _____

Previous 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: Briggs Club
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 13071

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Maurice Elmer Dillon
Residence of father (if deceased so state) Same Drills, Ind.
Occupation of father Laborer: Fisher Elev. Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Anetta Louada Noble
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, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cathy Louada Dillon
New Address Same

Subscribed and sworn to before me this 18th day of December, 1970
Clerk John G. Smith Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 22nd day of December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Calvin Duane Calhoun hereby certify that on the 27 day of December, 1970, at Drills, County of Hendricks, State of Indiana, Groom Carroll S. Randle and, Bride Cathy Louada Dillon of Boone County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 27 day of December, 1970
Signed Calvin Duane Calhoun
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of December, 1970
Signed John G. Smith Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 483
File Book 32
Date of Application 21 Dec 1970

MALE
Medical Examination Report Dated 17 Dec 1970
Name of Physician R.W. Van Bokkelen MD

FEMALE
Medical Examination Report Dated 17 Dec 1970
Name of Physician R.W. Van Bokkelen MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Richard Phillip Halstead
Date of Birth April 26 1952
Place of Birth Greensburg, Ind
Residence R3 Mooresville Mayan, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student. Martinsville HS.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 21 Dec 12 37 52 130

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Bernard George Halstead
Residence of father (if deceased so state) R3 Mooresville, Ind.
Occupation of father Machinist. Wb Proc.
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Margaret Agnes Irwin
Residence of mother (if deceased so state) Same as above
Occupation of mother H/W
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed Richard Phillip Halstead
New Address R3 Mooresville, Ind.
Subscribed and sworn to before me this 21st day of December, 1970
Clerk John J. Jankowski HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Father deceased - Mother gives full consent.
State of Indiana, HENDRICKS ss:
County of HENDRICKS

Signed Margaret Halstead Father
Signed John J. Jankowski Mother
Subscribed and sworn to before me this 21st day of December, 1970
Clerk John J. Jankowski

FEMALE APPLICANT

Name Mona Holden
Date of Birth February 21 1954
Place of Birth Indpls, Ind.
Residence 936 Walnut, Fish, Ind.
Maiden Name if Different Holden

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student. P. H. H.S.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 11-54-013722

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Arthur Glen Holden
Residence of father (if deceased so state) Deceased
Occupation of father Deceased
Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Rose Lee McQueen
Residence of mother (if deceased so state) Same as above
Occupation of mother Foreman. Diamond chn
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed Mona Holden
New Address Same
Subscribed and sworn to before me this 21st day of December, 1970
Clerk John J. Jankowski HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Father deceased - Mother gives full consent.
State of Indiana, HENDRICKS ss:
County of HENDRICKS

Signed Rose L. Holden Father
Signed John J. Jankowski Mother
Subscribed and sworn to before me this 21st day of December, 1970
Clerk John J. Jankowski

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued HENDRICKS County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County, Indiana, dated the 25th day of Dec, 1970, authorizing the joining together as husband and wife of Richard Phillip Halstead and Mona Holden.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Reverend Herman Bruggeman, hereby certify that on the 27 day of December, 1970, at Mooresville, County of Hendricks, State of Indiana, one thousand nine hundred and seventy of Hendricks County, State of Indiana, Groom Richard P. Halstead and, Bride Mona Holden were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27 day of Dec, 1970. Signed Reverend Herman Bruggeman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of Jan, 1971. Signed John J. Jankowski HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 984
File Burb 32
Date of Application 12-21-70

MALE
Medical Examination Report Dated 12-19-70
Name of Physician Glenn W. Baker

FEMALE
Medical Examination Report Dated 12-19-70
Name of Physician Glenn W. Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Aubrey Lee Davis
Date of Birth Month 6 Day 10 Year 1933
Place of Birth (State or foreign country) West Virginia
Residence Address 1912 Lexington St. Indianapolis Street or R. R. None City Indianapolis County Marion State Indiana
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Truck Driver

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☐ Other (Specify) Driver License # D180-33250

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name _____ Age _____ Address _____

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father James Perry Davis
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Pendleton County, W. Va.
12. Full maiden name of mother Bertrude R. Line
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Canada

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Aubrey Lee Davis

New Address Brownshurg Ind.

Subscribed and sworn to before me this 21 day of Dec, 1970

John Sanborn Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1970

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Superior Court by written order issued 12-21-70 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 21 day of Dec, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1, Rev. Raymond L. Baker hereby certify that on the 24 day of December

one thousand nine hundred and seventy at Ligon, County of Hendricks

State of Indiana, Groom Aubrey Lee Davis of Marion County, State of Indiana

and, Bride Dora Rachel DeBord of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

County. HENDRICKS

Dated this 24 day of December, 1970

Signed Rev. Raymond L. Baker

Official Designation Ligon day of December, 1970

Signed John Sanborn Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1970

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 485
File Book 32
Date of Application 23 Dec. 1970

MALE
Medical Examination Report Dated 21 Dec 1970
Name of Physician D. B. Haggard MD

FEMALE
Medical Examination Report Dated 21 Dec 1970
Name of Physician D. B. Haggard MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard Carlton
Date of Birth October 13 1950
Place of Birth (State or foreign country) Franksville, Ind.
Residence Address R3 Box 82A Danville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation E-2 US Army

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Mol ID. F794276

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Ehrman Carlton Sr.
Residence of father (if deceased so state) Madesanville, Ky.
Occupation of father Disabled Race of father white
Birthplace of father (State or foreign country) Franksville, Ind.
12. Full maiden name of mother Ersa Mae Spanick
Residence of mother (if deceased so state) San Diego, Ind.
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Albion, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Carlton

New Address Box 82A Danville, Ind. 46122

Subscribed and sworn to before me this 23rd day of December, 1970
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Parents Div 1955 in Franksville, Ind. Mother awarded full custody and gave sole consent

State of Indiana, HENDRICKS } ss:

Signed Erica M. Joseph Mother

Subscribed and sworn to before me this 23rd day of December, 1970
Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Donna Whicker
Date of Birth October 10 1950
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address 327 1/2 Eastern Ave, Ft. Wayne, Ind.
Maiden Name if Different Eastern Ave, Ft. Wayne, Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation clerk-Typist: College life.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) op. ltr. w 260-50410

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Howell Allen Whicker
Residence of father (if deceased so state) Rt. 1, Greencastle, Ind.
Occupation of father Sgt. Norman Race of father white
Birthplace of father (State or foreign country) St. Lawrence, Ind.
8. Full maiden name of mother Ruby Catherine Pettrey
Residence of mother (if deceased so state) Same
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Somerset, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Whicker

New Address 327 1/2 Eastern Ave Ft. Wayne, Ind.

Subscribed and sworn to before me this 23rd day of December, 1970
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 24 Dec 1970 and filed in clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 30a Warm

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of December, 1970, authorizing the joining together as husband and wife of Richard Carlton and Donna Whicker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ronald B. Ungert hereby certify that on the 26th day of December, 1970, at Greencastle, County of Greencastle, State of Indiana

one thousand nine hundred and seventy of Hendricks County, State of Indiana

State of Indiana, Groom Richard Carlton of Hendricks County, State of Indiana

and, Bride Donna Whicker of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 26th day of December, 1970. Signed Ronald B. Ungert Official Designation Pastor of First Lutheran Church

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of December, 1970. Signed John Hammond Jr. Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

File

Date of Application

MALE
Medical Examination Report Dated 12-28-70
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 12-28-70
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Ronald C. France
Date of Birth July 18 1945
Place of Birth (State or foreign country) Port Wayne, Ind.
Residence Address 210 West Hollis, Port Wayne, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License - F 652-45298
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William France
Residence of father (if deceased so state) 210 West Hollis, Port Wayne, Ind.
Occupation of father Postal Race of father W.
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Geraldine Virginia Red
Residence of mother (if deceased so state) 210 West Hollis, Port Wayne, Ind.
Occupation of mother Lib. Selector Race of mother W.
Birthplace of mother (State or foreign country) Port Wayne, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Ronald C. France
New Address 170 Washington Center Rd., H. Wayne, Ind.
Subscribed and sworn to before me this 28 day of Dec, 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Kathleen Ann Slaton
Date of Birth April 2 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address P.O. Box 151, Indianapolis, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver's License - L 425-49162
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Amos Joseph Slaton
Residence of father (if deceased so state) P.O. Box 151, Indianapolis, Ind.
Occupation of father Teacher Race of father W.
Birthplace of father (State or foreign country) Georgia
8. Full maiden name of mother Mary Alice Bolin
Residence of mother (if deceased so state) P.O. Box 151, Indianapolis, Ind.
Occupation of mother Teacher Race of mother W.
Birthplace of mother (State or foreign country) South Carolina

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Kathleen A. Slaton
New Address 170 Washington Center Rd., H. Wayne, Ind.
Subscribed and sworn to before me this 28 day of December, 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 28th day of Jan, 1970, authorizing the joining together as husband and wife of Ronald C. France and Kathleen Ann Slaton.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John H. Hays, hereby certify that on the 16th day of January, 1970, at Plainfield, County of Hendricks, State of Indiana, Groom Ronald C. France and, Bride Kathleen Ann Slaton of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 16 day of January, 1971.

Signed John H. Hays
Official Designation Notary Public
Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of January, 1971.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS

No. 487
File PK 32
Date of Application 12-28-70

MALE
Medical Examination Report Dated 12-28-70
Name of Physician Dr. Gerald Jucker

FEMALE
Medical Examination Report Dated 12-28-70
Name of Physician Dr. Gerald Jucker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name David S. Hubble
Date of Birth March 3, 1949
Place of Birth (State or foreign country) Indiana
Residence Address 141 S. Maple, Pittsboro Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation U.S.S.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Within 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? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Dennis Lloyd Hubble
Residence of father (if deceased so state) Same
Occupation of father Tractor Race of father White
Birthplace of father (State or foreign country) Crawfordsville Ind.
12. Full maiden name of mother Borgia June Casey
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Spousville Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed David S. Hubble

New Address 607 TAC CONTROL Luke AFB ARZ

Subscribed and sworn to before me this 28 day of December, 1970
John Sanbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Frances Marks
Date of Birth March 29, 1952
Place of Birth (State or foreign country) Ohio
Residence Address 141 S. Maple, Pittsboro Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 7801-78 Warren Ohio

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 C. Marks
Residence of father (if deceased so state) 1512 Yungtown Rd.
Occupation of father Tractor Race of father White
Birthplace of father (State or foreign country) Warren Ohio
8. Full maiden name of mother Elizabeth Viola Jurey
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) Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Frances Marks

New Address Same

Subscribed and sworn to before me this 28 day of December, 1970
John Sanbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the waiver and filed in County office authorizes and directs the issuance of a marriage license to the above named parties. Today 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 28 day of December, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Sakon hereby certify that on the 28th day of December, at Darwell, County of Hendricks, State of Indiana, one thousand nine hundred and seventy of Hendricks County, State of Indiana, Groom David S. Hubble and, Bride Frances Marks were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 28 day of December, 1970

Signed Fred N. Sakon
Official Designation Justice of Peace
29 day of December, 1970
Signed John Sanbold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 488
File Book 32
28 Dec 1970
Date of Application

MALE
Medical Examination Report Dated 29 Dec 1970
Name of Physician Elmer L. Koch MD

FEMALE
Medical Examination Report Dated 24 Dec 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 William R. Wood
Date of Birth December 16, 1922
Place of Birth Hendricks Co. Ind.
Residence Address 300 E. 22 S. Danville, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck Driver: Wayne MS Commack
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Army Disch.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Rex K. Age 15 Address Greencastle Ind. (Hess TC)

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Aby William Wood
Residence of father (if deceased so state) Bean Blossom Tenn
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Tenn.
12. Full maiden name of mother Edna Ruth Branson
Residence of mother (if deceased so state) H/W. 22 S. Danville
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Blackfoot Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed William R. Wood
New Address 300 E. 22 S. Danville Ind.
Subscribed and sworn to before me this 28th day of December, 1970
Clerk John J. Smith Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Patsy A. Yelley
Date of Birth June 7, 1933
Place of Birth Bartholomew Co. Ind.
Residence Address 300 E. 22 S. Danville, Ind.
Maiden Name if Different Patsy A. Shoat
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: Waffle Hse.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Apr Lic 312-30-2859

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Ray Franklin Shoat
Residence of father (if deceased so state) Hope, Ind.
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Bartholomew Co. Ind.
8. Full maiden name of mother Mary Katherine Minor
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Deerfield Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Patsy A. Yelley
New Address Bar
Subscribed and sworn to before me this 28th day of December, 1970
Clerk John J. Smith Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court
of Indiana dated the 31st day of December, 1970, authorizing the joining together as husband and wife
of William R. Wood and Patsy A. Yelley
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. M. M. Mynick, hereby certify that on the 31 day of December,
one thousand nine hundred and seventy, at Indianapolis, County of Marion,
State of Indiana, Groom William R. Wood of Hendricks County, State of Indiana
and, Bride Patsy A. Yelley of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 31 day of December, 1970

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Signed Rev. M. M. Mynick
Official Designation Minister
Signed John J. Smith Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 489
File Book 32
28 December 1970
Date of Application

MALE

Medical Examination Report Dated

Name of Physician

FEMALE

Medical Examination Report Dated

Name of Physician

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Paul M. Castiglione
Date of Birth October 21 1928
Place of Birth (State or foreign country) Ind.
Residence Address 629 Simmons St., Phil., Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
1943 vs 1970 Maria
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Architect: Merrill A. Jones
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) Ind Pol & Opht C232-2041
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Paul Melvin Castiglione
Residence of father (if deceased so state) Deceased
Occupation of father Race of father white
Birthplace of father (State or foreign country) Italy
12. Full maiden name of mother Lillian Naomi Fisher
Residence of mother (if deceased so state) Deceased
Occupation of mother Race of mother white
Birthplace of mother (State or foreign country) Terre Haute, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Paul M. Castiglione
New Address 629 Simmons St., Phil., Ind.
Subscribed and sworn to before me this 28th day of December, 1970
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1970
Clerk

FEMALE APPLICANT

Name Evelyn J. Ward
Date of Birth May 3 1921
Place of Birth (State or foreign country) Ind.
Residence Address 2224 E. National Indpls, Ind.
Maiden Name if Different Evelyn Jeanette Kinser
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
vs 1970
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Secy: I V Med Center
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree CH29 P 251

- ☒ Other (Specify) Ind Pol & Opht C232-20421
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father James Wallace Kinser
Residence of father (if deceased so state) Deceased
Occupation of father Race of father white
Birthplace of father (State or foreign country) Terre Haute, Ind.
8. Full maiden name of mother Hazel Alice Clark
Residence of mother (if deceased so state) 1663 N. 8th Terre Haute
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Summerville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Evelyn J. Ward
New Address Sang
Subscribed and sworn to before me this 28th day of December, 1970
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1970
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the Clerk of the HENDRICKS Circuit Court of Indiana dated the 31st day of December, 1970, authorizing the joining together as husband and wife of Paul M. Castiglione and Evelyn J. Ward.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, M. Duane Sins, hereby certify that on the 31st day of December, 1970, at Terre Haute, Ind., County of Vigo, State of Indiana, Groom Paul M. Castiglione of Hendricks County, State of Indiana, and, Bride Evelyn Jeanette Kinser of Hendricks County, State of Indiana, were by me united 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 January, 1971.

Signed M. Duane Sins
Official Designation Pastor
day of January, 1971
Signed John B. Binkley, Jr.
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 490

File Book 32

12-29-70

Date of Application

MALE

Medical Examination Report Dated 12, 28, 70

Name of Physician A. N. Scudder M.D.

FEMALE

Medical Examination Report Dated 12, 28, 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 Joseph Middle Kent Last Canine
Date of Birth Month July Day 3 Year 1941
Place of Birth (State or foreign country) Washington D.C.
Residence Address Street or R. R. City County State
6 Green Acre Ct. Brownsburg Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation School Administrator
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Kenneth Lee Canine
Residence of father (if deceased so state) Green Acre Court, Brownsburg Ind.
Occupation of father Manager of Sales at Wilson's Race of father W.
Birthplace of father (State or foreign country) New Market, Ind.
12. Full maiden name of mother Elizabeth Ann Scudder
Residence of mother (if deceased so state) Green Acre Court, Brownsburg
Occupation of mother Ch. Principal Race of mother W.
Birthplace of mother (State or foreign country) Huntington, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this Application is true and correct.
County of.....

Signed Joseph Kent Canine

New Address 2905 East 15th St, NYC, NY

Subscribed and sworn to before me this 29 day of Dec., 1970.
John Sambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name First Etta Middle Marie Last Margason
Date of Birth Month July Day 30 Year 1948
Place of Birth (State or foreign country) Beech Grove Ind.
Residence Address Street or R. R. City County State
3205 Clover Dr. Indianapolis Ind.
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver License 308-54-5397 00

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Elmer Lemuel Margason
Residence of father (if deceased so state) 3205 Clover Dr. Indianapolis, Ind.
Occupation of father Service Manager Race of father W.
Birthplace of father (State or foreign country) Deputy, Ind.

8. Full maiden name of mother Mary Nell Pearson
Residence of mother (if deceased so state) 3205 Clover Drive, Indianapolis, Ind.
Occupation of mother Officer/worker Race of mother W.
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Etta Marie Margason

New Address 2905 East 15th St, NYC, NY

Subscribed and sworn to before me this 29 day of Dec., 1970.
John Sambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 4 day of January, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert F. Redberg, hereby certify that on the 6th day of February, 1971, at Plainfield, County of Hendricks, State of Indiana, Groom Joseph Kent Canine and, Bride Etta Marie Margason of Hendricks County, State of Indiana were by me united 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 February, 1971.
Signed Robert F. Redberg
Official Designation Clerk
Signed John Sambold Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of February, 1971.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 491
File Bk. 32
12-30-70
Date of Application

MALE

Medical Examination Report Dated 12-29-70Name of Physician Thomas Walker M.D.

FEMALE

Medical Examination Report Dated 12-29-70Name 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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Charles Raymond Gibbs
Date of Birth June 9 Year 41
Place of Birth (State or foreign country) De Kalb, Tenn.
Residence Address R.R. 1 Box 108 Pittsburg 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 Telephone Lineman
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses

Name	Age	Address
<u>Kurt Wayne Gibbs</u>	<u>9</u>	<u>Pittsburg, Ind.</u>
<u>Robert Wayne Gibbs</u>	<u>6</u>	<u>Indianapolis, Ind.</u>
<u>Jack Wayne Gibbs</u>	<u>5</u>	<u>Indianapolis, Ind.</u>

(b) Are you supporting or contributing to their support? Yes ☒ No ☐

(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father George Isaac Gibbs
Residence of father (if deceased so state) 95 N. Maple - Pittsburg Ind.
Occupation of father Telephone Lineman Race of father W.
Birthplace of father (State or foreign country) De Kalb, Tenn.
12. Full maiden name of mother Alma Louise Hill
Residence of mother (if deceased so state) 95 N. Maple - Pittsburg Ind.
Occupation of mother Telephone Office Race of mother W.
Birthplace of mother (State or foreign country) De Kalb Co. Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles R. Gibbs

New Address Pittsburg Indiana

Subscribed and sworn to before me this 30 day of Dec., 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Rae Ann Hubble
Date of Birth Dec. 30 Year 52
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address R.R. 1 Box 108 Pittsburg Ind.
Maiden Name if Different Rae Ann Uppling
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) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Willard Raymond Uppling
Residence of father (if deceased so state) R.R. 1 Box 108 Pittsburg Ind.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Margaret Mafine Shook
Residence of mother (if deceased so state) R.R. 1 Box 221 Pittsburg Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rae Ann Hubble

New Address Pittsburg, Indiana

Subscribed and sworn to before me this 30 day of Dec., 1970
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____

HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 4 day of January, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Dosh hereby certify that on the 4th day of January, _____

at Brownburg, County of Hendricks, State of Indiana

one thousand nine hundred and seventy-one of Hendricks County, State of Indiana

State of Indiana, Groom Charles Raymond Gibbs and, Bride Rae Ann Hubble of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 4 day of January, 1971
Signed Jerry R. Dosh
Official Designation Clerk
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 492
File Bk 32
Date of Application 12-30-70

MALE
Medical Examination Report Dated 12-30-70
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 12-30-70
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name First Richard Middle C. Last Evans
Date of Birth Month Sept. Day 26 Year 1957
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. 1056 Harris Street City Brownsville County Ind.
Previous 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) Honesty Only
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		

11. Full name of father Edward Ray Evans
Residence of father (if deceased so state) same
Occupation of father Operating Engineer Race of father White
Birthplace of father (State or foreign country) Kansas
12. Full maiden name of mother Augusta Ann Vozabal
Residence of mother (if deceased so state) same
Occupation of mother School Teacher Race of mother White
Birthplace of mother (State or foreign country) North Dakota

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Richard C. Evans
New Address 1056 Harris Street, Brownsville, Ind.
Subscribed and sworn to before me this 30 day of December, 1970
John Senbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed Augustine G. Evans Father
Attached Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT
Name First Nancy Middle Judith Ann Last Parrish
Date of Birth Month Feb Day 5 Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address Street or R. R. Rt 3 Box 349 City Plainfield County Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation K-Mart
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) St. Francis Hospital Ind.
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Frank Edward Parrish
Residence of father (if deceased so state) same
Occupation of father none Race of father White
Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Betty Jane Tabler
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Nancy Judith Ann Parrish
New Address Rt 3 Box 349 Plainfield, Ind.
Subscribed and sworn to before me this 30 day of December, 1970
John Senbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Indiana dated the 4 day of January, 1971, authorizing the joining together as husband and wife of Richard C. Evans and Nancy Judith Ann Parrish.
I further remembered, the following marriage certificate was filed in my office, to-wit:
James R. Hallman hereby certify that on the 8 day of January,
thousand nine hundred and seventy-one at Brownsville, County of Hendricks,
State of Indiana, Groom Richard Evans of Hendricks County, State of Indiana,
and, Bride Nancy Parrish of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 8 day of Jan, 1971.

Signed James R. Hallman
Official Designation Roman Cath Priest
Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Jan, 1971.
Signed John Senbold, Jr. Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 492
File Bk 30
12-30-70
Date of Application

MALE
Medical Examination Report Dated 12-30-70
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 12-30-70
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Richard Evans
Date of Birth Sept 26 1957
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 1056 Harris Street, Brownsville, Ind.
Previous 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) # 14 Hamilton County

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Edward Ray Evans		
Residence of father (if deceased so state) Same		
Occupation of father Operating Engineer		
Birthplace of father (State or foreign country) Kansas		
12. Full maiden name of mother Augusten Ann Vozabal		
Residence of mother (if deceased so state) Same		
Occupation of mother School Teacher		
Birthplace of mother (State or foreign country) North Dakota		

(b) Are you supporting or contributing to their 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 Ray Evans
Residence of father (if deceased so state) Same
Occupation of father Operating Engineer
Birthplace of father (State or foreign country) Kansas
12. Full maiden name of mother Augusten Ann Vozabal
Residence of mother (if deceased so state) Same
Occupation of mother School Teacher
Birthplace of mother (State or foreign country) North Dakota

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....
Signed Richard C. Evans
New Address P.O. Box 349 P.O. Ind.
Subscribed and sworn to before me this 30 day of December, 1970.
John Sanford, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

FEMALE APPLICANT
Name Nancy Judith Parrish
Date of Birth Feb 5 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R#3 Box 349 Plainfield, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation K-Mart
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Frances Hospital Ind.

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Edward Parrish
Residence of father (if deceased so state) Same
Occupation of father None
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Betty Jane Parker
Residence of mother (if deceased so state) Same
Occupation of mother Housewife
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....
Signed Nancy Judith Parrish
New Address P.O. Box 349 P.O. Ind.
Subscribed and sworn to before me this 30 day of December, 1970.
John Sanford, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....
Signed
New Address
Subscribed and sworn to before me this 30 day of December, 1970.
John Sanford, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

I, Edward R. Evans, hereby give my consent for my son, Richard Charles Evans, to marry Nancy Judith Parrish.
Edward R. Evans
Subscribed and sworn to before me this 29 day of December, 1970.

Comm. expires 10-6-74
and, Bride Nancy Parrish
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 8 day of Jan., 1971.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of Jan., 1971.

State of Indiana, HENDRICKS } ss:
County of.....
Signed
New Address
Subscribed and sworn to before me this 30 day of December, 1970.
John Sanford, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....
Signed
New Address
Subscribed and sworn to before me this 30 day of December, 1970.
John Sanford, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 493

File Baulc 32

12-31-70

Date of Application

MALE

Medical Examination Report Dated

12-14-70

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated

12-14-70

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, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)

Residence Address Street or R. R. City County State
45801 Jeff. Ave Mt. Clemens Mich

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Armed Services

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Charles H. Swinford
Residence of father (if deceased so state)
Occupation of father Truck Dr. Race of father W
Birthplace of father (State or foreign country) Danville Illinois
12. Full maiden name of mother Mary D. Mance
Residence of mother (if deceased so state) 9115 W. 10th Indpls
Occupation of mother Rate Clerk Race of mother W
Birthplace of mother (State or foreign country) Ohio - Bower

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Carl H. Swinford

New Address 45801 Jeff Ave Mt. Clemens Mich

Subscribed and sworn to before me this 31 day of Dec, 1970
John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Dur. Mance (b. 1951)

Full custody

State of Indiana, HENDRICKS } ss:

Signed Mary D. Swinford Father
Signed Mary D. Swinford Mother

Subscribed and sworn to before me this 31 day of Dec, 1970
John Gauld Jr Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and filed in HENDRICKS County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of January, 1971, authorizing the joining together as husband and wife

of Carl Herbert Swinford and Cathy Sue Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Roberts, hereby certify that on the 9th day of January, at Plainfield, County of Hendricks, State of Michigan, one thousand nine hundred and seventy-one

State of Indiana, Groom Carl Herbert Swinford of Hendricks County, State of Indiana, and, Bride Cathy Sue 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 9 day of January, 1971. Signed Warren A. Roberts Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of January, 1971. Signed John Gauld Jr Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. ~~1~~

File

Book 32

12-31-70

Date of Application

MALE

Medical Examination Report Dated 12-30-70

Name of Physician R.W. Kirtley M.D.

FEMALE

Medical Examination Report Dated 12-30-70

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 John Clifton Thomas
Date of Birth July 3 50
Place of Birth (State or foreign country) Martinsville, Ind.
Residence Address 212 North Cross St. Nanville 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 NavyDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) United States Card No. B59-82 42

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
John H. Thomas		

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John H. ThomasResidence of father (if deceased so state) 212 N. Cross St. Nanville Ind.Occupation of father Aluminum Race of father W.Birthplace of father (State or foreign country) Martinsville, Ind.12. Full maiden name of mother Ruby Loreana BrinkfieldResidence of mother (if deceased so state) 212 N. Cross St. Nanville Ind.Occupation of mother Housewife Race of mother W.Birthplace of mother (State or foreign country) West VirginiaState of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed John Clifton ThomasNew Address 455 John R. Perry FPO San Francisco, CaSubscribed and sworn to before me this 31st day of Dec., 1970John Gambold Jr. Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed John H. Thomas FatherSigned Signature attached MotherSubscribed and sworn to before me this 31st day of Dec., 1970John Gambold Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Mary Winifred Griffin
Date of Birth October 27 51
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 751 Sunset Drive, Nanville, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)Usual Occupation BookkeeperDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) 113-51-08112

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Samuel C. Griffin Jr.Residence of father (if deceased so state) 751 Sunset Drive, Nanville Ind.Occupation of father Master Hargist Race of father W.Birthplace of father (State or foreign country) Iowa8. Full maiden name of mother Betty Louise PicklesResidence of mother (if deceased so state) 751 Sunset Drive, Nanville Ind.Occupation of mother Housewife Race of mother W.Birthplace of mother (State or foreign country) West VirginiaState of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Mary Winifred GriffinNew Address 455 John R. Perry FPO San FranciscoSubscribed and sworn to before me this 31st day of Dec., 1970John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Signature attached FatherSigned Signature attached MotherSubscribed and sworn to before me this 31st day of Dec., 1970John Gambold Jr. Clerk HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued and filed in
authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks County, Indiana dated the 6th day of Jan., 1971, authorizing the joining together as husband and wife of John Clifton Thomas and Mary Winifred Griffin.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Shump, hereby certify that on the 9th day of January, 1971, at Nanville, County of Hendricks, State of Indiana, Groom John Clifton Thomas and, Bride Mary Winifred Griffin of Hendricks County, State of Indiana were by me united 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 January, 1971.Signed Joseph D. ShumpOfficial Designation PastorSigned John Gambold Jr. Clerk HENDRICKS Circuit CourtFiled and recorded in accordance with the laws of the State of Indiana this 12 day of January, 1971.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 1
File Book 32
12-31-70
Date of Application

MALE
Medical Examination Report Dated 12-30-70
Name of Physician R. W. Kistley M.D.

FEMALE
Medical Examination Report Dated 12-30-70
Name of Physician R. W. Kistley M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John Clifton Thomas
Date of Birth July 3 50
Place of Birth (State or foreign country) Martinsville, Ind.
Residence Address 212 North Cross St. Marion Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Navy

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Armed Forces Card No. 259-82 42

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John H. Thomas
Residence of father (if deceased so state) 212 N. Cross St. Marion Ind.
Occupation of father Alison Race of father W.
Birthplace of father (State or foreign country) Martinsville Ind.
12. Full maiden name of mother Ruby Loreana Pringle
Residence of mother (if deceased so state) 212 N. Cross St. Marion Ind.

FEMALE APPLICANT

Name Mary Winifred Griffin
Date of Birth October 27 51
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 751 Sunset Drive, Marion Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Bookkeeper

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-51-08112

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Samuel C. Griffin Jr.
Residence of father (if deceased so state) 751 Sunset Drive, Marion Ind.
Occupation of father Medical Assistant Race of father W.
Birthplace of father (State or foreign country) Tenn.
8. Full maiden name of mother Betty Louise Peebles
Residence of mother (if deceased so state) 751 Sunset Drive, Marion Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) West Virginia

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Mary Winifred Griffin
San Francisco

I, Ruby L. Thomas, hereby give my consent for
my son, John Clifton Thomas to
marry Mary Winifred Griffin.

Ruby L. Thomas
subscribed and sworn to before me this 6th day of January 1971

Carol G. Heinzen
Notary Public
Commission expires: 5-13-74

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 _____ Circuit Court
of Indiana dated the 6th day of Jan., 1971, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Strump hereby certify that on the 9th day of January,
one thousand nine hundred and seventy-one at Marion, County of Hendricks,
State of Indiana, Groom John Clifton Thomas of Hendricks County, State of Indiana,
and, Bride Mary Winifred Griffin of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County. HENDRICKS
Dated this 6 day of January, 1971.

Signed Joseph D. Strump

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of January, 1971

Signed John Randolph, Jr. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

467

No. 2
File Book 32
12-31-70
Date of Application

MALE
Medical Examination Report Dated 12-30-70
Name of Physician Fred Warlinton

FEMALE
Medical Examination Report Dated 12-30-70
Name of Physician Fred P. Warlinton

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Herbert J. Gosnell Sr.
Date of Birth Sept 14 1918
Place of Birth (State or foreign country) Jefferson Co. Taswell Va.
Residence Address RR 1 Box 60 Plainfield Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Carpenter
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? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
<u>Steven</u>	<u>18</u>	<u>1414 2nd Ave Terre Haute</u>
<u>John</u>	<u>12</u>	<u>"</u>
<u>Edward</u>	<u>8</u>	<u>"</u>

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Geo. Andrew Jefferson Gosnell
Residence of father (if deceased so state) Deceased
Occupation of father Const Worker Race of father W
Birthplace of father (State or foreign country) Penn Ill
12. Full maiden name of mother Corine Alesmally
Residence of mother (if deceased so state) RR 1 Box 60 Plainfield
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Penn Ill

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Herbert J. Gosnell Sr.
New Address 3314 Clover Dr Juds Ind
Subscribed and sworn to before me this 31 day of Dec, 1970.
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Stella Marie Lawson
Date of Birth Sept 23 1917
Place of Birth (State or foreign country) Taswell Jefferson Co Va.
Residence Address 3314 Clover Dr Juds Ind
Maiden Name if Different Reedy
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 _____
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Geo. W. Reedy
Residence of father (if deceased so state) Taswell Va Deceased
Occupation of father Miller Race of father W
Birthplace of father (State or foreign country) Virginia
8. Full maiden name of mother Sarah A Rutledge
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Stella M Lawson
New Address 3314 Clover Dr Juds Ind
Subscribed and sworn to before me this 31 day of Dec, 1970.
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued Dec 31 1970 and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 31 day of December, 1970, authorizing the joining together as husband and wife
of Herbert J. Gosnell Sr. and Stella Marie Lawson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald O. Ballard hereby certify that on the 2nd day of January,
one thousand nine hundred and seventy-one at Clayton County of Hendricks
State of Indiana, Groom Herbert J. Gosnell Sr. of Hendricks County, State of Indiana
and, Bride Stella Marie Lawson of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County. HENDRICKS
Dated this 9th day of January, 1971.
Signed Ronald O. Ballard
Official Designation Ordained Minister, 1971.
Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
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. 3
File Bk
Date of Application 1-4-71

MALE
Medical Examination Report Dated 12-30-70
Name of Physician Paul Stanley Lewis, M.D.

FEMALE
Medical Examination Report Dated 12-30-70
Name of Physician Paul Stanley Lewis, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Donald Luke Reich
Date of Birth November 8 1949
Place of Birth (State or foreign country) Shannon, Indiana
Residence Address 119 East Main Brownsville, Ind. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Carpenter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. License R. 520-49449

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Luke Reich
Residence of father (if deceased so state) same
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Rosa Deborah Reich
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Donald L. Reich

New Address 150 Rockledge Drive #4

Subscribed and sworn to before me this 7 day of January, 1971
John Danaher, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Yvonne Denise Riggs
Date of Birth June 8 1950
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 5069 West 11th Indianapolis, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Keneth Riggs
Residence of father (if deceased so state) 3059 Sunnyside Dr
Occupation of father Dr. Repuran Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Constance (Mrs) Karkavicos
Residence of mother (if deceased so state) Adelway Ave. Indianapolis
Occupation of mother Secretary Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Yvonne D. Riggs

New Address SAME

Subscribed and sworn to before me this 4 day of January, 1971
John Danaher, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 8 day of January, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Thomas Paine, Jr. hereby certify that on the 9th day of January

one thousand nine hundred and seventy-one at Indianapolis, County of Marion

State of Indiana, Groom Donald Luke Reich of Hendricks County, State of Indiana

and, Bride Yvonne Denise Riggs 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 _____

Dated this 9th day of January, 1971

Signed Thomas Paine, Jr.

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of January, 1971

Signed John Danaher, Jr.

HENDRICKS Clerk

Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4
File BK32
Date of Application 1-4-71

MALE
Medical Examination Report Dated 12-30-70
Name of Physician Glen Baker

FEMALE
Medical Examination Report Dated 12-30-70
Name of Physician Glen Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Strand First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country) Philadelphia, Pennsylvania
Residence Address 122 Bay 13 Brownsville, Ind. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Airlines

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. License #A16504

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☐ No ☐
- Are you likely to so continue? Yes ☐ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Andrew Smick
Residence of father (if deceased so state) Johnston, Pennsylvania
Occupation of father Unknown Race of father White
Birthplace of father (State or foreign country) Pennsylvania
12. Full maiden name of mother Bartholomew
Residence of mother (if deceased so state) Johnston, Pennsylvania
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Harold D. Smick
New Address _____
Subscribed and sworn to before me this 4 day of January, 1971
Clerk John Danbold, Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Catherine First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 122 Bay 76 Brownsville, Ind. Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Airlines

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. License #313-52-1983-06

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father Asa Boyd Pedigo
Residence of father (if deceased so state) Brownsville, Ind.
Occupation of father Salesman Race of father White
Birthplace of father (State or foreign country) Indianapolis, Indiana
8. Full maiden name of mother Noble Louise Washburn
Residence of mother (if deceased so state) Brownsville, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Kentucky, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Catherine Pedigo
New Address _____
Subscribed and sworn to before me this 4 day of January, 1971
Clerk John Danbold, Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____
in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 8th day of January, 1971, authorizing the joining together as husband and wife of Harold D. Smick and Catherine R. Pedigo.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James L. Williams, hereby certify that on the 9 day of January, 1971, at Brownsville, County of Hendricks, State of Indiana, of Harold D. Smick, County, State of Indiana, and, Bride Catherine Pedigo, County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 9th day of January, 1971.

Signed James L. Williams
Official Designation Roman Catholic Priest
Subscribed and sworn to before me this 13th day of January, 1971
Clerk John Danbold, Jr. HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 5
File Book 32
6 Jan 1971
Date of Application

MALE
Medical Examination Report Dated 5 Jan 1971
Name of Physician Arnold J. Bachmann MD

FEMALE
Medical Examination Report Dated 5 Jan 1971
Name of Physician Arnold J. Bachmann MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Michael T. Carder
Date of Birth May 7 1950
Place of Birth Danville, Ill
Residence Address 1111 Ridgewood Pk, Ellettsburg, Ind.
Previous 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: Northwood of Ind.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Self 12 30 50 150

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 Carder
Residence of father (if deceased so state) same P.O. Ind.
Occupation of father Bld. Sup. owner Race of father white
Birthplace of father (State or foreign country) Sulphur Lake, Ky.

12. Full maiden name of mother Shirley Rose Battershell
Residence of mother (if deceased so state) same P.O. Ind.
Occupation of mother R.N. in Northwood of Ind. Race of mother white
Birthplace of mother (State or foreign country) Henning, Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Michael T. Carder
New Address West Baden, Ind.

Subscribed and sworn to before me this 6th day of January, 1971
John J. Jankowski Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS ss:
County of.....

Signed Rex T. Carder Father
Signed Shirley Rose Battershell Mother

Subscribed and sworn to before me this 6th day of January, 1971
John J. Jankowski 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

HENDRICKS

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court Indiana dated the 9th day of January, 1971, authorizing the joining together as husband and wife

of Michael T. Carder and Ann J. Smith
it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Cliff Bucklyett hereby certify that on the 9th day of January, 1971, at Ellettsburg, County of Hendricks, State of Indiana, Groom Michael Thomas Carder of Hendricks County, State of Indiana, and, Bride Ann J. 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 9th day of January, 1971
Signed Cliff Bucklyett
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of January, 1971
Signed John J. Jankowski Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 5
File Book 32
6 Jan 1971
Date of Application

MALE

Medical Examination Report Dated 5 Jan 1971Name of Physician Arnold J. Bachmann MD

FEMALE

Medical Examination Report Dated 5 Jan 1971Name of Physician Arnold J. Bachmann MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael T. Carder
Date of Birth May 7 1950
Place of Birth (State or foreign country) Danville, Ill
Residence Address 1111 Ridgewood Pk. Fred, Ind.
Previous 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: Northwood of Ind.Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Self

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Rex Thomas Carder
Residence of father (if deceased so state) same Pk. Fred, Ind.
Occupation of father Bld. Sup. owner Race of father white
Birthplace of father (State or foreign country) Suburban Lake Ky.
12. Full maiden name of mother Shirley Rose Battershell
Residence of mother (if deceased so state) Rd. 1 North East 3 mi
Occupation of mother RN: Ind. North East 3 mi Race of mother white
Birthplace of mother (State or foreign country) Henning, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Michael T. CarderNew Address West Baden, Ind.Subscribed and sworn to before me this 6th day of January, 1971

FEMALE APPLICANT

Name Amy Jo Smith
Date of Birth March 9 1953
Place of Birth (State or foreign country) Cincinnati, Ohio
Residence Address 500 Meadowbrook Pk. Fred, Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify).....Usual Occupation Student: P.H.S. SeniorDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Dept of Health Cert # 134-53-3294

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Franklin Smith
Residence of father (if deceased so state) same Pk. Fred, Ind.
Occupation of father Hummer owner Race of father white
Birthplace of father (State or foreign country) Cincinnati, Ohio
8. Full maiden name of mother Margaretha Jean Gabbard
Residence of mother (if deceased so state) same
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Erlanger, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Amy Jo SmithNew Address same

Subscribed and sworn to before me this 6th day of January, 1971
John J. Arnold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby

I, Margaretha Jean Smith, hereby give my consent for
my daughter Amy Jo Smith
marry Michael T. Carder

Margaretha Jean Smith
subscribed and sworn to before me this 6th day of January, 1971

Bernard R. Gibson
Notary Public
Commission Expires 22 Oct 1974

and Amy Jo Smith
hereby certify that on the 9th day of January,
at Plainsfield, County of Hendricks,
State of Indiana, Groom Michael Thomas Carder
and, Bride Amy Jo 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 9th day of January, 1971

Signed Cliff Burckett
Official Designation Minister
Signed John J. Arnold Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of January, 1971

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 5
File Book 32
6 Jan 1971
Date of Application

MALE

Medical Examination Report Dated 5 Jan 1971Name of Physician Arnold J. Bachmann MD

FEMALE

Medical Examination Report Dated 5 Jan 1971Name of Physician Arnold J. Bachmann MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael T. Carder
Date of Birth May 7 1950
Place of Birth Danville, Ill
Residence Address 1111 Ridgewood Pk, Fred, Ind.
Previous 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: Northwood of Ind.Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Self

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Carder
Residence of father (if deceased so state) same Fred, Ind.
Occupation of father Bld. Sup. owner Race of father white
Birthplace of father (State or foreign country) Suburban Lake Ky.
12. Full maiden name of mother Shirley Rose Battershell
Residence of mother (if deceased so state) Rt. 1, Northport, Ind.
Occupation of mother Rt. 1, Northport, Ind. Race of mother white
Birthplace of mother (State or foreign country) Henning, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Michael T. CarderNew Address West Baden, Ind.Subscribed and sworn to before me this 6th day of January, 1971

FEMALE APPLICANT

Name Amy Jo Smith
Date of Birth March 9 1953
Place of Birth Cincinnati, Ohio
Residence Address 300 Meadowbrook, Fred, Ind.
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify).....Usual Occupation Student: P.H.S. SeniorDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Dept of Health Cert # 134-53-3294

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Franklin Smith
Residence of father (if deceased so state) same Fred, Ind.
Occupation of father lumbering owner Race of father white
Birthplace of father (State or foreign country) Cincinnati, Ohio
8. Full maiden name of mother Margaret Jean Gabbard
Residence of mother (if deceased so state) same
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Exelanger, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Amy Jo SmithNew Address same

Subscribed and sworn to before me this 6th day of January, 1971
John J. Arnold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby consent to the issuance of a marriage license to the applicant and to the marriage of the applicant and the bride.

I, Shirley R. Carder, hereby give my consent for
my son Michael T. Carder to
marry Amy Jo Smith

Subscribed and sworn to before me this 6th day of January, 1971

Bernard R. Shanks
Notary Public
Commission Expires 22 Oct 1974

and Cliff Burchette hereby certify that on the 9th day of January,
one thousand nine hundred and seventy-one at Clayfield, County of Hendricks,
State of Indiana, Groom Michael Thomas Carder of Hendricks County, State of Indiana,
and, Bride Amy Jo 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 9th day of January, 1971

Signed Cliff BurchetteOfficial Designation MinisterFiled and recorded in accordance with the laws of the State of Indiana this 11 day of January, 1971

Signed John J. Arnold Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 6

File Bue 32

Jan 7 1971
Date of Application

MALE

Medical Examination Report Dated 1-4-71

Name of Physician R. Gromelski

FEMALE

Medical Examination Report Dated 1-6-71

Name of Physician Dr. M. O. Scamham

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Steven Middle Eugene Last McCray
Date of Birth March 4 1947
Place of Birth (State or foreign country) Terre Haute Ind.
Residence Address 65 Karen Dr. Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father C. Charles Wesley McCray
Residence of father (if deceased so state) 65 Karen Dr. Plainfield
Occupation of father Penn Central Race of father W
Birthplace of father (State or foreign country) Brazil Ind.
12. Full maiden name of mother Margaret Louise Shepherd
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Terre Haute Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steven E. McCray
New Address 9870 W 10th - 23-2 Indpls Ind.

Subscribed and sworn to before me this 7 day of Jan, 1971.
John Gansbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Jacquelyn Middle Kay Last Miser
Date of Birth Dec 19 1949
Place of Birth (State or foreign country) Terre Haute Ind.
Residence Address 65 Karen Dr. Plainfield Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Teacher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Kenneth Eugene Miser
Residence of father (if deceased so state) 1318 N. 6th Terre Haute
Occupation of father Trucking Co. Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Dorothy Lucille Smother
Residence of mother (if deceased so state) Same
Occupation of mother Med. Lib. Race of mother W
Birthplace of mother (State or foreign country) Missouri

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jacquelyn Kay Miser
New Address Broadacre Tr. H.

Subscribed and sworn to before me this 7 day of Jan, 1971.
John Gansbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day 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 Jan 7 1971 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7 day of January, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ and Jacquelyn Kay Miser

I, Albert L. Full, hereby certify that on the 9 day of January, 1971, at Terre Haute, County of Hendricks, State of Indiana

one thousand nine hundred and seventy-one, Steven Eugene McCray of Hendricks County, State of Indiana, Groom and Jacquelyn Kay Miser of Hendricks County, State of Indiana, and, Bride

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 9 day of January, 1971. Signed Albert L. Full

Official Designation _____ day of January, 1971. Signed John Gansbold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of January, 1971.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 7
File Book 32
1-8-71
Date of Application

MALE
Medical Examination Report Dated 1-8-71
Name of Physician Dr. M. O. Scamaron

FEMALE
Medical Examination Report Dated 1-8-71
Name of Physician Dr. M. O. Scamaron

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Louden Antibus
Date of Birth 9 29 1947
Place of Birth (State or foreign country) Indiana
Residence Address Box 23 Logan Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Combined Group Ins. Company

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Draft Cert. Leg. Cert. # 12-30-47-333

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Lloyd Robert Antibus
Residence of father (if deceased so state) Same
Occupation of father Com. Transport Race of father white
Birthplace of father (State or foreign country) Bloomington, Indiana

12. Full maiden name of mother Maurice Loretta Croston
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____ Signed Robert L. Antibus

New Address _____

Subscribed and sworn to before me this 8th day of January, 1970
John Lambree Jr. Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____ Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name Pamela Ray Parker
Date of Birth 6 5 1950
Place of Birth (State or foreign country) Indiana
Residence Address Box 217 Rowell Hendricks Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Indiana Hospital # 4827

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Lynn Parker
Residence of father (if deceased so state) Same
Occupation of father U.C. Highway Dept. Race of father white
Birthplace of father (State or foreign country) Rowell, Indiana

8. Full maiden name of mother Elizabeth Jane Buchanan
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____ Signed Pamela K. Parker

New Address _____

Subscribed and sworn to before me this 8th day of January, 1970
John Lambree Jr. Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____ Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County Hendricks Court by written order issued 1-8-71 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 8th day of January, 1970, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Fred Graham hereby certify that on the 9th day of January, 1970, at Rowell, County of Hendricks, State of Indiana, Groom Robert Louden Antibus of Hendricks County, State of Indiana, and, Bride Pamela Ray Parker of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9 day of January, 1971

Signed Fred N. Graham Official Designation Justice of Peace

Signed John Lambree Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of January, 1971

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

473

No. 8
File Bk 32
1-871
Date of Application

MALE
Medical Examination Report Dated 1-5-71
Name of Physician Dr. Thomas M. Walker

FEMALE
Medical Examination Report Dated 1-5-71
Name of Physician Dr. Thomas M. Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Clerk - United States Service
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Methodist Hospital #10782
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Howard Earl Ward
Residence of father (if deceased so state) Same
Occupation of father Bookkeeper - Furniture Store
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother: Doris Eileen Wilson
Residence of mother (if deceased so state) Same
Occupation of mother Bookkeeper - Furniture Store
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed: Randal Lee Ward

New Address: Subscribed and sworn to before me this 8th day of Jan, 1970
Clerk: John Lamborn Jr. Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Signed: Howard Earl Ward Father
Signed: Doris Eileen Wilson Mother
Subscribed and sworn to before me this 8th day of Jan, 1970
Clerk: John Lamborn Jr. Hendricks Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued

Hendricks County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 12th day of January, 1970, authorizing the joining together as husband and wife of Randal Lee Ward and Kathy Suzanne Baker. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Jerry R. Nash, hereby certify that on the 16th day of January, 1970, at Brownsburg, Hendricks County, State of Indiana, Groom: Randal Lee Ward and, Bride: Kathy Suzanne Baker were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 16th day of January, 1971.

Signed: Jerry R. Nash
Official Designation: Minister
Subscribed and sworn to before me this 24th day of January, 1971
Clerk: John Lamborn Jr. Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Clerk Super - L S Agency
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Methodist Hospital #2391
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father: Howard Ernest Baker
Residence of father (if deceased so state) Same
Occupation of father Clerk - Capital Police
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother: Thelma Joens
Residence of mother (if deceased so state) Same
Occupation of mother L S Agent
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed: Kathy Suzanne Baker
New Address: 20 Box 63 Brownsburg IN
Subscribed and sworn to before me this 8th day of Jan, 1970
Clerk: John Lamborn Jr. Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk: _____

State of Indiana, Hendricks } ss:
County of: Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk: _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS CountyNo. 9
File 32
Date of Application 1-11-71MALE
Medical Examination Report Dated 1-7-71
Name of Physician Dr. Fred WarburtonFEMALE
Medical Examination Report Dated 1-7-71
Name of Physician Dr. Fred Warburton

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Donald Lee Raudon
Date of Birth 29 1952
Place of Birth (State or foreign country) Missouri
Residence Address 3717 S. State Rd. Jasper, Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Student - J.V. - P.H.T.Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Reg. Cert. - #12-30-52-42

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Olin Lloyd Raudon
Residence of father (if deceased so state) Same
Occupation of father Self-employed Contractor Race of father white
Birthplace of father (State or foreign country) Waynes, Mo.

12. Full maiden name of mother Audrey Cassella Stone
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Texas, Colorado

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.Signed Ronald Lee RaudonNew Address 4825 W. Washington St. Indianapolis, Indiana 46221Subscribed and sworn to before me this 11 day of January, 19 70
Clerk John Danbold HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____Signed Olin L. Raudon FatherSigned Audrey E. Raudon MotherSubscribed and sworn to before me this 11 day of January, 19 70
Clerk John Danbold HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 11 day of January, 19 70, authorizing the joining together as husband and wife of Ronald Lee Raudon and Sandra Kay Diddum.Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert J. DeLong hereby certify that on the 16 day of January, 19 70, at Waynesville, County of Hendricks, State of Indiana, Groom Ronald Lee Raudon of Hendricks County, State of Indiana and, Bride Sandra Kay Diddum of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.Dated this 16 day of January, 19 71
Signed Robert J. DeLong
Official Designation Clerk
Signed John Danbold HENDRICKS Circuit CourtFiled and recorded in accordance with the laws of the State of Indiana this 19 day of January, 19 71
Signed John Danbold HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 11
File Bk 52
Date of Application 1-11-71

HENDRICKS
County

MALE
Medical Examination Report Dated 1-5-71
Name of Physician Young Cohen

FEMALE
Medical Examination Report Dated 1-5-71
Name of Physician Young 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 Servy Middle Line Last Dillon
Date of Birth Month Sept. Day 30 Year 1948
Place of Birth (State or foreign country) Charleston West Virginia
Residence Address Street or R. R. City County State
603 West Main St. Pl. 1. Plainfield Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation College Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) B-33642
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
11. Full name of father <u>Warner A. Dillon</u>		
Residence of father (if deceased so state) <u>Box 1045 La Porte Ind.</u>		
Occupation of father <u>Carpenter</u>	Race of father <u>white</u>	
Birthplace of father (State or foreign country) <u>West Virginia</u>		
12. Full maiden name of mother <u>Mrs. Jane Dillon</u>		
Residence of mother (if deceased so state) <u>308 Willow Bend La Porte Ind.</u>		
Occupation of mother <u>Housewife</u>	Race of mother <u>white</u>	
Birthplace of mother (State or foreign country) <u>West Virginia</u>		

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed X Warner A. Dillon
New Address 603 W. Main St. Pl. 1. Plainfield Ind.
Subscribed and sworn to before me this 11 day of January, 1971.
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name First Carol Middle Ann Last Coy
Date of Birth Month Dec. Day 27 Year 1948
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address Street or R. R. City County State
535 Wessner Drive Plainfield Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation College Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 13206

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 H. Coy
Residence of father (if deceased so state) 535 Wessner Dr. Pl. 1. Plainfield Ind.
Occupation of father Phar. Race of father white
Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother Josephine Payne
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed X Carol Ann Coy
New Address 603 W. Main St. Plainfield Ind.
Subscribed and sworn to before me this 11 day of January, 1971.
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 15 day of January, 1971, authorizing the joining together as husband and wife of Servy Line Dillon and Carol Ann Coy.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warner A. Dillon hereby certify that on the 16 day of January, one thousand nine hundred and Seventy-one at Plainfield County of Hendricks State of Indiana, Groom Servy Line Dillon of Hendricks County, State of Indiana and, Bride Carol Ann Coy of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 16 day of January, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of January, 1971.
Signed Warner A. Dillon
Official Designation Christina Menster
Signed John Sanbold, Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 12

File Bk32

Date of Application 1-12-71

MALE

Medical Examination Report Dated Jan 1, 1971

Name of Physician Jack Leroy, M.D.

FEMALE

Medical Examination Report Dated Jan 1, 1971

Name of Physician Jack Leroy, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First L Middle Curtis Last Robson
Date of Birth Month 9 Day 3 Year 1939
Place of Birth (State or foreign country) Springfield Ill.
Residence Address Rt. 1, Box 243 Canby Ind. 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 Union Carbon CorporationDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) State of Ill.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Ray Robson 8 1/2 431 Linden St. Ellettsville
Mark Robson 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 Lyle Curtis Robson
Residence of father (if deceased so state) Rt. 1, Box 243 Canby Ind.
Occupation of father Union Carbon Corp. Race of father White
Birthplace of father (State or foreign country) Ill.
12. Full maiden name of mother Cheryl Louise Boyd
Residence of mother (if deceased so state) Rt. 1, Box 243 Canby Ind.
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Lyle Curtis Robson
New Address same as above

Subscribed and sworn to before me this 13 day of January, 1971
John Samuels, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name First Sharon Middle Kay Last Dodson
Date of Birth Month 1 Day 14 Year 1948
Place of Birth (State or foreign country) Boone County
Residence Address 1616 Trevelyan Ave. Ellettsville Boone County
Maiden Name if Different Shelley
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 HomemakerDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Witham Memorial Hospital

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Ray Shelby Sheets
Residence of father (if deceased so state) 904 South Patterson St. Ellettsville
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Russell Johnson
Residence of mother (if deceased so state) 904 South Patterson St. Ellettsville
Occupation of mother School Work Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Sharon Kay Dodson
New Address same

Subscribed and sworn to before me this 13 day of January, 1971
John Samuels, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued _____

HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1971, authorizing the joining together as husband and wife of Indiana dated the 16 day of January and Sharon Kay Dodson

Lyle Curtis Robson and Sharon Kay Dodson hereby certify that on the 16th day of January, 1971, at Ellettsville, County of Hendricks, State of Indiana

I, Ronald M. Boyd, of Hendricks County, State of Indiana, do hereby certify that the above named parties were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 16 day of January, 1971. Signed Ronald M. Boyd Official Designation Minister

Subscribed and sworn to before me this 21 day of January, 1971. Signed John Samuels, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 13
File Bk 32
Date of Application 1-14-71

MALE
Medical Examination Report Dated 1-13-71
Name of Physician Dr. C. N. Scudder

FEMALE
Medical Examination Report Dated 1-13-71
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 John Ramsey
Date of Birth 10-26-1950
Place of Birth (State or foreign country) Indiana
Residence Address 443 Box 123 Danville Hendricks Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1970

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Cook - International House of Pancakes

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree No B. 10-26-50
☐ Other (Specify) Ind. Reg. Card # 12-30-50-450

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Nancy Lloyd Ramsey Sr.

Residence of father (if deceased so state) same

Occupation of father Chrysler Race of father white

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Nancy Belores Mandelach

Residence of mother (if deceased so state) same

Occupation of mother housewife Race of mother white

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed John Ramsey

New Address 444C Jamestown St

Subscribed and sworn to before me this 14 day of January, 1971

John Lamborn Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Signed by Mother & Father -

Consent from Mother -

State of Indiana, HENDRICKS ss: Dated 1-14-71

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County _____ Court by written order issued _____ and filed

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 19th day of January, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ged N. Drakam hereby certify that on the 19th day of January

one thousand nine hundred and seventy-one at Danville, County of Hendricks

State of Indiana, Groom John J. Ramsey of Hendricks County, State of Indiana

and, Bride Jannie Lou Mathis of Marion County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County. Dated this 19 day of January, 1971

Signed Ged N. Drakam

Official Designation Judge of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of January, 1971

Signed John Lamborn Jr. Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 13
File Bk 32
1-14-71
Date of Application

MALE

Medical Examination Report Dated 1-13-71Name of Physician Dr. C. N. Scudder

FEMALE

Medical Examination Report Dated 1-13-71Name 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 John Ramsey
Date of Birth 10 26 1950
Place of Birth (State or foreign country) Indiana
Residence Address 4444 E. Vanhook St. Marion Indiana 4444 E. Vanhook St.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1970Color or Race White ☒ Negro ☐ Other ☐ (specify) IndianUsual Occupation Cook - International House of PancakesDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Do B. 10-26-50☐ Other (Specify) Ind. Reg. Card # 12-30-50-450

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Henry Lloyd Ramsey Sr.Residence of father (if deceased so state) sameOccupation of father Chapman Race of father whiteBirthplace of father (State or foreign country) Indiana12. Full maiden name of mother Mary Deborah MathisResidence of mother (if deceased so state) sameOccupation of mother housewife Race of mother whiteBirthplace of mother (State or foreign country) IndianaState of Indiana, HENDRICKS I depose and state the information given

FEMALE APPLICANT

Name Fannie Low Mathis
Date of Birth 6 10 1950
Place of Birth (State or foreign country) Oklahoma
Residence Address 4444 E. Vanhook St. Marion Indiana 4444 E. Vanhook St.
Maiden Name if Different Mathis

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1970Color or Race White ☒ Negro ☐ Other ☐ (specify) IndianUsual Occupation Waitress - International House of PancakesDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Do B. 1-10-50☐ Other (Specify) Ind. Reg. Card # 018055

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Thomas Marion Gilmore
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father white
Birthplace of father (State or foreign country) Oklahoma

8. Full maiden name of mother Wanda Suzanne MageeResidence of mother (if deceased so state) 8016 S. Villa, Oklahoma CityOccupation of mother housewife Race of mother whiteBirthplace of mother (State or foreign country) Oklahoma

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of HENDRICKS in this application is true and correct.

Signed Fannie Low MathisNew Address sameSubscribed and sworn to before me this 14 day of January, 1971Dr. C. N. Scudder HENDRICKS Circuit Court

State of Indiana SS:
County of Hendricks

We, Henry L Ramsey and Mary D Ramsey, hereby give our consent for
my son, John Joseph Ramsey to
marry Fannie Mathis

subscribed and sworn to before me this 14th day of January 1971Dr. C. N. Scudder
Notary Public

My commission expires 8-4-1973

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19th day of January, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ged N. Drakow, hereby certify that on the 19th day of January,
one thousand nine hundred and seventy-one at Marion, County of Hendricks,
State of Indiana, Groom John J. Ramsey of Hendricks County, State of Indiana
and, Bride Fannie Low Mathis of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 19 day of January, 1971Signed Ged N. DrakowOfficial Designation Justice of the PeaceSigned John J. Ramsey day of January, 1971Signed Fannie Low Mathis ClerkFiled and recorded in accordance with the laws of the State of Indiana this 17th day of January, 1971

HENDRICKS

Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 15
File Sk 52
January 18, 1971
Date of Application

MALE
Medical Examination Report Dated 1-15-71
Name of Physician Dr. Elmer L. Ketch, M.D.

FEMALE
Medical Examination Report Dated 1-15-71
Name of Physician Dr. Elmer L. Ketch, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 W. Last Baller
Date of Birth January 9 1950
Place of Birth (State or foreign country) Crawfordville, Indiana
Residence Address R#2 Box 111 Danville Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Farmer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. Card 1-4 12-30-50-11

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Paul W. Baller
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Boone County
12. Full maiden name of mother Helen Eugene Anderson
Residence of mother (if deceased so state) East Indy, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Cass County

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed John W. Baller

New Address.....

Subscribed and sworn to before me this 18 day of January, 1971
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....

Clerk

FEMALE APPLICANT

Name First Debra Middle Anne Last Eubank
Date of Birth December 29 1951
Place of Birth (State or foreign country) Marion County
Residence Address R#2 Box 111 Danville Hendricks Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Clerk-typist

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 2-152-51509

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

7. Full name of father William Jones Eubank
Residence of father (if deceased so state) Plainfield, Indiana
Occupation of father Unknown Race of father White
Birthplace of father (State or foreign country) Unknown
8. Full maiden name of mother Vera Lee Conner
Residence of mother (if deceased so state) Ellettsport, Indiana
Occupation of mother State St. Const. Race of mother White
Birthplace of mother (State or foreign country) Marion County

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Debra Anne Eubank

New Address.....

Subscribed and sworn to before me this 18 day of January, 1971
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County..... Court by written order issued..... and filed
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 22nd day of Jan, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James O. Ironsdale, hereby certify that on the 22nd day of January, 1971, at New Winchester, County of Hendricks, State of Indiana, Groom John W. Baller and, Bride Debra Anne Eubank, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 22 day of January, 1971.
Signed James O. Ironsdale
Official Designation Minister
day of February, 1971
Signed John Sanbold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.....

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 16

File Bk 32

January 18, 1971
Date of Application

MALE

Medical Examination Report Dated 1-13-71

Name of Physician Floyd L. Jerry M.D.

FEMALE

Medical Examination Report Dated 1-13-71

Name of Physician Floyd L. Jerry M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents-

MALE APPLICANT

Name James Anthony Stephens
 Date of Birth October 23 1951
 Place of Birth (State or foreign country) Seabrook, Indiana
 Residence Address Box 35 North Salem Hendricks Ind.
 Previous Marital Status: Never Married ☐ Number of Previous Marriages _____
 Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☐ Negro ☐ Other ☐ (specify) _____
 Usual Occupation Crawfordsville Indiana Book Binder
 Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Cert 12-30-51-379

1. Are you now or have you been adjudged, diagnosed or considered as:
 An Imbecile? No ☒ Yes ☐
 Of Unsound Mind? No ☒ Yes ☐
 2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
 If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
 5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
 6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 8. Are you able to support a family? Yes ☒ No ☐
 9. Are you likely to so continue? Yes ☒ No ☐
 10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
 (a) List their full names, ages and addresses

Name	Age	Address
James Wolford Stephens		Box 35 North Salem
Glady's Jean Curritt		Box 35 North Salem

- (b) Are you supporting or contributing to their 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 Wolford Stephens
 Residence of father (if deceased so state) Box 35 North Salem
 Occupation of father Truck Driver Race of father White
 Birthplace of father (State or foreign country) Kentucky
 12. Full maiden name of mother Glady's Jean Curritt
 Residence of mother (if deceased so state) Box 35 North Salem
 Occupation of mother Telephone Operator Race of mother White
 Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
 County of _____

Signed James Anthony Stephens

New Address _____

Subscribed and sworn to before me this 18 day of January, 1971.
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, HENDRICKS } ss:
 County of _____

Signed Attached - Notarized Father
 Signed Glady's Jean Stephens Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
 _____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and file _____
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

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 22 day of January, 1971, authorizing the joining together as husband and wife of James Anthony Stephens and Lola Nadine Bowden

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Sanford, Jr. hereby certify that on the 29 day of January, 1971, at North Salem, County of Hendricks, State of Indiana, Groom James Anthony Stephens of Hendricks County, State of Indiana and, Bride Lola Nadine Bowden of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 29 day of January, 1971.
 Signed John Sanford, Jr.
 Official Designation Minister
 Signed John Sanford, Jr.
HENDRICKS Clerk
 Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSENo. 16
File BK32
Date of Application January 18, 1971

MALE

Medical Examination Report Dated 1-13-71Name of Physician Alfred S. Jurey M.D.

FEMALE

Medical Examination Report Dated 1-13-71Name of Physician Alfred S. Jurey M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name James Anthony Stephens
Date of Birth October 23, 1951
Place of Birth (State or foreign country) Sebastian, Indiana
Residence Address Box 35 North Salem Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Crawfordsville Indiana Book Binder
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Card 12-30-51-379

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father James Wolford Stephens
Residence of father (if deceased so state) Box 35 North Salem
Occupation of father Truck Driver Race of father White
Birthplace of father Indiana12. Full maiden name
Residence of mo
Occupation of m
Birthplace of mo
State of Indiana,
County of _____Subscribed and sworn to
CONSENT OF PA
We, the parents, o
signs, state facts vState of Indiana,
County of _____

Subscribed and sw

COMPLETE I
H
in _____

of Indiana da

Be it further remembered, the following marriage certificate was given in my office
I, J. Hubert Smith, hereby certify that on the 29 day of January
one thousand nine hundred and seventy-one at North Salem, County of Hendricks
State of Indiana, Groom James Anthony Stephens of Hendricks County, State of Indiana
and, Bride Lela Nadine Bowden of Hendricks County, State of Indiana
were by me united 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 January, 1971

Signed J. Hubert Smith
Official Designation Minister
day of January, 1971
Signed John Samuels, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

FEMALE APPLICANT

Name Lela Nadine Bowden
Date of Birth June 13, 1951
Place of Birth (State or foreign country) Sebastian, Indiana
Residence Address Box 127 North Salem Hendricks Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secretary American States Ins.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 11-3-51-236446

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile?
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Louis Hers Bowden
Residence of father (if deceased so state) Box 127 North Salem
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Marilee J. Adams
Residence of mother (if deceased so state) Box 127 North Salem
Occupation of mother Secretary Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

I, James W. Stephens, hereby give my consent for my son,
James H. Stephens to marry Lela N. Bowden.
Subscribed and sworn to before me this 11 day of

January, 1971.

James W. Stephens

to
Subscribed before me, a notary public, this 11th day
of January 1971.

my commission expires May 21, 1974

Russell T. Owen
Russell T. Owen, notary
public

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 17

File 1-18-77

Book 32
Date of Application**MALE**

Medical Examination Report Dated 1-11-77

Name of Physician Dr. Carl L. Hendricks M.D.

FEMALE

Medical Examination Report Dated 1-11-77

Name of Physician Dr. Carl L. Hendricks M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Percy Harmon
Date of Birth 10 27 1948
Place of Birth (State or foreign country) Indiana
Residence Address 502 W. Main Street or R. R. Danville City Hendricks County Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation School Teacher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOR - 10-27-48
☐ Other (Specify) Durham License 308-56-6436

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Franklin Harmon
Residence of father (if deceased so state) same
Occupation of father Optometrist Race of father white
Birthplace of father (State or foreign country) Scottsburg Ind.
12. Full maiden name of mother Eddie Ruth Baker
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Dyersburg Tenn.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Thomas Percy HarmonNew Address 147 South Wayne Danville, Ind.

Subscribed and sworn to before me this 18 day of Jan, 1977
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Mary Elizabeth DeLong
Date of Birth 7 26 1949
Place of Birth (State or foreign country) Indiana
Residence Address Rt 2 Street or R. R. Clayton City Hendricks County Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOR - 7-26-49
☐ Other (Specify) Durham License D452-49306

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Harmon August DeLong
Residence of father (if deceased so state) same
Occupation of father Farmer Race of father white
Birthplace of father (State or foreign country) New Augusta Indiana
8. Full maiden name of mother Helen Marion Edmondson
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Clayton Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Mary Elizabeth DeLong

New Address _____

Subscribed and sworn to before me this 18 day of Jan, 1977
John Lambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 22nd day of January, 1977, authorizing the joining together as husband and wife
Thomas Percy Harmon and Mary Elizabeth DeLong

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert A. Falconer hereby certify that on the 23rd day of January,
one thousand nine hundred and seventy-one
at Clayton, County of Hendricks

State of Indiana, Groom Thomas Percy Harmon of Hendricks County, State of Indiana
and, Bride Mary Elizabeth DeLong of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 23 day of January, 1977
Signed Robert A. Falconer
Official Designation Ordained Minister
26 day of January, 1977
Signed John Lambold, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 18
File 1-21-71
Book 32
Date of Application

MALE

Medical Examination Report Dated 1-14-71

Name of Physician Lloyd Terry MD

FEMALE

Medical Examination Report Dated 1-14-71

Name of Physician Lloyd Terry MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Wm. Everett McGonigal
Residence of father (if deceased so state) Same
Occupation of father Lumber Worker Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Katherine White
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Joe McGonigal

New Address 152 1/2 E. Broadway

Subscribed and sworn to before me this 21 day of Jan, 1971.
John Gauld Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed Katherine McGonigal Father

Signed Katherine McGonigal Mother

Subscribed and sworn to before me this 21 day of Jan, 1971.
John Gauld Jr. Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father John Isaac Springer
Residence of father (if deceased so state) Same
Occupation of father Screw Machine Operator Race of father W
Birthplace of father (State or foreign country) Hendricks Co. Ind.
8. Full maiden name of mother Maybelle Louise Harlan
Residence of mother (if deceased so state) Same
Occupation of mother Bookkeeper Race of mother W
Birthplace of mother (State or foreign country) Hendricks Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan Springer

New Address 152 1/2 E. Broadway

Subscribed and sworn to before me this 21 day of Jan, 1971.
John Gauld Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 25 day of January, 1971, authorizing the joining together as husband and wife
of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 29th day of January, 1971,
at _____ County of _____
one thousand nine hundred and Seventy-one _____
State of Indiana, Groom _____
and, Bride _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 29 day of January, 1971.
Signed _____
Official Designation _____
1 day of _____, 1971.
Signed _____ Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 19
File Book 32
22 Jan 1971
Date of Application

MALE
Medical Examination Report Dated 15 Jan 1971
Name of Physician B. E. Fitzgerald MD

FEMALE
Medical Examination Report Dated 22 Jan 1971
Name of Physician D. D. Chresman MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Charles Chris Northcott
Date of Birth April 20 1949
Place of Birth (State or foreign country) Richmond, Ind.
Residence Address 5939 Evanston Ave Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student: Purdue

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Sec 16 12 205 48 129

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Charles Perry Northcott
Residence of father (if deceased so state) Same Ind. Ind.
Occupation of father Controller N. State Ind. Ry. white
Birthplace of father (State or foreign country) Richmond, Ind.
12. Full maiden name of mother Mary Alice Kendall
Residence of mother (if deceased so state) Same
Occupation of mother Secy. Race of mother white
Birthplace of mother (State or foreign country) Richmond, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Charles Chris Northcott

New Address 2820 Tower Dr. W. Ind. Ind.

Subscribed and sworn to before me this 22nd day of January, 1971

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:

County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 26 day of January, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Steve Edwards

hereby certify that on the 30th day of January, 1971, at Nashville, County of Hendricks

one thousand nine hundred and seventy-one, State of Indiana, Groom Charles Chris Northcott of Hendricks County, State of Indiana

and, Bride Ann Christine Hobbs of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 30th day of January, 1971

Signed Rev. Steve P. Edwards

Official Designation _____ day of _____, 1971

Signed _____ Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

_____ Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 20
File Book 32
Date of Application 22 Jan 1971

MALE

Medical Examination Report Dated 6 Jan 1971

Name of Physician D.F. MacLeod

FEMALE

Medical Examination Report Dated 6 Jan 1971

Name of Physician F.M. Cooper M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Donn Paul Cummings
Date of Birth December 21 1949
Place of Birth St. Joseph, Mo.
Residence Address K3 SA 272 S. 3rd, Ellettsville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student: Purdue

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) del. 12 30 49 420

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Prentice Carlisle Cummings
Residence of father (if deceased so state) Same S. 3rd, Ellettsville, Ind.
Occupation of father Executae: F.M. Bureau
Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Doris Ernestine Rockwell
Residence of mother (if deceased so state) Same
Occupation of mother H/W
Birthplace of mother (State or foreign country) Rensselaer, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Donn Paul Cummings
New Address 6-10 Cass Ave. S. W. La Grange, Ind.

Subscribed and sworn to before me this 22nd day of Jan, 1971.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name Tanya LaVerne Saracoff
Date of Birth July 5 1950
Place of Birth Michigan City, Ind.
Residence Address 119 E. Fulton Michigan City, La Porte, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student: Purdue

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Roger Nicholas Saracoff
Residence of father (if deceased so state) Same Mich. City, Ind.
Occupation of father clerk: S. S. H. R.
Birthplace of father (State or foreign country) Michigan City, Ind.
8. Full maiden name of mother LaVerne Helen DeBoer
Residence of mother (if deceased so state) Same
Occupation of mother Sales clk.
Birthplace of mother (State or foreign country) Thee Oaks, Mich.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Tanya LaVerne Saracoff
New Address Same

Subscribed and sworn to before me this 22nd day of Jan, 1971.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued _____

HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County, Indiana, dated the 28th day of January, 1971, authorizing the joining together as husband and wife of Donn Paul Cummings and Tanya LaVerne Saracoff.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, John D. Allen, hereby certify that on the 30th day of January, 1971, at Michigan City, County of La Porte, State of Indiana, of Hendricks County, State of Indiana.

one thousand nine hundred and seventy-one were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 28th day of January, 1971.
Signed John D. Allen, Jr.
Official Designation clerk
Signed John D. Allen, Jr.
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS

County

No. 21
File Book 32
Date of Application 22 Jan 1971

MALE

Medical Examination Report Dated 19 Jan 1971
Name of Physician Thos. R. Calhoun MD

FEMALE

Medical Examination Report Dated 19 Jan 1971
Name of Physician Thos. R. Calhoun MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Thomas B. Clark
Date of Birth July 12 1951
Place of Birth Indpls, Ind.
Residence Address Rt 3 Box 36 FF Danville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Steel Worker, Elect. SteelDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) 6962

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Henry Robert Clark		
Eva Margaret Sharp		

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Henry Robert Clark
Residence of father (if deceased so state): Rt 3 Box 36 FF Danville, Ind.
Occupation of father: Electrician Race of father: white
Birthplace of father (State or foreign country): Clinton, Ind.

12. Full maiden name of mother: Eva Margaret Sharp
Residence of mother (if deceased so state): H/W
Occupation of mother: H/W Race of mother: white
Birthplace of mother (State or foreign country): Dirle, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Thomas B. ClarkNew Address: 202 E Clinton St, Apt 212, Danville, Ind.Subscribed and sworn to before me this 22nd day of January, 1971.Clerk [Signature] HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: _____

County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1971.

Clerk _____

FEMALE APPLICANT

Name Teresa J. McCoy
Date of Birth September 5 1952
Place of Birth Greencastle, Ind.
Residence Address 32 Box 19 Coatesville, Ind.
Maiden Name if Different _____Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation WaitressDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) 113-52-024661

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Kenneth Eugene McCoy
Residence of father (if deceased so state): Same as above
Occupation of father: Springer Race of father: white
Birthplace of father (State or foreign country): Indpls, Ind.

8. Full maiden name of mother: Helen Frances Stinson
Residence of mother (if deceased so state): Same
Occupation of mother: H/W Race of mother: white
Birthplace of mother (State or foreign country): W. Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Teresa J. McCoyNew Address: 32 Box 19 Coatesville, Ind.Subscribed and sworn to before me this 22nd day of January, 1971.Clerk [Signature] HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: _____

County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1971.

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ day of Feb, 1971, authorizing the joining together as husband and wife of Thomas B. Clark and Teresa J. McCoy.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. George L. Calvert hereby certify that on the 6th day of February, one thousand nine hundred and seventy-one at West Newton, County of Marion, State of Indiana, Groom Thomas B. Clark of Hendricks County, State of Indiana and, Bride Teresa J. McCoy of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.Dated this 1st day of February, 1971.Signed Rev. George L. CalvertOfficial Designation MinisterSigned [Signature] day of February, 1971.Clerk [Signature] HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

The FIRST National Bank

OF DANVILLE

Rural Route 8 -- Box 322

Indianapolis, Indiana 46234

January 22, 1971

We, Henry L. Clark Jr. and Eva M. Clark
the parents of Thomas Clark, aged 19, do hereby
give our consent for our son to marry Teresa McCoy.

Patricia Ann Harrison
notary

My commission expires
January 9, 1974

No. 21

File Book 32

22 Jan 1971

Date of Application

LICENSE

ty

Examination Report Dated 19 Jan 1971

Physician Thos P. Calhoun M.D.

I declare under penalty of perjury that the issuance of a license to marry by any false statement, representa-

FEMALE APPLICANT

First Name Teresa S. Middle Name J. Last Name McCoy
Month January Day 5 Year 1952
Place of birth or foreign country Greencastle, Ind.
Street or R. R. 2 Box 19 City Greencastle, Ind. County Hancock State Ind.

Status: Never Married ☒ Number of Previous Marriagesled By: Death ☐ Divorce ☐ Annulment ☐White ☒ Negro ☐ Other ☐ (specify)

Waitress.

ed by: ☒ Birth Cert. ☐ Judicial Decree

(ify) 113-52-074661

r have you been adjudged, diagnosed or considered as:

le? No ☒ Yes ☐d Mind? No ☒ Yes ☐guardianship as a person of unsound mind? No ☒ Yes ☐d with a transmissible disease? No ☒ Yes ☐d to the groom closer than second cousin? No ☒ Yes ☐nder the influence of intoxicating liquor? No ☒ Yes ☐nder the influence of a narcotic drug? No ☒ Yes ☐

ather Kenneth Eugene McCoy

ther (if deceased so state) Same

father Spragante Race of father white

ather (State or foreign country) Ind.

me of mother Helen Frances Stinson

other (if deceased so state) Same

mother H/W. Race of mother white

other (State or foreign country) W. Va.

Birthplace of father (State or foreign country) Clinton, Ind.

12. Full maiden name of mother Eva Margaret Therp

Residence of mother (if deceased so state) Same

Occupation of mother H/W. Race of mother white

Birthplace of mother (State or foreign country) Denville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given

County of in this application is true and correct.

Signed Thomas H. Clark

New Address 202 E Clinton St, Apt 210, Denville, Ind.

Subscribed and sworn to before me this 22nd day of January, 1971.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1971.

Clerk

State of Indiana, HENDRICKS } ss: I depose and state the information given

County of in this application is true and correct.

Signed Teresa J. McCoy

New Address Same

Subscribed and sworn to before me this 22nd day of January, 1971.

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1971.

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 Feb, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. George L. Calvert, hereby certify that on the 6th day of February,

one thousand nine hundred and seventy-one at West Newton, County of Marion,

State of Indiana, Groom Thomas H. Clark of Hendricks County, State of Indiana,

and, Bride Teresa J. McCoy of Hendricks County, State of Indiana,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County.

Dated this 1st day of February, 1971.

Signed Rev. George L. Calvert

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this day of February, 1971.

Signed John D. Hendricks, Jr.

HENDRICKS Clerk

Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 22
File Book 32
22 Jan 1971
Date of Application

MALE
Medical Examination Report Dated 18 Jan 1971
Name of Physician Dr. John Elliott MD

FEMALE
Medical Examination Report Dated 18 Jan 1971
Name of Physician Dr. John Elliott MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Bruce E. Baker
Date of Birth April 8 1949
Place of Birth Greencastle, Ind.
Residence Address Box 127 Clayton, Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student: IU.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-49-028221

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Jack Burton Baker
Residence of father (if deceased so state) Clayton, Ind.
Occupation of father Owner, Ind. Race of father white
Birthplace of father (State or foreign country) Reed City, S. Dakota
12. Full maiden name of mother Betty Dean Elliot
Residence of mother (if deceased so state) Same
Occupation of mother Clerk-Typist: Lakeside, Ind. Race of mother white
Birthplace of mother (State or foreign country) Harmony, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Bruce E. Baker
New Address 125 Krenshaw St. Ft. Wayne, Ind.
Subscribed and sworn to before me this 22nd day of January, 1971.
John J. Sankel Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT
Name Linda L. Wellman
Date of Birth March 18 1951
Place of Birth Greencastle, Ind.
Residence Address Coatsville, Ind.
Maiden Name if Different
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Clerical: Stokely Van Camp
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-51-021358

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Sewell Glenn Wellman
Residence of father (if deceased so state) Coatsville, Ind.
Occupation of father Maintenance: IBM Race of father white
Birthplace of father (State or foreign country) Greencastle, Ind.

8. Full maiden name of mother Nellie Irene Curtis
Residence of mother (if deceased so state) Same
Occupation of mother Sgt. Dr. Elliott Race of mother white
Birthplace of mother (State or foreign country) Greencastle, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Linda L. Wellman
New Address Same
Subscribed and sworn to before me this 22nd day of Jan. 71.
John J. Sankel Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1971, authorizing the joining together as husband and wife of Indiana dated the 27 day of January and Linda L. Wellman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Stanley K. Hicks hereby certify that on the 30th day of January
at Greencastle, County of Hendricks
of Hendricks County, State of Indiana
and, Bride Linda L. Wellman of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 30 day of January, 1971.
Signed Stanley K. Hicks
Official Designation Minister
2 day of February, 1971
Signed John J. Sankel Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS

No. 23
File Book 32
1-25-71
Date of Application

MALE
Medical Examination Report Dated 1-20-71
Name of Physician Dr David Haggard

FEMALE
Medical Examination Report Dated 1-22-71
Name of Physician Dr Fred Warrington

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James Douglas Coder
Date of Birth July 5 1951
Place of Birth (State or foreign country) Hartford City Indiana
Residence Address 212 Wayside Drive Plainfield Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 3K14 280

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☐ No ☐
- Are you likely to so continue? Yes ☐ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert Leroy Coder
Residence of father (if deceased so state) deceased
Occupation of father R.E. Salesman Race of father W
Birthplace of father (State or foreign country) Portland Ind.
12. Full maiden name of mother Mary Helen Harter
Residence of mother (if deceased so state) same
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Portland Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed James Douglas Coder
New Address Carrage House Apts
Subscribed and sworn to before me this 25 day of Jan, 1971.
John Gamble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Father deceased - Mother gives full consent.

State of Indiana, HENDRICKS } ss:
County of.....

Signed Mary Helen Coder Father
Signed Mary Helen Coder Mother
Subscribed and sworn to before me this 25 day of Jan, 1971.
John Gamble Jr Clerk

FEMALE APPLICANT

Name Penny Sue Wilson
Date of Birth January 21 1953
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address 810 Manor Court Plainfield Ind.
Maiden Name if Different.....
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #708

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

7. Full name of father Harry Archer Wilson
Residence of father (if deceased so state) deceased
Occupation of father mill man Race of father W
Birthplace of father (State or foreign country).....
8. Full maiden name of mother Margaret Marie Stuckey
Residence of mother (if deceased so state) same
Occupation of mother Bar tender Race of mother W
Birthplace of mother (State or foreign country) Logansport Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Penny Sue Wilson
New Address Carrage House Apts
Subscribed and sworn to before me this 25 day of Jan, 1971.
John Gamble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 24th day of January, 1971, authorizing the joining together as husband and wife of James Douglas Coder and Penny Sue Wilson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. George D. Selas, hereby certify that on the 30 day of January, one thousand nine hundred and seventy-one at Plainfield, County of Hendricks, State of Indiana, Groom James Douglas Coder of Hendricks County, State of Indiana and, Bride Penny Sue Wilson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... County.
Dated this 30 day of Jan, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of Feb, 1971.
Signed Rev. George D. Selas Official Designation Pastor, St. Luther's Church
Signed John Gamble Jr Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 24
File Book 32
1-25-71
Date of Application

MALE

Medical Examination Report Dated 1-22-71
Name of Physician Joseph L. West

FEMALE

Medical Examination Report Dated 1-22-71
Name of Physician Joseph L. West

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert D. Hopkins
Date of Birth 10-23-51
Place of Birth (State or foreign country) Frankfort, Indiana
Residence Address R#2 Box 719, Hendricks, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Part-time Student - Butler
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree DOB - 10-23-51

☐ Other (Specify) Selected Service # 12-30-51-376

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Cameron E. Hopkins
Residence of father (if deceased so state) deceased

Occupation of father _____ Race of father _____

Birthplace of father (State or foreign country) Hopkinsville, Ky.

12. Full maiden name of mother Dorcas Victoria Leonard

Residence of mother (if deceased so state) same as groom

Occupation of mother RC A Race of mother white

Birthplace of mother (State or foreign country) Chapel, Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Robert D. Hopkins

New Address R#2, Box 719, Hendricks, Ind.

Subscribed and sworn to before me this 25 day of Jan, 1971
John Sambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed Father deceased Father

Signed Edie V. Manly Mother

Subscribed and sworn to before me this 25 day of Jan, 1971
John Sambold Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 29 day of January, 1971, authorizing the joining together as husband and wife of Robert D. Hopkins and Linda J. Trafford.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 29 day of January, 1971, at Bridgport, County of Madison, State of Indiana, Groom Robert Dale Hopkins of Hendricks County, State of Indiana and, Bride Linda Jean Trafford of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

Dated this 29 day of January, 1971

Signed James W. Ford Minister

Official Designation Minister day of February, 1971

Signed John Sambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 25
File Book 32
25 Jan 1971
Date of Application

MALE
Medical Examination Report Dated 25 Jan 1971
Name of Physician Forrest Clark MD

FEMALE
Medical Examination Report Dated 25 Jan 1971
Name of Physician Forrest Clark 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 Harold Wing
Date of Birth August 21 1913
Place of Birth (State or foreign country) Indiana
Residence Address R2 Box 165 Siburg, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Insurance Agent
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Harold Dean Age 16 Address R1 Box 260E Siburg

- (b) Are you supporting or contributing to their 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 Wing
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) MO
12. Full maiden name of mother Amanda Smith
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Ind. Co, Ind

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Harold Wing
New Address R2 Box 165 Siburg, Ind
Subscribed and sworn to before me this 25th day of January, 1971
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 29 day of January, 1971, authorizing the joining together as husband and wife of Harold Wing and Jean Ann Dehs.
Be it further remembered, the following marriage certificate was filed in my office to-wit:
I, Angie Parry hereby certify that on the 30th day of January, 1971, at Angola, County of Hendricks, State of Indiana, Groom Harold Wing and, Bride Jean Ann Dehs of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 30 day of January, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of February, 1971.
Signed Angie Parry Official Designation Minister
Signed John Samuels HENDRICKS Circuit Court

FEMALE APPLICANT

Name Jean Ann Dehs
Date of Birth September 10 1932
Place of Birth (State or foreign country) Columbus Ohio
Residence Address 228 S. Green St, Siburg, Ind
Maiden Name if Different Jean Ann Swartz

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) 60 Franklin, Ohio 71 Ind

Usual Occupation Owner Eng Agg.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Ohio
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father John Edwin Swarn
Residence of father (if deceased so state) Venice, Fla
Occupation of father For Agt: Venice, Fla Race of father white
Birthplace of father (State or foreign country) Franklin, Ohio
Full maiden name of mother Ruth Ellen Thierry
Residence of mother (if deceased so state) Columbus, Ohio
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Columbus, Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Jean Ann Dehs
New Address Same
Subscribed and sworn to before me this 25th day of January, 1971
Clerk John Samuels HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 26
File Book 32
Date of Application Jan. 26 - 71

MALE

Medical Examination Report Dated 1-22-71
Name of Physician M. Scamhorn M.D.

FEMALE

Medical Examination Report Dated 1-22-71
Name of Physician M. Scamhorn M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Charles Burnsworth
Date of Birth March 3 1931
Place of Birth (State or foreign country) Winchester
Residence Address 203 M^e Lark St. North Salem, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Truck Driver
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Lorraine Sue Burnsworth Age 15 Address Penn.

- (b) Are you supporting or contributing to their 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 C. Burnsworth
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Winchester, Ind.
12. Full maiden name of mother Wava M. Suthiel
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W.
Birthplace of mother (State or foreign country) Winchester, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed John C. Burnsworth
New Address 203 M^e Lark St. North Salem, Ind.
Subscribed and sworn to before me this 26 day of Jan., 1971.
John Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Signed _____
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Martha Durham Weislow
Date of Birth May 11 1922
Place of Birth (State or foreign country) Hendricks Co.
Residence Address R.R. #1 Box 17 Ind. Co.
Maiden Name if Different Martha Durham
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) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Thomas G. Durham
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) North Salem, Ind.

8. Full maiden name of mother Abigail Durham
Residence of mother (if deceased so state) North Salem, Ind.
Occupation of mother Retired Race of mother W.
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Martha Durham Weislow
New Address RR #1, Box 17, North Salem, Ind.
Subscribed and sworn to before me this 26 day of Jan., 1971.
John Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Signed _____
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
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
HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1971, authorizing the joining together as husband and wife of Indiana, dated the 29th day of January, and Martha Durham Weislow
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Larry J. Kadiger, hereby certify that on the 30 day of January,
one thousand nine hundred and seventy one, at Crownsville, County of Montgomery,
State of Indiana, Groom Charles E. Burnsworth, of Hendricks County, State of Indiana,
and, Bride Martha Durham Weislow, of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 30 day of January, 1971.
Signed Larry J. Kadiger
Official Designation Justice of Peace, 1971.
Signed John Lambold Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
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. 27
File BK 32
Date of Application January 26, 1971

MALE
Medical Examination Report Dated 1-19-71
Name of Physician Doris Parker M.D.

FEMALE
Medical Examination Report Dated 1-19-71
Name of Physician Doris Parker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name William M. Stewart
Date of Birth 2 18 1938
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 521 North Pershing Indpls. Marion Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Stock room Clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. License # 363-38098

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Daniel Stewart (Mar) Age 8 Address _____

- Are you supporting or contributing to their support? Yes ☒ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Clay C. Stewart
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Washington (State)

12. Full maiden name of mother Martha Elizabeth Marshall
Residence of mother (if deceased so state) same as groom's
Occupation of mother Dental Race of mother White
Birthplace of mother (State or foreign country) Missouri

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.
County of _____

Signed William M. Stewart
New Address _____

Subscribed and sworn to before me this 26 day of January, 1971
John D. Burkholder, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } as:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1971, authorizing the joining together as husband and wife of William M. Stewart and Sharon R. Bennett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James Allen Wilkerson hereby certify that on the 5 day of February, 1971, at Brownsburg, County of Hendricks, State of Indiana, Groom William M. Stewart of Marion County, State of Indiana and, Bride Sharon R. Bennett of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 5 day of February, 1971
Signed James Allen Wilkerson
Official Designation Justice of the Peace
8 day of February, 1971
Signed John D. Burkholder, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

FEMALE APPLICANT

Name Sharon R. Bennett
Date of Birth 7 14 1948
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 441 Box 70A Pittsburg Hendricks Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Unemployed

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Reg. Motor

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father John D. Bennett
Residence of father (if deceased so state) California
Occupation of father Water Company Race of father White
Birthplace of father (State or foreign country) Arizona
- Full maiden name of mother Cecilia Marie Keller
Residence of mother (if deceased so state) same as bride's
Occupation of mother Cook Race of mother White
Birthplace of mother (State or foreign country) Indpls, Indiana

State of Indiana, HENDRICKS } as: I depose and state the information given in this application is true and correct.
County of _____

Signed Sharon R. Bennett
New Address _____

Subscribed and sworn to before me this 26 day of January, 1971
John D. Burkholder, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } as:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1971, authorizing the joining together as husband and wife of William M. Stewart and Sharon R. Bennett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James Allen Wilkerson hereby certify that on the 5 day of February, 1971, at Brownsburg, County of Hendricks, State of Indiana, Groom William M. Stewart of Marion County, State of Indiana and, Bride Sharon R. Bennett of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 5 day of February, 1971
Signed James Allen Wilkerson
Official Designation Justice of the Peace
8 day of February, 1971
Signed John D. Burkholder, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 28
File Bk 32
January 27, 1971
Date of Application

MALE

Medical Examination Report Dated 1-26-71
Name of Physician Robert Glanders, Jr. M.D.

FEMALE

Medical Examination Report Dated 1-26-71
Name of Physician Robert Glanders, Jr. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First John Middle Last Lepper
Date of Birth Month 11 Day 11 Year 1949
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address Street or R. R. 505 Bay City Supt. Ind. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Plumber
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) License 4160-49451
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father William H. Lepper
Residence of father (if deceased so state) Same
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Eva M. Dunn
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed John E. Lepper
New Address 9119 W. 10th Apt. C

Subscribed and sworn to before me this 27 day of January, 1971
John Samhold, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 2 day of February, 1971, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
1, William R. Celestine, Jr. hereby certify that on the 13th day of February
one thousand nine hundred and seventy one at Speedway, County of Marion
State of Indiana, Groom John Edward Lepper of Hendricks County, State of Indiana
and, Bride Kathy J. Chaloff 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. 13 day of February, 1971
Dated this _____ day of _____, 1971
Signed Rev. William R. Celestine, Jr.
Official Designation Minister
13 day of February, 1971
Signed John Samhold, Jr. Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

FEMALE APPLICANT

Name First Kathy Middle Last Chaloff
Date of Birth Month 5 Day 30 Year 1950
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address Street or R. R. 505 Bay City Supt. Ind. Ind.
Maiden Name if Different McGray
Previous 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 Lines

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) License 313-56-4019-01

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐

3. Are you afflicted with a transmissible disease? No ☐ Yes ☐

4. Are you related to the groom closer than second cousin? No ☐ Yes ☐

5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐

6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐

7. Full name of father Steven K. Chaloff
Residence of father (if deceased so state) 9818 Crestline Dr. Indpls.
Occupation of father All State Ins. Agent Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Violet Joff
Residence of mother (if deceased so state) Same as bride's
Occupation of mother Insurance Clerk Race of mother White
Birthplace of mother (State or foreign country) Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Kathy J. Chaloff
New Address Same

Subscribed and sworn to before me this 27 day of January, 1971
John Samhold, Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 29
File 32
Date of Application January 29, 1971

MALE
Medical Examination Report Dated 1-25-71
Name of Physician Robert W. Kuckley M.D.

FEMALE
Medical Examination Report Dated 1-25-71
Name of Physician Robert W. Kuckley M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael Phillip Ellis
Date of Birth June 25, 1952
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Rt. 1, Box 176, North Salem Ind. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Route Man Service Left Danville
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) 6342 St. Vincent's Hospital
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

11. Full name of father Clarence Albert Ellis
Residence of father (if deceased so state) Same
Occupation of father Foreman Fork Belt Race of father White
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Anna Lotta Linder
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Michael P. Ellis
New Address 220 S. Washington St.
Subscribed and sworn to before me this 29 day of January, 1971.
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed Clarence A. Ellis Father
Signed Anna L. Ellis Mother
Subscribed and sworn to before me this 29 day of January, 1971.
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 2nd day of February, 1971, authorizing the joining together as husband and wife of Michael Phillip Ellis and Dorothy Jean Snyder.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Steve Edwards, hereby certify that on the 6th day of February, one thousand nine hundred and seventy-one at Danville, County of Hendricks, State of Indiana, Groom Michael Phillip Ellis of Hendricks County, State of Indiana and, Bride Dorothy Jean Snyder of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 6 day of February, 1971.

Signed Rev. Steve A. Edwards
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 10 day of February, 1971.
Signed John Sanbold, Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Dorothy Jean Snyder
Date of Birth September 11, 1952
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 187 South 300 East Danville Ind. Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Bookkeeper (Farm Bureau Co. Op.)
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) 9271 Methodist Hospital
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Warren Duane Snyder
Residence of father (if deceased so state) Same
Occupation of father Mechanic Race of father White
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Lena Bell Smith
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, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Dorothy Jean Snyder
New Address Same
Subscribed and sworn to before me this 29 day of January, 1971.
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 30

File Book 32

Date of Application 1 February 1971

MALE

Medical Examination Report Dated 27 Jan 71

Name of Physician F.P. Warbenton MD

FEMALE

Medical Examination Report Dated 27 Jan 71

Name of Physician F.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 John Scott Chaille
Date of Birth October 27 1947
Place of Birth Seymour, Ind.
Residence Address Rt 1 Butlerville, Perry Co., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Teacher, P.F. Sch. Cam Sch Co
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 97-075623

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Lee Harold Chaille		Same Butlerville, Ind.
LaDema Denton		Same White Butlerville, Ind.

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Lee Harold Chaille
Residence of father (if deceased so state) Same Butlerville, Ind.
Occupation of father Trucker Race of father White
Birthplace of father (State or foreign country) Butlerville, Ind.
12. Full maiden name of mother LaDema Denton
Residence of mother (if deceased so state) Same
Occupation of mother A/W Race of mother White
Birthplace of mother (State or foreign country) Butlerville, Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed John Scott ChailleNew Address Rt 1 Sherman Apt #18

Subscribed and sworn to before me this 18 day of February, 1971.
Clerk John Campbell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name Susan Elizabeth Trump
Date of Birth April 3 1951
Place of Birth Indianapolis, Ind.
Residence Address 404 Gibbs St, P.F. Sch. Cam Sch Co
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student ISU
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 3310

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Raymond E. Trump
Residence of father (if deceased so state) Same P.F. Sch. Cam Sch Co
Occupation of father Trucker Race of father White
Birthplace of father (State or foreign country) Butlerville, Ind.

8. Full maiden name of mother Dorothy Geneva Hutton
Residence of mother (if deceased so state) Same
Occupation of mother Trucker Race of mother White
Birthplace of mother (State or foreign country) Sparta Ky.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Susan Elizabeth TrumpNew Address Same

Subscribed and sworn to before me this 18 day of February, 1971.
Clerk John Campbell HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 5th day of February, 1971, authorizing the joining together as husband and wife
of John Scott Chaille and Susan Elizabeth Trump

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 5th day of February,
at Blainfield, County of Hendricks,
one thousand nine hundred and seventy one of Hendricks County, State of Indiana,
State of Indiana, Groom John Scott Chaille of Hendricks County, State of Indiana,
and, Bride Susan Elizabeth Trump of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 5th day of February, 1971.

Signed Warren A. RobbinsOfficial Designation Minister

16 day of February, 1971.
Clerk _____

Signed John Campbell HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 31
File Book 31
2-2-71
Date of Application

MALE
Medical Examination Report Dated 1-26-71
Name of Physician J. Thomas Vieira, M.D.

FEMALE
Medical Examination Report Dated 1-25-71
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 Walter Francis Reeder III
Date of Birth 2 9 1948
Place of Birth (State or foreign country) Indiana
Residence Address 327 Hancock Rd. Danford Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Surveyor - Senior Engineer

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 196 B - 2-9-48
☐ Other (Specify) SS Registration Cert #1230-4850

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Walter Francis Reeder Jr.
Residence of father (if deceased so state) same
Occupation of father Auto Accessory Shop Race of father white
Birthplace of father (State or foreign country) Bowling Green, Ky.
12. Full maiden name of mother Margaret Eldred Johnson
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Plainfield, Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Walter Francis Reeder III

New Address 105 S. ROAD 400 E. Apt. 5

Subscribed and sworn to before me this 2 day of Feb, 1971
John Pemberton Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, **HENDRICKS** } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT

Name Cathy Ann Hayden
Date of Birth 1 30 1954
Place of Birth (State or foreign country) Indiana
Residence Address Rt 2 Coalwell Hendricks, Ind.
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) SS of Indiana - 135 54 001231

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Oliver Hayden
Residence of father (if deceased so state) same
Occupation of father Auto Repair Race of father white
Birthplace of father (State or foreign country) Hendricks Co. Indiana
8. Full maiden name of mother Rosa Minta Poland
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Hendricks Co. Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Cathy Ann Hayden

New Address.....

Subscribed and sworn to before me this 2 day of Feb, 1971
John Pemberton Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, **HENDRICKS** } ss:
County of.....

Signed Oliver Hayden Father

Signed Rosa M. Hayden Mother

Subscribed and sworn to before me this 2 day of Feb, 1971
John Pemberton 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**HENDRICKS**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... Circuit Court

of Indiana dated the 8 day of February, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Robbins hereby certify that on the 13th day of February,

one thousand nine hundred and seventy-one at Stilesville, County of Hendricks,

State of Indiana, Groom Walter Francis Reeder III of Hendricks County, State of Indiana,

and, Bride Cathy Ann Hayden of Hendricks County, State of Indiana,

were by me united 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 February, 1971.

Signed Warren A. Robbins

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of February, 1971.

Signed John Pemberton Jr. Clerk

HENDRICKS

Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 32
File Book 32
Date of Application 2-5-71

MALE

Medical Examination Report Dated 1-18-71

Name of Physician Thomas M. Walker M.D.

FEMALE

Medical Examination Report Dated 1-18-71

Name of Physician Thomas M. Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Charles A. Portwood
Date of Birth 4 18 50
Place of Birth (State or foreign country) Lebanon
Residence Address 410 College Ave. Brownsburg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Food Technician

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Draft Card - 12-30-50-129

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Paul Henry Portwood
Residence of father (if deceased so state) 410 College Ave. Brownsburg, Ind.
Occupation of father Tool Selector Race of father White
Birthplace of father (State or foreign country) Brownsburg, Ind.
12. Full maiden name of mother Opal Louise Anderson
Residence of mother (if deceased so state) 410 College Ave. Brownsburg, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles A. Portwood

New Address 6338 Hollister Dr apt 1909

Subscribed and sworn to before me this 5 day of February, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed Paul H. Portwood Father

Signed Opal L. Anderson Mother

Subscribed and sworn to before me this 5 day of February, 1971.
John Gambold Jr. Clerk

FEMALE APPLICANT

Name Vickie L. Everett
Date of Birth 2 12 51
Place of Birth (State or foreign country) Indianapolis
Residence Address R.R. #1 Box 288A Brownsburg, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Underwriter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License - 317-56-5968 03

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Robert Lee Everett

Residence of father (if deceased so state) R.R. #1 Box 288A Brownsburg, Ind.

Occupation of father Illusion Race of father White

Birthplace of father (State or foreign country) Shuridan, Ind.

8. Full maiden name of mother Janet Francis Keller

Residence of mother (if deceased so state) R.R. #1 Box 288A Brownsburg

Occupation of mother Secretary Race of mother White

Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Vickie L. Everett

New Address 6338 Hollister Dr. Apt. 1909

Subscribed and sworn to before me this 5 day of February, 1971.

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

HENDRICKS County _____ Court by written order issued _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1971, authorizing the joining together as husband and wife of Indiana dated the 9th day of February.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 12th day of February,

one thousand nine hundred and seventy one at Brownsburg, County of Hendricks,

State of Indiana, Groom Charles A. Portwood of Hendricks County, State of Indiana

and, Bride Vickie L. Everett of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County, _____

Dated this 12 day of February, 1971.

Signed Jerry R. Nash

Official Designation Minister, 1971

Signed John Gambold Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS

No. 33
File RP 32
Date of Application Feb. 8, 1971

MALE
Medical Examination Report Dated 1-19-71
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 1-19-71
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 Hermit L. Chastain
Date of Birth Aug. 30 1947
Place of Birth (State or foreign country) Washington County
Residence Address R. R. #3 Box 24, Greencastle, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Assistance Manager - Beneficial Ins.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Wilbur E. Chastain Jr.
Residence of father (if deceased so state) R.R. #2 Campbellburg, Ind.
Occupation of father Custodian Race of father White
Birthplace of father (State or foreign country) Washington Co.
12. Full maiden name of mother Cateri Marie Lee
Residence of mother (if deceased so state) R.R. #2 Campbellburg, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Washington Co.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.

Signed Hermit L. Chastain

New Address RR #3 Box 240 Greencastle, Ind.

Subscribed and sworn to before me this 8th day of February, 1971.
John Lambold Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, **HENDRICKS** } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT

Name Kathleen A. Dauck
Date of Birth June 28 1949
Place of Birth (State or foreign country) Brownsville
Residence Address R.R. #3 Box 83 Brownsburg, Ind.
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Secretary

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father John A. Dauck
Residence of father (if deceased so state) 9233 W. 82 Indianapolis
Occupation of father National Guard Race of father White
Birthplace of father (State or foreign country) Brownsville, Ind.
8. Full maiden name of mother Helen J. Dauck
Residence of mother (if deceased so state) R.R. #3 Box 83 Brownsburg
Occupation of mother Office worker Race of mother White
Birthplace of mother (State or foreign country) Vincennes Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.

Signed Kathleen A. Dauck

New Address RR 3 Box 240, Greencastle, Ind.

Subscribed and sworn to before me this 8 day of February, 1971.
John Lambold Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, **HENDRICKS** } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
..... County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... Circuit Court of Indiana dated the 10th day of February, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James R. Williman, hereby certify that on the 12 day of February, 1971, at Indianapolis, County of Washington, State of Indiana, Groom Hermit L. Chastain, of Johnson County, State of Indiana, and, Bride Kathleen A. Dauck, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... County.

Dated this 12 day of February, 1971.

Signed James R. Williman

Official Designation Imperial Catholic Priest

Signed John Lambold Jr. Clerk **HENDRICKS** Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of February, 1971.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. #34
File Bk 32
Date of Application 2-8-71

MALE

Medical Examination Report Dated 2-2-71

Name of Physician Lloyd S. Terry M.D.

FEMALE

Medical Examination Report Dated 2-1-71

Name of Physician John P. Calhoun

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Mark Jay Stewart
Date of Birth 3 4 1951
Place of Birth (State or foreign country) Shelbyville
Residence Address 115 1/2 S Washington Shelbyville Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Severance Truck Driver

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree D.O.B. 3/4/51
☐ Other (Specify) SS Certificate #12-30 51-83

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Robert Frank Stewart
Residence of father (if deceased so state) 455 E. Main Danville
Occupation of father Pattern Maker Truck Driver Race of father white
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Betty Lucille Bennett
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Mark Jay Stewart

New Address 115 1/2 S. Wash St. Danville

Subscribed and sworn to before me this 8 day of Feb, 19 71
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, HENDRICKS } ss:
County of _____

Signed Robert Frank Stewart Father

Signed Betty L. Stewart Mother

Subscribed and sworn to before me this 8 day of Feb, 19 71
John Sanford Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties and _____ Court by written order issued _____
in _____ County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19 71, authorizing the joining together as husband and wife of Indiana dated the 13th day of February and Connie Sue Cummings

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ray S. Lander milk hereby certify that on the 13 day of February

at _____ United Methodist Church County of Hendricks

one thousand nine hundred and seventy-one of Hendricks County, State of Indiana

State of Indiana, Groom Mark Jay Stewart of Hendricks County, State of Indiana

and, Bride Connie Sue Cummings of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County _____

Dated this 13th day of February, 19 71 Signed Ray S. Lander milk

Official Designation Pastor, 19 _____

Signed John Sanford Jr. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed John Sanford Jr. HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. #34
File Lk 32
Date of Application 2-8-71

MALE

Medical Examination Report Dated 2-2-71Name of Physician Lloyd S. Jerry M.D.

FEMALE

Medical Examination Report Dated 2-1-71Name of Physician John P. Carlson

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Mark Jay Stewart
Date of Birth 3 4 1951
Place of Birth (State or foreign country) Shelbyville
Residence Address 115 1/2 S Washington Shelbyville Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Severcraft - Truck DriverDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree D.O.B. 3/4/51☐ Other (Specify) SS Certificate #12-3051-83

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

- Full name of father Robert Franklin Stewart
Residence of father (if deceased so state) 455 E. Main Hamlet
Occupation of father Pattern Maker Hamlet white
Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Betty Lucille Bennett
Residence of mother (if deceased so state) same
Occupation of mother Housewife Indiana white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Mark Jay Stewart

FEMALE APPLICANT

Name Connie Sue Cummings
Date of Birth 5 10 1950
Place of Birth (State or foreign country) Putnam Co.
Residence Address Box 313 Shelbyville Indiana
Maiden Name if Different Shelbyville

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation RogersDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Divorce License # 0552-50210

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Claude Wilbur Cummings

Residence of father (if deceased so state) sameOccupation of father Mechanic whiteBirthplace of father (State or foreign country) Indiana

- Full maiden name of mother Mrs. Elizabeth Eulis

Residence of mother (if deceased so state) sameOccupation of mother Housewife whiteBirthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Connie Sue Cummings

New Address _____

Subscribed and sworn to before me this 8 day of Feb, 1971Clerk HENDRICKS Circuit Court

Subscribed and sworn

CONSENT OF PAR

We, the parents, of

signs, state facts w

State of Indiana,

County of _____

SI

SI

Subscribed and sworn

COMPLETE IF

HEN

in _____

I, Robert F. Stewart, hereby give my consent for
my son, Mark Jay Stewart, to
marry Connie Sue Cummings.

Robert F. Stewart
Subscribed and sworn to before me this 8th day of February, 1971

Notary Public
Sny Commission Expires 10-15-71

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of February, 1971, authorizing the joining together as husband and wife of Mark Jay Stewart and Connie Sue Cummings.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ray S. Landermilk, hereby certify that on the 13 day of February,
at Shelbyville, Indiana, County of Hendricks, State of Indiana,
one thousand nine hundred and seventy-one of Hendricks County, State of Indiana,
State of Indiana, Groom Mark Jay Stewart of Hendricks County, State of Indiana,
and, Bride Connie Sue Cummings of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 13th day of February, 1971.

Signed Ray S. Landermilk
Official Designation Clergy

Signed John P. Carlson
Official Designation Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of February, 1971.
Clerk HENDRICKS Circuit Court

Form 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
Date of Application 8 February 1971

MALE
Medical Examination Report Dated 6 Feb 1971
Name of Physician RW Kintley M.D.

FEMALE
Medical Examination Report Dated 6 Feb 1971
Name of Physician RW Kintley M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name William Howard Tyler
Date of Birth June 24, 1946
Place of Birth (State or foreign country) Florida
Residence Address 1735 N. Penn Indpls Marion In
Previous 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, Garco

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Self 8 175 46 359

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Howard Allison Tyler
Residence of father (if deceased so state) 3250 W. 58th St Marion In
Occupation of father Banker Race of father white
Birthplace of father (State or foreign country) La Grange, Tenn
12. Full maiden name of mother: Lola Ruth Beck
Residence of mother (if deceased so state) A/W
Occupation of mother San Race of mother white
Birthplace of mother (State or foreign country) Lebanon, In

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.

Signed William Howard Tyler
New Address 1735 N. Penn Indpls Marion In
Subscribed and sworn to before me this 8th day of February, 1971
Clerk John J. Gault HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Wilhelmina Shepherd
Date of Birth July 12, 1931
Place of Birth (State or foreign country) Indpls, In
Residence Address 295 E Mill St, Drake Ind, 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 Beautician, Dimple Beauty Shop

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 7066

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Wm. Frankling Shepherd
Residence of father (if deceased so state) Plainfield, Ind
Occupation of father unk. Race of father white
Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother: Elsie Mae Chalkant
Residence of mother (if deceased so state) 295 E Mill St Marion In
Occupation of mother H/W Race of mother white
Birthplace of mother (State or foreign country) Muncie, In

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.

Signed Wilhelmina Shepherd
New Address Same
Subscribed and sworn to before me this 8th day of February, 1971
Clerk John J. Gault HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 13th day of February, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rw. Glen Clark

hereby certify that on the 14th day of February, 1971, at Indianapolis, County of Marion, State of Indiana, Groom William Howard Tyler and, Bride Wilhelmina Shepherd of Hendricks County, State of Indiana were by me united 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, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.

Signed Rw. Glen Clark
Official Designation Minister
Signed John J. Gault HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 36
File Book 32
Date of Application
Feb 8 1971

MALE

Medical Examination Report Dated 1-25-71
Name of Physician Walter McManus MD

FEMALE

Medical Examination Report Dated 1-25-71
Name of Physician Walter McManus MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Tony Middle Earl Last Western
Date of Birth Month September Day 10 Year 1952
Place of Birth (State or foreign country) Metho Dist Hoof Judsels Marion Ind
Residence Address Street or R. R. Carlersburg City 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 isd to Veterinarian Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Clarence Earnest Western		Carlersburg
Tool Gunder		Marion Ind
Mary Bula Goff		Carlersburg

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Clarence Earnest Western
Residence of father (if deceased so state) Carlersburg
Occupation of father Tool Gunder Race of father W
Birthplace of father (State or foreign country) Hend Co Ind

12. Full maiden name of mother Mary Bula Goff
Residence of mother (if deceased so state) Same
Occupation of mother Factory Race of mother W
Birthplace of mother (State or foreign country) Georgia

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Tony Earl Western
New Address 115 N. Tern Danville

Subscribed and sworn to before me this 8 day of Feb, 1971.
John Gamble Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss: attached
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1971.
Clerk

FEMALE APPLICANT

Name First Deborah Middle Queen Last Johnson
Date of Birth Month July Day 8 Year 1953
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. R. R. 1 Box 96 Plainfield 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 Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father William W. Johnson
Residence of father (if deceased so state) Same
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Clara B. Shields
Residence of mother (if deceased so state) Same
Occupation of mother Factory Race of mother W
Birthplace of mother (State or foreign country) Terre Haute Ind

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Deborah Queen Johnson

New Address 115 N. Tern Danville

Subscribed and sworn to before me this 8 day of Feb, 1971.
John Gamble Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss: attached
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1971.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Court by written order issued and filed
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the
of Indiana dated the 11 day of February, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Herman G. Stutz, hereby certify that on the 12th day of February, 1971, at Plainfield, County of Hendricks, State of Indiana, Groom Tony Earl Western and Bride Deborah Queen Johnson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 12 day of February, 1971. Signed Rev. Herman G. Stutz
Official Designation Pastor, 1971

Filed and recorded in accordance with the laws of the State of Indiana this day of February, 1971. Signed John Gamble Jr Clerk Hendricks Circuit Court

2-6-72

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State of Indi

County of

Subscribed at

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana,

County of

HENDRICKS

Signed

Signed

Father

Mother

Subscribed and sworn to before me this

day of

19

Clerk

State of Indiana,

County of

HENDRICKS

Signed

Signed

Father

Mother

Subscribed and sworn to before me this

day of

19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued and filed
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

We It Remembered, there was filed in my office a marriage license issued by the clerk of the
of Indiana dated the 11 day of February, 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1, Rev. Herman G. Stutz hereby certify that on the 12th day of February

one thousand nine hundred and seventy-one at Plainfield, County of Hendricks,

State of Indiana, Groom Tony Earl Western of Hendricks County, State of Indiana

and, Bride Deborah Gwen Johnson of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks

County.

Dated this 12 day of February, 1972. Signed Rev. Herman G. Stutz

Official Designation

Catholic Priest

day of

February, 1972

Signed

John Dinkeld

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

2-6-71

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County of

Subscribed a

We the undersigned and parents of Miss
Deborah Gwen Johnson this day give our
concent for her marriage to Mr. Tony
Earl Western.

Mr. William Wesley Johnson
Mr. William Wesley Johnson

Mrs. Clara Belle Johnson
Mrs. Clara Belle Johnson

Sworn before me a Norary Public
Hendricks County.

My commission expires 10-14-72

Hilden Tharp
Hilden Tharp



CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent
signs, state facts which render the consent of the other parent unnecessary.

State of Indiana,

County of

HENDRICKS

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 19

Clerk

State of Indiana,

County of

HENDRICKS

Signed

Father

Signed

Mother

Subscribed and sworn to before me this day of 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued and filed
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the
of Indiana dated the day of February 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Herman G. Lutz, hereby certify that on the 12th day of February

one thousand nine hundred and seventy-one at Plainfield, County of Hendricks,

State of Indiana, Groom Tony Earl Western of Hendricks County, State of Indiana

and, Bride Deborah Gwen Johnson of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS

County.

Dated this 12 day of February, 1971. Signed Rev. Herman G. Lutz

Official Designation Catholic Priest

16 day of February, 1971. Signed John S. Sankel

Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS
County

No. 37
File Book 22
2-8-71
Date of Application

MALE

Medical Examination Report Dated 2-6-71
Name of Physician Robert W. Kirtley

FEMALE

Medical Examination Report Dated 2-6-71
Name of Physician Robert W. Kirtley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James L. Groff
Date of Birth 5 11 1946
Place of Birth (State or foreign country) Cleaborn
Residence Address 2175 Washington Greenville Hendricks Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Self-employed Mechanic
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree DOB 5-11-46
☐ Other (Specify) Indiana State License A677572
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father John Jacob Groff
Residence of father (if deceased so state) 115 Everett - Greiling, Texas
Occupation of father Electrician Race of father white
Birthplace of father (State or foreign country) Oklahoma
12. Full maiden name of mother Helena Birch
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Oklahoma

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed James L. Groff
New Address _____

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Karen Jane Knight
Date of Birth 3 11 1943
Place of Birth (State or foreign country) Indian
Residence Address 296 W. Broadway, Greenville, Hendricks, Indiana
Maiden Name if Different Klicker

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1968

Color or Race: White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Nurses Aid - D.C. Hospital
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Dept of Health Book No. 14 Page 1083 Crawfordville
☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Gene Klicker Jr.
Residence of father (if deceased so state) 209 N High Greenville
Occupation of father Senior Truck Driver Race of father white
Birthplace of father (State or foreign country) Crawfordville Indian
8. Full maiden name of mother Elaine Louise Ellington
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) Crawfordville Indian

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Karen Jane Knight
New Address _____

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 16th day of Feb, 1971, authorizing the joining together as husband and wife of James L. Groff and Karen Jane Knight.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Don B. Stock, hereby certify that on the 19th day of February, at Greenville, County of Hendricks, State of Indiana, Groom James L. Groff and, Bride Karen Jane 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 _____ County.
Dated this 19th day of February, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.

Signed Don B. Stock
Official Designation Minister
24th day of February, 1971
Signed John Lambold Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 38
File Book 32
Feb. 9, 1971
Date of Application

MALE

Medical Examination Report Dated Feb 8, 1971
Name of Physician Joseph L. West

FEMALE

Medical Examination Report Dated 2-8-71
Name of Physician Joseph L. West

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Alfred W. Brown
Date of Birth Sept 17 47
Place of Birth (State or foreign country) Shelton, Texas
Residence Address 2215 4th St. North, Dallas, Texas
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation U.S. Army

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☐ Other (Specify) Service Card - 466-76-8010

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes ☐ Of Unsound Mind? ☐ No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☒ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? ☐ No ☒ Yes ☐
- Are you afflicted with a transmissible disease? ☐ No ☒ Yes ☐
- Are you related to the bride closer than second cousin? ☐ No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? ☐ No ☒ Yes ☐
- Are you able to support a family? ☐ Yes ☒ No ☐
- Are you likely to so continue? ☐ Yes ☒ No ☐
- Do you have minor children from one or more former marriages? ☐ No ☒ Yes ☐ (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? ☐ Yes ☒ No
- Are you complying with any court order or orders issued for their support? ☐ Yes ☒ No

11. Full name of father John Louis Brown
Residence of father (if deceased so state) 2215 4th St. North, Dallas, City
Occupation of father Real Estate Manager Race of father W.
Birthplace of father (State or foreign country) Oklahoma City
12. Full maiden name of mother Rosetta Reese
Residence of mother (if deceased so state) 2215 4th St. North, Dallas, City
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Shelton, Texas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Alfred W. Brown
New Address Company 66 M. Battalion APO N. York 49227
Subscribed and sworn to before me this 9 day of Feb., 1971
John Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Maria Jean Thomas
Date of Birth Dec 17 1944
Place of Birth (State or foreign country) North Carolina
Residence Address Box 537, Indianapolis, Ind. Co.
Maiden Name if Different _____

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Oct. 1970

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Housewife

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☐ Other (Specify) Drivers License 1453580

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes ☐ Of Unsound Mind? ☐ No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes ☐
- Are you afflicted with a transmissible disease? ☐ No ☒ Yes ☐
- Are you related to the groom closer than second cousin? ☐ No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? ☐ No ☒ Yes ☐

7. Full name of father Alvin Lee Thomas
Residence of father (if deceased so state) Box 537, North Carolina
Occupation of father Farmer Race of father W.
Birthplace of father (State or foreign country) North Carolina
8. Full maiden name of mother Myrtle Mable Holt
Residence of mother (if deceased so state) North Carolina
Occupation of mother Factory Race of mother W.
Birthplace of mother (State or foreign country) North Carolina

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Maria Jean Thomas
New Address Company 66 M. Battalion APO N. York 49227
Subscribed and sworn to before me this 9 day of Feb., 1971
John Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1971, authorizing the joining together as husband and wife of Alfred W. Brown and Maria Jean Thomas

Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Fred N. Dulan hereby certify that on the 13th day of February, at Danville, County of Hendricks, one thousand nine hundred and seventy one of Shelton County, State of Texas, State of Indiana, Groom Alfred W. Brown of Hendricks County, State of Indiana and, Bride Maria Jean Thomas of _____ of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 13 day of February, 1971

Signed Fred N. Dulan
Official Designation Justice of the Peace
13 day of February, 1971
Signed John Lambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form 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 Bk 32
Date of Application February 9, 1971

MALE

Medical Examination Report Dated 2-5-71
Name of Physician Mo. Scanakorn, M.D.

FEMALE

Medical Examination Report Dated 2-5-71
Name of Physician Mo. Scanakorn, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Stephen Thomas Cunningham
Date of Birth 3 21 1951
Place of Birth (State or foreign country) Illinois
Residence Address 209 1/2 East Main Brownsburg Ind. Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Clerk - Auditor

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) As Card 11-201-51-201

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐

Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

Full name of father George Thomas Cunningham
Residence of father (if deceased so state) 119 Mass. Washington, Ill.
Occupation of father Cell Telephone Rep. Race of father White
Birthplace of father (State or foreign country) Illinois
Full maiden name of mother Coretta Ann Cougha
Residence of mother (if deceased so state) Same
Occupation of mother Nurses Aid Race of mother White
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Steve Cunningham

New Address same as above

Subscribed and sworn to before me this 9th day of February, 1971.
John Samuels, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Brenda Lee Spoon
Date of Birth 10 29 1951
Place of Birth (State or foreign country) Seaborn, Indiana
Residence Address Pittsburg Ind. Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☐ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student - Shipping Clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Insurance Prudential D 46-299-570

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Franklin Lee Spoon
Residence of father (if deceased so state) Pittsburg, Indiana
Occupation of father Bridgeport Brass Race of father White
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Margaret Jane Marshall
Residence of mother (if deceased so state) Pittsburg Indiana
Occupation of mother Cooker Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Brenda Lee Spoon

New Address 209 1/2 E. Main Brownsburg

Subscribed and sworn to before me this 9th day of February, 1971.
John Samuels, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana, dated the 16th day of February, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James O. Powell hereby certify that on the 20 day of February, 1971, at Pittsburg, County of Hendricks, State of Indiana, Groom Stephen Thomas Cunningham and, Bride Brenda Lee Spoon of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 20 day of February, 1971.

Signed James O. Powell

Official Designation United Methodist Pastor

Signed John Samuels, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 39

File Bk 32

February 9, 1971
Date of Application

MALE
Medical Examination Report Dated 2-5-71
Name of Physician M.O. Scanahorn M.D.

FEMALE
Medical Examination Report Dated 2-5-71
Name of Physician M.O. Scanahorn M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Stephen Thomas Cunningham
Date of Birth 3 21 1951
Place of Birth (State or foreign country) Illinois
Residence Address 209 1/2 East Main Brownburg Ind. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk - Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) As Card 11-201-51-201
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 ☐

FEMALE APPLICANT

Name Brenda Lee Spoon
Date of Birth 10 29 1951
Place of Birth (State or foreign country) Indiana
Residence Address Seaborn Pittsburg Ind. Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☐ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student - Shipping Clerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Insurance Prudential D 46-299-570
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

We George Cunningham and Loretta Cunningham give our consent
for our son Stephen Cunningham to marry Brenda Spoon.

Signed George Cunningham
Loretta Cunningham

Witnessed my hand and notary Seal this 30th day
of Jan, 1971

Albert J. Bell
Albert J. Bell
Washington ILL.

White
Indiana
White
Information given
is true and correct.
Bob
Washington
Ind. 1971
Circuit Court

Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana, dated the 16th day of February, 1971, authorizing the joining together as husband and wife
Stephen Thomas Cunningham and Brenda Lee Spoon
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James C. Powell hereby certify that on the 20 day of February,
one thousand nine hundred and seventy one at Pittsburg, County of Hendricks,
State of Indiana, Groom Stephen Thomas Cunningham of Marion County, State of Indiana
and, Bride Brenda Lee Spoon of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County _____
Dated this 20 day of February, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Signed James C. Powell
Official Designation United Methodist Pastor
Signed John Bankhead Clerk
HENDRICKS Circuit Court

Form 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 Baulc 32

2-10-71

Date of Application

MALE

Medical Examination Report Dated 2-10-71

Name of Physician Thomas M. Walker M.D.

FEMALE

Medical Examination Report Dated 2-10-71

Name of Physician Thomas M. Walker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Dana Middle Lewis Last Seegel
Date of Birth Month September Day 25 Year 1950
Place of Birth (State or foreign country) Urbana
Residence Address 4041 Stratford Ct. Judges Manor Sud City Ohio State Ohio
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 Armed ServicesDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) ID card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Charles George Seegel
Residence of father (if deceased so state) same
Occupation of father Real Estate Broker Race of father W
Birthplace of father (State or foreign country) Brooklyn N.Y.

12. Full maiden name of mother Mary Ann Sweeney
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Chicago Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Charles George SeegelNew Address San Francisco Cal.Subscribed and sworn to before me this 10 day of Feb, 1971.John G. Ambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: attached

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Court by written order issued _____ and filed

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1971, authorizing the joining together as husband and wife of Indiana dated the 13 day of February and Theresa Marie Ahart

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward McLaughlin hereby certify that on the 13th day of February

one thousand nine hundred and seventy-one at Danville County of Hendricks

State of Indiana, Groom Dana Lewis Seegel of Marion County, State of Indiana

and, Bride Theresa Marie Ahart of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County. 13 day of February, 1971

Dated this _____ day of _____, 19____.

Signed Edward McLaughlinOfficial Designation Catholic Priest

Signed John G. Ambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

MALE
Medical Exam
Name of Physic

ALL QUESTIONS MUST
tion or pretense shall be

Name First

Date of Birth Month

Place of Birth (State or foreign country)

Residence Address Street or R. R.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Armed Services

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) ID card

1. Are you now or have you been adjudged, diagnosed or considered as:

Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

4. Are you afflicted with a transmissible disease? No ☒ Yes ☐

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐

7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Charles George Seegel

Residence of father (if deceased so state) Same

Occupation of father Mail Wholesale Liquor Race of father W

Birthplace of father (State or foreign country) Brooklyn N.Y.

12. Full maiden name of mother Mary Ann Sweeney

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Chicago Ill.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed X Charles George Seegel

New Address San Francisco Cal.

Subscribed and sworn to before me this 10 day of Feb, 1971

John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS ss:

County of HENDRICKS

Signed attached Father

Signed attached Mother

Subscribed and sworn to before me this 10 day of Feb, 1971

John Gauld Jr Clerk HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County HENDRICKS Court by written order issued

in HENDRICKS authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the 13 day of February, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward McLaughlin hereby certify that on the 13th day of February

one thousand nine hundred and seventy one at Danville, County of Hendricks

State of Indiana, Groom Dana Lewis Seegel of Marion County, State of Indiana

and, Bride Theresa Marie Ahart of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 13 day of February, 1971

Signed Edward McLaughlin

Official Designation Catholic Priest

John Gauld Jr Clerk HENDRICKS Circuit Court

WE CHARLES G AND MARY ANN SEEGL, hereby give my consent for
OUR SON, DANA LEWIS SEEGL
marry THERESA AHART to

Subscribed and sworn to before me this 2 day of Feb, 1971

Charles M Seegel
Mary Ann Seegel
John R. Purcell
Notary Public, Marion Co., Ind.
6-11-73

Date of Birth Month

Place of Birth (State or foreign country)

Residence Address Street or R. R.

Maiden Name if Different

Previous 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 Robert Ahart

Residence of father (if deceased so state) Same

Occupation of father John Shipper Race of father W

Birthplace of father (State or foreign country) West Virginia

8. Full maiden name of mother Sophie Sodosky

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Virginia

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed X Theresa Marie Ahart

New Address San Francisco Cal.

Subscribed and sworn to before me this 10 day of Feb, 1971

John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS ss:

County of HENDRICKS

Signed attached Father

Signed attached Mother

Subscribed and sworn to before me this 10 day of Feb, 1971

John Gauld Jr Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS

No. 41
File Book 32
Date of Application February 1971

MALE
Medical Examination Report Dated 9 Feb 1971
Name of Physician Irving Cohen MD.

FEMALE
Medical Examination Report Dated 10 Feb 1971
Name of Physician Carl Hemlem MD.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Rodney Higgins
Date of Birth September 6 1950
Place of Birth Indpls, Ind.
Residence Address 3249 Six Pk Rd, Indpls, Hend, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation US Army E-4

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Army ID F819096

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father George Dewey Higgins Sr.
Residence of father (if deceased so state) San Jose
Occupation of father Ret. Rm. 1st Lt. Race of father white
Birthplace of father (State or foreign country) Hopkinsville, Ky.
12. Full maiden name of mother Margaret Virginia Stenrod
Residence of mother (if deceased so state) San Jose
Occupation of mother Ret. Rm. 1st Lt. Race of mother white
Birthplace of mother (State or foreign country) Knoxville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Rodney Higgins

New Address 4414 36th Ave, Armour APO 09034

Subscribed and sworn to before me this 10th day of February, 1971.
Clerk John G. Smith Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____

Signed George Higgins Father
Signed Margaret Higgins Mother

Subscribed and sworn to before me this 10th day of February, 1971.
Clerk John G. Smith Circuit Court

FEMALE APPLICANT

Name Rose E. Moore
Date of Birth August 19 1953
Place of Birth Indpls, Ind.
Residence Address R2 Bx 366A, Pk 1d 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 Senior Avon HS.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father James Clinton Moore
Residence of father (if deceased so state) Morgan town, Ind.
Occupation of father Fireman R.P.M. Race of father white
Birthplace of father (State or foreign country) Clinton, Ill.
8. Full maiden name of mother Doris Mae Wiggins
Residence of mother (if deceased so state) R2 Bx 366A Pk 1d
Occupation of mother Avon. Wk. Ass. Race of mother white
Birthplace of mother (State or foreign country) Hendricks, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Rose E. Moore

New Address R2 Bx 366A Pk 1d

Subscribed and sworn to before me this 10th day of February, 1971.
Clerk John G. Smith Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____

Signed James Moore Father
Signed Doris M. Wiggins Mother

Subscribed and sworn to before me this 10th day of February, 1971.
Clerk John G. Smith Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of February, 1971, authorizing the joining together as husband and wife

of Rodney Higgins and Rose E. Moore
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert Moore hereby certify that on the 16th day of February,
one thousand nine hundred and seventy one at Avon, County of Hendricks,
State of Indiana, Groom Rodney Higgins of Hendricks County, State of Indiana,
and, Bride Rose E. 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 16 day of February, 1971.

Signed Robert Moore

Official Designation Ordained Elder

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of February, 1971.

Signed John G. Smith Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 42
File Book 32
2-10-71
Date of Application

MALE
Medical Examination Report Dated 2-5-71
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 2-10-71
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, representa-

MALE APPLICANT
Name Harrell Quane Spox
Date of Birth 8 18 1953
Place of Birth (State or foreign country)
Residence Address 9901 Medallion Ave Indianapolis Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student - Part Time - Tutoring etc.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. St. Bd. of Health # 113-53-063817
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Everett Lee Spox		
Residence of father (if deceased so state)		<u>306 West 1st St.</u>
Occupation of father		<u>Ind. Water Co.</u>
Race of father		<u>white</u>
Birthplace of father (State or foreign country)		<u>Illinois</u>
Full maiden name of mother		<u>Betty Jane Cordes</u>
Residence of mother (if deceased so state)		<u>Same as father</u>
Occupation of mother		<u>Sec. I McArthur</u>
Race of mother		<u>white</u>
Birthplace of mother (State or foreign country)		<u>Illinois</u>

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Daniel Quane Spox
New Address

Subscribed and sworn to before me this 11 day of February, 1971.
John Samuels, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Mother has legal custody of son when NC.
State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed Betty Jane Spox Father
Signed John Samuels, Jr. Mother
Subscribed and sworn to before me this 11 day of February, 1971.
John Samuels, 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 February 11, 1971 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties 3 day waiver no age requirement

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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, 1971, authorizing the joining together as husband and wife of Harrell Quane Spox and Julia Ann Long.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Cliff Burchett, hereby certify that on the 14th day of February, 1971, at Indianapolis, County of Hendricks, State of Indiana, one thousand nine hundred and seventy-one of Hendricks County, State of Indiana, Groom Harrell Quane Spox and, Bride Julia Ann Long were by me united 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, 1971.
Signed Cliff Burchett
Official Designation 16 day of February, 1971.
Signed John Samuels, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of February, 1971.
Signed John Samuels, Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS

No. 43
File Book 32
2-11-71
Date of Application

MALE
Medical Examination Report Dated 2-2-71
Name of Physician James P. Stephens MD

FEMALE
Medical Examination Report Dated 2-2-71
Name of Physician James P. Stephens 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 Eugene Middle Lloyd Last Harmless
Date of Birth Month August Day 5 Year 1949
Place of Birth (State or foreign country) Montgomery Co Ind.
Residence Address Street or R. R. 13 N. Road 450 E. apt C Danville Ind
City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Line man - Public Service
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Lloyd William Harmless
Residence of father (if deceased so state) 314 N. College St. Greencastle
Occupation of father Race of father
Birthplace of father (State or foreign country) Taylor Co.
12. Full maiden name of mother: Mary Eve Whitely
Residence of mother (if deceased so state) 408 E. Market Crawfordsville
Occupation of mother Race of mother W
Birthplace of mother (State or foreign country) Boone Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Eugene Lloyd Harmless

New Address Same as above

Subscribed and sworn to before me this 11 day of February, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1971.
Clerk

FEMALE APPLICANT

Name First Teresa Middle Lynne Last Murdock
Date of Birth Month November Day 5 Year 1948
Place of Birth (State or foreign country) Crawfordsville Ind.
Residence Address Street or R. R. 307 B. Inland St. Crawfordsville Mont 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 Office Clerk - Hospital
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: Charles M. Murdock
Residence of father (if deceased so state) Palmer apt. Crawfordsville
Occupation of father Donnell's Race of father W
Birthplace of father (State or foreign country) Taylor Co. Ind.
8. Full maiden name of mother: Phyllis J. Murdock
Residence of mother (if deceased so state) R. 1 W. Ingate Ind.
Occupation of mother Nurse Aid, Alton Race of mother W
Birthplace of mother (State or foreign country) Fountain Co.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed X Teresa Lynne Murdock
New Address 13 N. Rd 450 E. apt C Danville

Subscribed and sworn to before me this 11 day of Feb, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1971.
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 February, 1971, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul G. Jump, hereby certify that on the 20th day of February, 1971, at Crawfordsville, County of Montgomery, State of Indiana, Groom Eugene Lloyd Harmless of Hendricks County, State of Indiana and, Bride Teresa Lynne Murdock of Montgomery County, State of Indiana were by me united 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, 1971.

Signed Paul G. Jump

Official Designation Minister
24th day of February, 1971

Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 44
File Book 32
Date of Application Feb 16 1971

MALE
Medical Examination Report Dated 2-9-71
Name of Physician Fred A. Hendricks M.D.

FEMALE
Medical Examination Report Dated 2-9-71
Name of Physician Fred A. Hendricks M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Factory Worker - Trans. Mech.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses
Name Age Address
Diana Rae 11
Donald Ray Jr 10
Patty Christine 6
Kathy Louise 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? children on aids to him in court Yes ☒ No ☐

11. Full name of father Elmer Winchester
Residence of father (if deceased so state) 522 Coffey Judges
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) No Business Tenn.
12. Full maiden name of mother Sela Pink Hill
Residence of mother (if deceased so state) same
Occupation of mother Retired Race of mother W
Birthplace of mother (State or foreign country) Cooper Ky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Donald Ray Winchester Sr.
New Address Same

Subscribed and sworn to before me this 16 day of Feb, 1971.
John Gambold Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation L P n
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Operators License 8936007

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Robert Kenneth Crider
Residence of father (if deceased so state) 316 S. Columbus St. Judges Ind
Occupation of father Skilled in Eng. Race of father W
Birthplace of father (State or foreign country) Judges Ind

8. Full maiden name of mother Grace Elizabeth Haynes
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W
Birthplace of mother (State or foreign country) Horse Cave Ky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Mary Kathryn Suggs
New Address R.R. Box 314, Caney Ind.

Subscribed and sworn to before me this 16 day of Feb, 1971.
John Gambold Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Court by written order issued Feb 16 1971 and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court
of Indiana dated the 16 day of February, 1971, authorizing the joining together as husband and wife
of Donald Ray Winchester Sr. and Mary Kathryn Suggs
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Dr. James Payson Martin, hereby certify that on the 19th day of February, 1971,
one thousand nine hundred and seventy one, at Indianapolis, County of Marion, State of Indiana,
Groom, Donald Ray Winchester, of Hendricks County, State of Indiana,
and, Bride, Mary Kathryn Suggs, of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 19th day of February, 1971.

Signed Rev. Dr. James Payson Martin
Official Designation Minister of the Gospel, Church of Christ, Indianapolis, Ind.
Signed John Gambold Jr Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of February, 1971.

Form 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 BK32
2-17-71
Date of Application

MALE

Medical Examination Report Dated 2-16-71
Name of Physician M.O. Scarnahorn

FEMALE

Medical Examination Report Dated 2-16-71
Name of Physician M.O. Scarnahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Charles Gregory Knapp
Date of Birth Oct. 20 1950
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address 512 Douglas Ave. Brownsburg Ind. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation U.S. Army

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) #10162 St. Vincent's 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? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

PAUL ACTON, Ass.

Supporting or contributing to their support? Yes ☐ No ☒
Complying with any court order or orders issued for support? Yes ☐ No ☒

Father George Robert Knapp
Race of father White

Father (if deceased so state) same

Father (State or foreign country) Indpls. Indiana

Name of mother Dorothy Virginia Knapp

Mother (if deceased so state) same

Mother (State or foreign country) Missouri

HENDRICKS } as: I depose and state the information given in this application is true and correct.

Signed Charles G. Knapp

New Address _____

Subscribed and sworn to before me this 17 day of February, 1971.
John Dambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } as:
County of _____

Signed George Robert Knapp Father

Signed Dorothy V. Knapp Mother

Subscribed and sworn to before me this 17 day of February, 1971.
John Dambold, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County Superior Court by written order issued Superior 2-17-71 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Allowed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Gary R. Nash hereby certify that on the 18th day of February, 1971, at Brownsburg, County of Hendricks, State of Indiana, Groom Charles Gregory Knapp and, Bride Caroline Anne Field of Hendricks County, State of Indiana, were by me united 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 February, 1971.

Signed Gary R. Nash Minister

Official Designation Minister

Subscribed and sworn to before me this 24th day of February, 1971.
John Dambold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.

Form 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 Sp32
2-17-71
Date of Application

MALE
Medical Examination Report Dated 2-16-71
Name of Physician M.O. Scanakorn

FEMALE
Medical Examination Report Dated 2-16-71
Name of Physician M.O. Scanakorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Charles Gregory Knapp
Date of Birth Oct. 20 1950
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 512 Douglas Ave. Brownsburg, Ind.
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages 0

FEMALE APPLICANT
Name Carol Anne Field
Date of Birth April 4 1952
Place of Birth (State or foreign country) South Carolina
Residence Address 311 Park Street Brownsburg, Ind.
Maiden Name if Different Carol Anne Field

Last Marriage

Color or Race

Usual Occupati

Date of birth v

☐ Other (

1. Are you ne

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DONALD R. FRENCH, PRINCIPAL



BROWNSBURG HIGH SCHOOL

BROWNSBURG, INDIANA 46112

TELEPHONE: 852-2258

PAUL ACTON, ASS'T PRINCIPAL

To Whom It May Concern:

According to our school records Carol Field's
birthday is 4/4/52.

Donald R. French
Donald R. French
Principal

Subscribed a

CONSENT O

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State of Indi

County of

Subscribed a

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Be it furth

I, John

one thousa

State of In

and, Bride Carol Anne Field

County, State of Indiana

County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of

County.

Dated this 18

day of February

19 71

Signed John R. French

Official Designation Principal

Signed John R. French

Official Designation Principal

Signed John R. French

Official Designation Principal

Signed John R. French

Official Designation Principal

Signed John R. French

Official Designation Principal

Filed and recorded in accordance with the laws of the State of Indiana this

24th day of February

1971

Signed John R. French

Official Designation Principal

Signed John R. French

Official Designation Principal

Signed John R. French

Official Designation Principal

Signed John R. French

Official Designation Principal

HENDRICKS

HENDRICKS

Clerk

Circuit Court

"A Freedom Foundation Award Winning School"

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 46

File Bk 32

2-18-71
Date of Application

MALE

Medical Examination Report Dated 2-12-71

Name of Physician Joseph C. Kerlin

FEMALE

Medical Examination Report Dated 2-12-71

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 William Roy Warren
Date of Birth June 8 1952
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address 1111 Banbridge Putnam 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 High School - Senior - Putnam
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) School record Banbridge
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father James Roy Warren
Residence of father (if deceased so state) Same
Occupation of father R.C.A. Race of father White
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Jordan Carrie Dean
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed William Roy Warren
New Address

Subscribed and sworn to before me this 18 day of February, 1971.
John Sanbald, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed James J. Warren Father
Signed Jordan Carrie Dean Warren Mother

Subscribed and sworn to before me this 18 day of February, 1971.
John Sanbald, 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

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 22 day of February, 1971, authorizing the joining together as husband and wife
William Roy Warren and Glenna Joyce Hendricks

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Jack Sanbald, hereby certify that on the 28th day of February, 1971, at Greencastle, Putnam County, State of Indiana, Groom William Roy Warren of Hendricks County, State of Indiana, and, Bride Glenna Joyce 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 28 day of February, 1971.
Signed Rev. Jack Sanbald
Official Designation Minister
day of February, 1971.
Signed John Sanbald, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 47
File Book 32
2-19-71
Date of Application

MALE

Medical Examination Report Dated 2-5-71
Name of Physician Mark N. Follmer

FEMALE

Medical Examination Report Dated 2-5-71
Name of Physician Mark N. Follmer M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Gene Elliott
Date of Birth 7 9 1948
Place of Birth (State or foreign country) Indiana
Residence Address Rt 10 Bloomington Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Carpenter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB 7-9-48

☐ Other (Specify) Indiana # 303-54-0331 07

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father James Elliott

Residence of father (if deceased so state) Gene

Occupation of father Truck Driver Race of father white

Birthplace of father (State or foreign country) Sturgisville AL

12. Full maiden name of mother Eva Ruth Richardson

Residence of mother (if deceased so state) same

Occupation of mother maid Race of mother white

Birthplace of mother (State or foreign country) Bloomington Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Gene Elliott

New Address Rt 10 Bloomington

Subscribed and sworn to before me this 19 day of February, 19 71

John Hancock Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name Janet Lynn Harbaugh
Date of Birth 3 10 1952
Place of Birth (State or foreign country) Indiana
Residence Address 907 Walton Ave Ellettsville Ind
Maiden Name if Different _____

Previous 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 # B 8765

☐ Other (Specify) Mary Therman Hospital, Sullivan Ind

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father John Harbaugh

Residence of father (if deceased so state) deceased

Occupation of father _____ Race of father _____

Birthplace of father (State or foreign country) Sullivan Ind

8. Full maiden name of mother Wanda Moore

Residence of mother (if deceased so state) 907 Walton Peppher

Occupation of mother Busby Race of mother white

Birthplace of mother (State or foreign country) Brownville Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Janet Harbaugh

New Address _____

Subscribed and sworn to before me this 19 day of February, 19 71

John Hancock Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

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 23rd day of February, 19 71, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Janet Lynn Harbaugh

I, James Allen William hereby certify that on the 26th day of March,

one thousand nine hundred and seventy at Brownsville, County of Hendricks,

State of Indiana, Groom Gene Elliott of Marion County, State of Indiana

and, Bride Janet Lynn Harbaugh of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 day of March, 19 71.

Signed James Allen William

Official Designation Justice of the Peace

Signed John Hancock Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of March, 19 71.

Form 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

2-19-71

Date of Application

MALE

Medical Examination Report Dated 2-15-71

Name of Physician Lofton Kennedy Jr

FEMALE

Medical Examination Report Dated 2-15-71

Name of Physician Lofton Kennedy 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 Robert Middle Lee Last Holland
Date of Birth Month August Day 26 Year 1951
Place of Birth (State or foreign country) Judges
Residence Address 44 Lincoln Drive Bowling Head Ind.
City Marion County State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Produce Clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) I D card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Robert Francis Holland

Residence of father (if deceased so state)

Occupation of father Race of father W

Birthplace of father (State or foreign country) Judges Ind

12. Full maiden name of mother Clara Genevieve Thompson

Residence of mother (if deceased so state) same

Occupation of mother House wife Race of mother W

Birthplace of mother (State or foreign country) Rock Castle Ky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of

Signed Robert Lee Holland

New Address 2913 Embassy Ct Speedway

Subscribed and sworn to before me this 19 day of Feb, 1971.

John Gauld Jr Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

mother has full custody through divorce

State of Indiana, Hendricks } ss:

County of

Signed Clara Genevieve McClain

Signed Robert Lee Holland

Subscribed and sworn to before me this 19 day of Feb, 1971.

John Gauld Jr Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued

HENDRICKS

County

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court, Indiana dated the 23rd day of February, 1971, authorizing the joining together as husband and wife of Robert Lee Holland and Nancy Lee Grogg.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 26th day of March, February

I, James W. Bauer, hereby certify that on the 26th day of March, 1971, at Indianapolis, County of Marion, State of Indiana, Groom Robert Lee Holland, of Marion, County, State of Indiana, and, Bride Nancy Lee Grogg, 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 26 day of February, 1971.

Signed James W. Bauer

Official Designation Justice of Peace

22 day of March, 1971

Signed John Gauld Jr Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 49
File Buck 32
Date of Application 2-19-71

MALE
Medical Examination Report Dated 2-10-71
Name of Physician Thomas M. Walker MD

FEMALE
Medical Examination Report Dated 2-10-71
Name of Physician Thomas M. Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Philip Perry Piccione
Date of Birth August 23 1951
Place of Birth (State or foreign country) Indiana
Residence Address 122 Williams Dr apt 6 Browning Head Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Printer - Public Service
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) ID card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Salvatore John Piccione
Residence of father (if deceased so state) _____
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Jean Marie Snapp
Residence of mother (if deceased so state) 276 N. Center Plainfield
Occupation of mother Link - Belt Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Philip Perry Piccione
New Address same as above

Subscribed and sworn to before me this 19 day of Feb, 1971.
John Gansbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed attached Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Janice Lee Spencer
Date of Birth Sept 5 1951
Place of Birth (State or foreign country) Indiana
Residence Address 82 R2 Box 169 F Plainfield Head Ind
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Typist - Public Service

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Adrian D. Spencer
Residence of father (if deceased so state) same
Occupation of father Perm Central Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Gladys E. Hartman
Residence of mother (if deceased so state) same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Janice Lee Spencer

New Address 122 Wms Dr Browning

Subscribed and sworn to before me this 19 day of Feb, 1971.
John Gansbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed in _____ County _____ Court by written order issued _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 27th day of February, 1971, authorizing the joining together as husband and wife of Philip Perry Piccione and Janice Lee Spencer

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, Rev. Thomas G. Perry hereby certify that on the 6th day of March, at Plainfield, County of Hendricks, State of Indiana, Groom Philip Perry Piccione of Hendricks County, State of Indiana and, Bride Janice Lee Spencer of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 6th day of March, 1971.

Signed Rev. Thomas G. Perry
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of March, 1971.

Signed John Gansbold Jr Clerk HENDRICKS Circuit Court

Form 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 Bualc 32
2-19-71
Date of Application

MALE
Medical Examination Report Dated 2-10-71
Name of Physician Thomas M. Walker MD

FEMALE
Medical Examination Report Dated 2-10-71
Name of Physician Thomas M. Walker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Phillip Perry Piccione
Date of Birth Month Day Year
August 23 1951
Place of Birth (State or foreign country) Marion Ind.
Residence Address Street or R. R. City County State
122 Williams Dr apt 6 Brownburg Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Printer - Public Service

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) ID card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Salvatore John Piccione

Residence of father (if deceased so state)

FEMALE APPLICANT

Name First Middle Last
Janice Lee Spencer
Date of Birth Month Day Year
2 Sept 5 1951
Place of Birth (State or foreign country) Marion Ind.
Residence Address Street or R. R. City County State
82 R2 Box 169 F Plainfield Ind
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Typist - Public Service

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Addison D. Spencer

Residence of father (if deceased so state) Same

Occupation of father Penn Central Race of father W

Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Gladys E. Hartman

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of

Signed Janice Lee Spencer

New Address 122 Wms Dr Brownburg

Subscribed and sworn to before me this 19 day of Feb 1971

John Gaudet dr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:

County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

RT. A marriage license having been refused to the above named parties, the court by written order issued and filed of a marriage license to the above named parties.

SE AND MARRIAGE CERTIFICATE

Issued by the clerk of the HENDRICKS Circuit Court

1971, authorizing the joining together as husband and wife

and Janice Lee Spencer

office, to-wit:

hereby certify that on the 6th day of March

at Brown County of Hendricks

of Hendricks County, State of Indiana

Hendricks County, State of Indiana

that purpose by the Clerk of the Circuit Court of HENDRICKS

Signed Rev. Thomas D. Perry

Official Designation Minister

10 day of March 1971

Signed John Gaudet Jr Clerk

HENDRICKS Circuit Court

February 18, 1971

I Joan M. Shields the mother of Phillip P. Piccione hereby give my consent for my son to marry Janice L. Spencer.

I further state by virtue of divorce obtained in Marion County on June 19th, 1964 I was awarded full custody of my son and hereby give sole consent.

Joan M. Shields
276 N. Center St.
Plainfield, Indiana
46168

Mildred H. Lovell

Notary Public

My commission expires June 2, 1973

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 50

File Book 32

2-19-71

Date of Application

MALE

Medical Examination Report Dated 2-18-71

Name of Physician R W Kuntley MD

FEMALE

Medical Examination Report Dated 2-18-71

Name of Physician R W Kuntley MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Jerry Middle Lee Last Anderson
Date of Birth Month September Day 9 Year 1942
Place of Birth (State or foreign country) Indiana
Residence Address RR 1 Box 4203 City Marion Ind County Clayton State Ind
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Factory Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John Capfield Anderson
Residence of father (if deceased so state) deceased
Occupation of father Serv. Station Race of father W
Birthplace of father (State or foreign country) Switzerland & Ind
12. Full maiden name of mother Gladys Inez Thompson
Residence of mother (if deceased so state) RR 1 Clayton
Occupation of mother Home wife Race of mother W
Birthplace of mother (State or foreign country) Hendricks Co.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Jerry Lee Anderson
New Address RR 1 Box 4203 Clayton
Subscribed and sworn to before me this 19 day of Feb, 1971.
John Gansfield Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Judy Middle Lee Last Anderson
Date of Birth Month July Day 11 Year 1942
Place of Birth (State or foreign country) Indiana
Residence Address Cartersburg City Marion Ind County Clayton State Ind
Maiden Name if Different Deep
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Estine Ora Deep
Residence of father (if deceased so state) Cartersburg
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Carroll Ind

8. Full maiden name of mother Ada Marie York
Residence of mother (if deceased so state) same
Occupation of mother Domestic Serv Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Judy Lee Anderson
New Address RR 1 Box 4203 Clayton
Subscribed and sworn to before me this 19 day of Feb, 1971.
John Gansfield Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of February, 1971, authorizing the joining together as husband and wife of Jerry Lee Anderson and Judy Lee Anderson.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Dale R. Jackson, hereby certify that on the 26th day of February,
at Marion, County of Marion,
one thousand nine hundred and seventy one, County, State of Indiana,
State of Indiana, Groom Jerry Lee Anderson of Hendricks County, State of Indiana,
and, Bride Judy Lee 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 _____
County, _____
Dated this 26 day of February, 1971.
Signed Dale R. Jackson
Official Designation Minister
day of Marion, 1971.
Signed John Gansfield Jr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 51
File 2-22-71
Book 32
Date of Application

MALE
Medical Examination Report Dated 2-19-71
Name of Physician Dr. James Black

FEMALE
Medical Examination Report Dated 2-20-71
Name of Physician Dr. Glen Baker

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name John First Donald Middle Carlson Last
Date of Birth March 6 Month 1948 Day 1948 Year
Place of Birth (State or foreign country) Wisconsin
Residence Address 538 E. Enders Ave. Apt 7 Brownsburg Ind. City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Welder - E. J. Brown

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree D0336-48

☐ Other (Specify) Immigration Reg #371

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 Lee Roseberry
Residence of father (if deceased so state) Box 83C Brownsburg
Occupation of father Stenographer Race of father White
Birthplace of father (State or foreign country) Indiana, Kansas
12. Full maiden name of mother Beverly Ellen Fritch
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) Eugene, Indiana

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of

Signed John Donald

New Address

Subscribed and sworn to before me this 22 day of February, 1971
John Donald Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Patricia First Pauline Middle Carlone Last
Date of Birth May 17 Month 1951 Day 1951 Year
Place of Birth (State or foreign country) Wisconsin
Residence Address 538 E. Enders Ave. Apt 7 Brownsburg Ind. City Brownsburg County Hendricks State Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Beautician

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 148-51-484-50 Wisconsin State Board of Health

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Joseph Carlone
Residence of father (if deceased so state) 910 S. Water St. Apple Wis.
Occupation of father Mechanic Race of father White
Birthplace of father (State or foreign country) San Jose, Wis.
8. Full maiden name of mother Beverly Ellen Fritch
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) Apple, Wisconsin

State of Indiana, **HENDRICKS** ss: I depose and state the information given in this application is true and correct.
County of

Signed Patricia Pauline Carlone

New Address

Subscribed and sworn to before me this 22 day of Feb, 1971
John Donald Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 26 day of February, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Dell hereby certify that on the 27th day of February,
one thousand nine hundred and seventy-one at Brownsburg, County of Hendricks,
State of Indiana, Groom John Donald of Hendricks County, State of Indiana
and, Bride Patricia Pauline Carlone of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 26 day of February, 1971.

Signed Rev. Charles Dell

Official Designation Catholic Priest

Signed John Donald day of March, 1971.

HENDRICKS Clerk
Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 52

File Book 32

2-22-71

Date of Application

MALE

Medical Examination Report Dated 2-10-71

Name of Physician Charles E. James M.D.

FEMALE

Medical Examination Report Dated 2-10-71

Name of Physician Charles E. James M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Wright
Date of Birth 7 29 1942
Place of Birth (State or foreign country) Indiana
Residence Address 143 Brownburg Hendricks Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Annulment 1971
Color or Race White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Leppman IBM
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree DOB 7-29-42
☐ Other (Specify) William Memorial Hospital

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Lada 2 1/2 1177 Lovell Dr

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father Russell Henry Wright
Residence of father (if deceased so state) deceased
Occupation of father _____
Birthplace of father (State or foreign country) Quincy Ind.
12. Full maiden name of mother Mary Catherine Cypsel
Residence of mother (if deceased so state) 206 Long St. Hamilton
Occupation of mother Clerk - Emporium
Birthplace of mother (State or foreign country) Boone Co. Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Robert Wright

New Address _____
Subscribed and sworn to before me this 22 day of Feb, 1971
John Danbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Carol Young
Date of Birth 1 27 1942
Place of Birth (State or foreign country) Indiana
Residence Address 143 Brownburg Hendricks Indiana
Maiden Name if Different Moran
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Annulment 1970
Color or Race White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk - Finance Center
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree DOB 1-27-42
☐ Other (Specify) # 575 - Methodist Hospital

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Robert William Moran
Residence of father (if deceased so state) deceased
Occupation of father Retired - Woodchuck
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Evelyn Mae Roush
Residence of mother (if deceased so state) deceased
Occupation of mother Housewife
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Carol Young
New Address _____

Subscribed and sworn to before me this 22 day of Feb, 1971
John Danbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued 2-22-71 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day license

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court by written order issued 2-22-71 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day license
of Indiana dated the 22 day of Feb, 1971, and Carol D. Young
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Phillip W. Lewis hereby certify that on the 22nd day of February,
one thousand nine hundred and seventy one at Hamilton County, State of Indiana,
State of Indiana, Groom Robert L. Wright of Hendricks County, State of Indiana,
and, Bride Carol A. Young of Hamilton County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County,
Dated this 22nd day of February, 1971.
Signed Phillip W. Lewis
Official Designation Minister
26 day of February, 1971
Signed John Danbold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 53
File Book 32
2-23-71
Date of Application

MALE
Medical Examination Report Dated 2-24-71
Name of Physician Fred R. Warburton

FEMALE
Medical Examination Report Dated 2-3-71
Name of Physician Maurice J. Kallier M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James First Walter Middle Johnson Last
Date of Birth 34 Month 1948 Year
Place of Birth (State or foreign country) Kentucky
Residence Address 610 Hillcrest Dr. Springfield Hendricks Ind. Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Kentucky - Madison Co - Mar 26 1948

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Walter Johnson
Residence of father (if deceased so state) same
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Grace Griffith
Residence of mother (if deceased so state) same
Occupation of mother Hotel Assistant Race of mother White
Birthplace of mother (State or foreign country) Madison Co. Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed James Walter Johnson

New Address _____

Subscribed and sworn to before me this 23rd day of Feb, 1971
John Sanboed Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 27th day of February, 1971, authorizing the joining together as husband and wife
James Walter Johnson and Christy Jeanne Coryell

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1, Maurice J. Kallier hereby certify that on the 27th day of February,
one thousand nine hundred and seventy one at Springfield, County of Hendricks,
State of Indiana, Groom James Walter Johnson of Hendricks County, State of Indiana
and, Bride Christy Jeanne Coryell of Marietta County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 27th day of February, 1971
Signed Maurice J. Kallier
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of April, 1971
Signed John Sanboed Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 54
File 832
Date of Application 2-23-71

MALE

Medical Examination Report Dated 2-22-71

Name of Physician Lawrence A. Rutz M.D.

FEMALE

Medical Examination Report Dated 2-22-71

Name of Physician Lawrence A. Rutz M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Ernest Roy Williams
Date of Birth Feb 3 1939
Place of Birth (State or foreign country) Sanville Illinois
Residence Address P.O. Box 102 Griffith Lake Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Administrator

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) #3676

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Ernest Roy Williams
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W.
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Anna Mae Tucker
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother W.
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Ernest Roy Williams
New Address P.O. Box 102 Griffith Lake Indiana

Subscribed and sworn to before me this 23 day of February, 1971
John Sanbald, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Sally Ann Worrell
Date of Birth Oct 29 1944
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address 440 Chatham Drive Brownsburg Ind. Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Teacher

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) #7338 Methodist Hospital

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Woodard Worrell
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W.
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Mary Louise Hughes
Residence of mother (if deceased so state) same
Occupation of mother Credit Manager Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Sally Ann Worrell
New Address P.O. Box 102 Griffith Lake Ind.

Subscribed and sworn to before me this 23 day of February, 1971
John Sanbald, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother
Signed _____

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1971, authorizing the joining together as husband and wife of Indiana dated the _____ day of March _____ and Sally Ann Worrell

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Reuben R. Sutton hereby certify that on the 6th day of March _____

at Chapel Rock Christian Church County of Marion
one thousand nine hundred and seventy one of Lake County, State of Indiana

State of Indiana, Groom Ernest Roy Williams of Hendricks County, State of Indiana
and, Bride Sally Ann Worrell of _____ County, State of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____

Dated this 6th day of March, 1971
Signed Reuben R. Sutton
Official Designation Christian Minister

10 day of March, 1971
Signed John Sanbald, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 55
File Bk. 31
Feb. 23, 1971
Date of Application

MALE
Medical Examination Report Dated Feb. 22, 1971
Name of Physician John Elliott Jr. M.D.

FEMALE
Medical Examination Report Dated Feb. 22, 71
Name of Physician John Elliott Jr. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Michael Dennis Stone
Date of Birth Feb. 21 52
Place of Birth (State or foreign country) Putnam County
Residence Address R.R. #2 Coatesville City Putnam County Ind. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Farmer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 37818-B

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Sam Davis Stone
Residence of father (if deceased so state) R.R. #2 Coatesville, Ind.
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Putnam, Ind.
12. Full maiden name of mother Ellen Elizabeth Rose
Residence of mother (if deceased so state) R.R. #2 Coatesville
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Morgan County

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Michael Stone
New Address R.R. #2 Coatesville, Ind.

Subscribed and sworn to before me this 23 day of Feb. 19 71
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed Sam Stone Father
Signed Ellen Stone Mother

Subscribed and sworn to before me this 23 day of Feb. 19 71
John Gambold Jr. Clerk

FEMALE APPLICANT

Name Peggy Lee Bungardner
Date of Birth Aug. 27 54
Place of Birth (State or foreign country) Putnam County Hospital
Residence Address R.R. #1 Coatesville, Ind. City Putnam County Ind. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 43858-B

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Randolph Bungardner
Residence of father (if deceased so state) R.R. #1 Coatesville, Ind.
Occupation of father Factory Worker Race of father White
Birthplace of father (State or foreign country) Summerset, Ky.
8. Full maiden name of mother Hazel Arlene Allen
Residence of mother (if deceased so state) R.R. #1 Coatesville, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Pruden, Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Peggy Bungardner
New Address R.R. #2 Coatesville, Ind.

Subscribed and sworn to before me this 23 day of Feb. 19 71
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed George Bungardner Father
Signed Hazel A Bungardner Mother

Subscribed and sworn to before me this 23 day of Feb. 19 71
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

HENDRICKS

Circuit Court

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of February, 19 71, authorizing the joining together as husband and wife of Michael Dennis Stone and Peggy Lee Bungardner.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Larry Alan McFee hereby certify that on the 27th day of February, one thousand nine hundred and seventy one at Hendricks, County of Hendricks, State of Indiana, Groom Michael Dennis Stone and, Bride Peggy Lee Bungardner of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 27 day of February, 19 71.

Signed Larry A. McFee
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of March, 19 71
Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 56
File 32
2-25-71
Date of Application

MALE
Medical Examination Report Dated 2-22-71
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 2-22-71
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT
Name Sam Weddle
Date of Birth March 23 1948
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address 12 Box 448 Indpls. Inds Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Construction
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #401 Morgan County 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? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

11. Full name of father Virgil C. Weddle
Residence of father (if deceased so state) 12 Box 448
Occupation of father Self Employed Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Elizabeth Henderson
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Sam Weddle
New Address 315 Welcome Way Dr.
Subscribed and sworn to before me this day of 1971
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1971
Clerk Circuit Court

FEMALE APPLICANT
Name Wanda King
Date of Birth February 6 1952
Place of Birth (State or foreign country) Tennessee
Residence Address 5009 W. Sadler Indpls. Inds Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Indiana Bell
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 47684

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Herman King
Residence of father (if deceased so state) Same
Occupation of father Chrysler Race of father W
Birthplace of father (State or foreign country) Tennessee
8. Full maiden name of mother Carol Lee Carson
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Tennessee

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Wanda King
New Address 315 Welcome Way Dr.
Subscribed and sworn to before me this day of 1971
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 1971
Clerk Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court, authorizing the joining together as husband and wife of Indiana dated the 4th day of March 1971, and Wanda King
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Floyd Alexander, hereby certify that on the 6th day of March 1971, at Bridgeport, Hendricks County, Indiana, one thousand nine hundred and seventy one, of Marion County, State of Indiana, Groom Samuel Ira Weddle, and, Bride Wanda Lynn King, were by me united 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 1971
Signed Rev. Floyd Alexander
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 17th day of March 1971
Signed John Sankel, Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. Bo 59File Book 322-25-71

Date of Application

MALE Medical Examination Report Dated 2-24-71Name of Physician J. R. Coughenour M.D.

FEMALE

Medical Examination Report Dated 2-24-71Name of Physician J. R. Coughenour M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Andrew Pollard
Date of Birth Sept 7 1953
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address R.R. #1 Box 217B Danville Ind.
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 StudentDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father David Leroy Pollard
Residence of father (if deceased so state) R.R. #1 Box 217B Danville Ind.
Occupation of father Assistant Postmaster Race of father White
Birthplace of father (State or foreign country) Greencastle Ind.

12. Full maiden name of mother Elizabeth May Bartlett
Residence of mother (if deceased so state) R.R. #1 Box 217B Danville Ind.
Occupation of mother Secretary Race of mother White
Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Mary Louise WallaceNew Address R.R. #3 Danville Ind.

Subscribed and sworn to before me this 25th day of Feb, 1971
John Lambold Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, **HENDRICKS** } ss:
County of.....

Signed David Leroy Pollard FatherSigned Elizabeth May Bartlett Mother

Subscribed and sworn to before me this 25th day of Feb, 1971
John Lambold Jr. Clerk

FEMALE APPLICANT

Name Mary Louise Wallace
Date of Birth Aug 30 1953
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address R.R. #3 Box 169 Danville Ind.
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 StudentDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Billie James Wallace
Residence of father (if deceased so state) R.R. #3 Box 169 Danville Ind.
Occupation of father Spatter - Eastern Express Race of father White
Birthplace of father (State or foreign country) Greencastle Ind.

8. Full maiden name of mother Mary Lou Alexander
Residence of mother (if deceased so state) R.R. #3 Box 169 Danville Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Greencastle Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Mary Louise Wallace

New Address.....

Subscribed and sworn to before me this 25th day of Feb, 1971
John Lambold Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, **HENDRICKS** } ss:
County of.....

Signed Billie James Wallace FatherSigned Mary Lou Alexander Mother

Subscribed and sworn to before me this 25th day of Feb, 1971
John Lambold Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County..... Court by written order issued Feb 25, 1971 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

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the.....
of Indiana dated the 26th day of Feb, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. John L. Harrison hereby certify that on the 27th day of February, 1971, at Danville, County of Hendricks, State of Indiana

one thousand nine hundred and seventy of Danville, County of Hendricks, State of Indiana
State of Indiana, Groom Andrew Pollard of Danville, County of Hendricks, State of Indiana
and, Bride Mary Louise Wallace of Danville, County of Hendricks, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County.
Dated this 27th day of February, 1971.

Signed Rev. John L. HarrisonOfficial Designation Ordained Minister

Signed John Lambold Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.....

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 58

File Book

2-26-71

Date of Application

MALE

Medical Examination Report Dated Feb. 24-71

Name of Physician Fred Warbenton M.D.

FEMALE

Medical Examination Report Dated Feb. 24-71

Name of Physician Fred Warbenton M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First John Middle E. Last Lee
Date of Birth Month April Day 17 Year 1943
Place of Birth (State or foreign country) Danville Illinois
Residence Address Street or R. R. City County State
140 Crawford Clayton Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Aug. 24, 1970
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Bus Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License - 309-44-0982-02

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Andrea M. Lee 4 1769 S. High School Rd.

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order of orders issued for their support? Yes ☒ No ☐

11. Full name of father Elmer Harold Lee
Residence of father (if deceased so state) 40 Crawford St. Clayton Ind.
Occupation of father Fireman Railroad Race of father White
Birthplace of father (State or foreign country) Crawfordville

12. Full maiden name of mother Paulah Eudora Pratt
Residence of mother (if deceased so state) 140 Crawford St. Clayton Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Clinton, Ill.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed John E. Lee
New Address 827 Wayside Drive, Plainfield

Subscribed and sworn to before me this 26 day of Feb., 1971.
John Hambold Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, Hendricks } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name First Karen Middle E. Last Bertram
Date of Birth Month April Day 14 Year 49
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address Street or R. R. City County State
827 Wayside Drive Plainfield Ind.
Maiden Name if Different Karen Gieselman
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ June 23, 1969
Color or Race White ☐ Negro ☐ Other ☐ (specify) _____

Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father Charles Dean Gieselman
Residence of father (if deceased so state) 340 S. Dearborn Indianapolis
Occupation of father Machinest Race of father White
Birthplace of father (State or foreign country) Princeton, Ind.

8. Full maiden name of mother Ethel Clara Stevens
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Princeton, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Karen Bertram
New Address 827 Wayside Dr. Plainfield, Ind.

Subscribed and sworn to before me this 26 day of Feb., 1971.
John Hambold Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, Hendricks } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

Hendricks County Circuit Court by written order issued _____ and filed in _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Hendricks Circuit Court

of Indiana dated the 26 day of February, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ hereby certify that on the _____ day of _____, 19____, at _____ County of _____

one thousand nine hundred and _____ of _____ County, State 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, _____, 19____. Signed _____ Official Designation _____, 19____. Clerk

Dated this _____ day of _____, 19____. Signed _____ Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 59
File BP 32
Date of Application 2-26-71

MALE
Medical Examination Report Dated 2-12-71
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 2-26-71
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 Terry Middle W. Last Summers
Date of Birth Month 12 Day 13 Year 1943
Place of Birth (State or foreign country) Brazil Indiana
Residence Address Rt 2 Box 88 Clayton 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 Police
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. License 5562-43493

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Richard J. Summers		

(b) Are you supporting or contributing to their 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 J. Summers
Residence of father (if deceased so state) same
Occupation of father Welder Clay County Ind Race of father W.
Birthplace of father (State or foreign country) Clayton
12. Full maiden name of mother Blaise Thorne Starrett
Residence of mother (if deceased so state) same
Occupation of mother Housewife Indiana Clay Co. Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Terry W. Summers
New Address _____

Subscribed and sworn to before me this 26 day of February, 1971.
John Canbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name First Cheryl Middle D. Last Hamilton
Date of Birth Month 9 Day 11 Year 1948
Place of Birth (State or foreign country) Bellville Indiana
Residence Address Rt 1 Box 96 Clayton Ind
Maiden Name if Different same
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Indo 1968
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. License 314-4843313-04

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Donnie Hamilton
Residence of father (if deceased so state) same
Occupation of father Driver Hendricks Co. Ind Race of father W.
Birthplace of father (State or foreign country) Hayes L. Perkins
8. Full maiden name of mother same
Residence of mother (if deceased so state) same
Occupation of mother Housewife Marion Ind Race of mother W.
Birthplace of mother (State or foreign country) Marion

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Cheryl D. Hamilton
New Address _____

Subscribed and sworn to before me this 26 day of February, 1971.
John Canbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 2 day of March, 1971, authorizing the joining together as husband and wife of Terry W. Summers and Cheryl D. Hamilton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, M. L. Cravley hereby certify that on the 6th day of March, one thousand nine hundred and seventy one at Plainfield, County of Hendricks, State of Indiana, Groom Terry W. Summers of Hendricks County, State of Indiana and, Bride Cheryl D. Hamilton of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 6 day of March, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.

Signed M. L. Cravley
Official Designation Justice of Peace
Signed John Canbold Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 60
File Bk 32
3-1-71
Date of Application

MALE

Medical Examination Report Dated 2-20-71
Name of Physician Ritchie Coons M.D.

FEMALE

Medical Examination Report Dated 2-20-71
Name of Physician Ritchie Coons M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Machine Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver License # 306-42-7405-09

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Mary Jeanette Dillon 11

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
- Full name of father: Chester Arthur Dillon
Residence of father (if deceased so state): Same
Occupation of father: Retired
Birthplace of father (State or foreign country): Hendricks Co. Ind.
Race of father: white
 - Full maiden name of mother: Annice Opal Medsker
Residence of mother (if deceased so state): Same
Occupation of mother: U.S. Royal
Birthplace of mother (State or foreign country): Indiana
Race of mother: white

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed: Chester Lee Dillon
New Address: RR1 Whitestown
Subscribed and sworn to before me this 1 day of March, 1971.
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Stewart Warner

- Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver License # 307-52-5544-09
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
 - Are you afflicted with a transmissible disease? No ☐ Yes ☐
 - Are you related to the groom closer than second cousin? No ☐ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☐ Yes ☐
 - Full name of father: Victor John Taylor Sr.
Residence of father (if deceased so state): deceased
Occupation of father: _____
Birthplace of father (State or foreign country): Lebanon Ind.
Race of father: _____

8. Full maiden name of mother: Rosa Norma Rye
Residence of mother (if deceased so state): Lebanon Ind.
Occupation of mother: Retired
Birthplace of mother (State or foreign country): Lebanon Indiana
Race of mother: _____

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed: Rose Marie Samell
New Address: RR1 Whitestown Ind.
Subscribed and sworn to before me this 1 day of March, 1971.
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court
of Indiana dated the 5th day of March, 1971, authorizing the joining together as husband and wife
of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the 14th day of March
at _____ County of _____
one thousand nine hundred and seventy one _____
State of Indiana, Groom: Chester Lee Dillon
and, Bride: Rose Marie Samell
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 14 day of March, 1971.
Signed: _____
Official Designation: _____
Signed: _____ Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 61
File Bk 22
3-1-71
Date of Application

MALE
Medical Examination Report Dated 2-17-71
Name of Physician Fred Warbinton

FEMALE
Medical Examination Report Dated 2-17-71
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 John Russell
Date of Birth 6 22 1910
Place of Birth (State or foreign country) Indiana
Residence Address Box 434 Greenwood Indiana Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1967
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Maintenance - Howard Works
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB 6-22-11
☐ Other (Specify) Driver's License # 307-03-701306

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Joseph Charles Russell		
Residence of father (if deceased so state) <u>deceased</u>		
Occupation of father <u>deceased</u>		
Birthplace of father (State or foreign country) <u>Clay Co Indiana</u>		
Full maiden name of mother <u>Thera Bell</u>		
Residence of mother (if deceased so state) <u>deceased</u>		
Occupation of mother <u>deceased</u>		
Birthplace of mother (State or foreign country) <u>Clay Co Indiana</u>		

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Joseph Charles Russell
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father white
Birthplace of father (State or foreign country) Clay Co Indiana
12. Full maiden name of mother Thera Bell
Residence of mother (if deceased so state) deceased
Occupation of mother deceased Race of mother white
Birthplace of mother (State or foreign country) Clay Co Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed John P. Russell
New Address Box 434 Greenwood Indiana Ind.
Subscribed and sworn to before me this 7th day of March, 1971.
John Sanborn Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, **HENDRICKS** } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Emma Lorene Liddil
Date of Birth 7 25 1918
Place of Birth (State or foreign country) Indiana
Residence Address Box 434 Greenwood Indiana Ind.
Maiden Name if Different Harris
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 Captain's Clerk Bell
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB 7-25-18
☐ Other (Specify) Driver's License # 314-24-8554-06

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father James James Harris
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father white
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Stevenson
Residence of mother (if deceased so state) deceased
Occupation of mother deceased Race of mother white
Birthplace of mother (State or foreign country) Clay Co Indiana

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Emma Lorene Liddil
New Address Box 434 R.R. 4 Greenwood Indiana Ind.
Subscribed and sworn to before me this 1st day of March, 1971.
John Sanborn Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, **HENDRICKS** } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE **HENDRICKS** Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana dated the 5th day of March, 1971, authorizing the joining together as husband and wife of John P. Russell and Emma Lorene Liddil.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, M. L. Crowley hereby certify that on the 6th day of March, 1971, at Blairfield, County of Hendricks, State of Indiana, Groom John P. Russell of Hendricks County, State of Indiana, and, Bride Emma Lorene Liddil of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 6th day of March, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.

Signed M. L. Crowley
Official Designation Justice of Peace
Signed John Sanborn Jr. Clerk **HENDRICKS** Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 62

File Book 32

March 2-71
Date of Application

MALE

Medical Examination Report Dated 2-26-71

Name of Physician Mark P. Tarkenton

FEMALE

Medical Examination Report Dated 2-26-71

Name of Physician Mark P. Tarkenton

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Owen Wilson
Date of Birth 4/16/35
Place of Birth (State or foreign country) Crawford, Ill.
Residence Address 530 Paines, Plainfield, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Oct. 15-70
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Yard Conductor - Penn Central
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

Other (Specify) Drivers License - W425-35176

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses
Name Age Address
Low Ann Wilson 13 4120 Independence Dr. Indianapolis, 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 Owen Perry Wilson
Residence of father (if deceased so state) Bridgeport, Ill.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Grace Anderson
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother White
Birthplace of mother (State or foreign country) Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Robert Wilson
New Address 420 Dan Jones Road

Subscribed and sworn to before me this 2 day of March, 1971.
John Hambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Linda Lee Bailey
Date of Birth 7/27/42
Place of Birth (State or foreign country) Clay City, Ind.
Residence Address 420 Dan Jones Road, Plainfield, Ind.
Maiden Name if Different Linda Greenwell
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Dec. 21-1970
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Truckman Cleaners
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

Other (Specify) Drivers License 315-424971-00

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Willis Melvin Greenwell
Residence of father (if deceased so state) 1200 Main St. Clay City, Ind.
Occupation of father General Telephone Race of father White
Birthplace of father (State or foreign country) Clay City, Ind.

8. Full maiden name of mother Mildred May Michael
Residence of mother (if deceased so state) 1200 Main St. Clay City, Ind.
Occupation of mother House wife Race of mother White
Birthplace of mother (State or foreign country) Clay City, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Linda Bailey
New Address 420 Dan Jones Road

Subscribed and sworn to before me this 2nd day of March, 1971.
John Hambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____

HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana, dated the 2nd day of March, 1971, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 6th day of March, 1971, at _____, County of _____, State of _____, I, _____ of _____, County, State of _____, Indiana, Groom _____ and, Bride _____ of _____, County, State of _____, Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 6th day of March, 1971.

Signed _____ Official Designation _____ Clerk

Signed _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 63
File Book 32
March 2, 1971
Date of Application

MALE
Medical Examination Report Dated March 1-71
Name of Physician David Waggs M.D.

FEMALE
Medical Examination Report Dated March 1, 1971
Name of Physician David Waggs M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James G. Blakley
Date of Birth June 5, 1953
Place of Birth (State or foreign country) Clay, Tenn.
Residence Address R.R. #1, Coatsville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Farmer

Verified by: ☐ Birth Cert. ☐ Judicial Decree

(specify).....
or have you been adjudged, diagnosed or considered as:
Imbecile? No ☒ Yes ☐
Unsound Mind? No ☒ Yes ☐
Under guardianship as a person of unsound mind? No ☒ Yes ☐
or have you been within five (5) years an inmate of a county asylum or
indigent persons? No ☒ Yes ☐
Is "yes" has the cause of such condition been removed? No ☒ Yes ☐
Affected with a transmissible disease? No ☒ Yes ☐
Related to the bride closer than second cousin? No ☒ Yes ☐
Now under the influence of intoxicating liquor? No ☒ Yes ☐
Now under the influence of a narcotic drug? No ☒ Yes ☐
Able to support a family? Yes ☒ No ☐
Likely to so continue? Yes ☒ No ☐
Have minor children from one or more former marriages? No ☒ Yes ☐
Answer questions a, b, c)
List their full names, ages and addresses

Name Age Address

Are you supporting or contributing to their support? Yes ☐ No ☒
Are you complying with any court order or orders issued for support? Yes ☐ No ☒

11. Full name of father James I. Blakley
Residence of father (if deceased so state) R.R. #1, Coatsville, Ind.
Occupation of father Mechanic Race of father White
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Anna Lee Recker
Residence of mother (if deceased so state) R.R. #1, Coatsville, Ind.
Occupation of mother Nurses Aid Race of mother White
Birthplace of mother (State or foreign country) Tenn.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed James G. Blakley

New Address R.R. #1, Clayton, Ind.

Subscribed and sworn to before me this 2 day of March, 1971.
John Hambold Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, **HENDRICKS** } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT

Name Janice Arlene Trivett
Date of Birth April 3, 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #1, Clayton, Ind.
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Burger Chef

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 I. Trivett
Residence of father (if deceased so state) R.R. #1, Clayton, Ind.
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) North Carolina

8. Full maiden name of mother Idola May Terrell
Residence of mother (if deceased so state) R.R. #1, Clayton, Ind.
Occupation of mother Beautician Race of mother White
Birthplace of mother (State or foreign country) Somerset Ky.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Janice Arlene Trivett

New Address R.R. #1, Clayton, Ind.

Subscribed and sworn to before me this 2nd day of March, 1971.
John Hambold Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, **HENDRICKS** } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued 3 day waiver 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

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Circuit Court
of Indiana dated the 4th day of March, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, Rev. Elmer G. Smiley hereby certify that on the 6th day of March, 1971,

one thousand nine hundred and seventy one at Baptist Church, County of Hendricks,
State of Indiana, Groom James G. Blakley of Hendricks County, State of Indiana,
and, Bride Janice Arlene Trivett of Hendricks County, State of Indiana,
were by me united 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 March, 1971.

Signed Rev. Elmer G. Smiley

Official Designation Minister
15 day of March, 1971

Signed John Hambold Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.....

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 63
File Book 32
Date of Application March 2, 1971

MALE
Medical Examination Report Dated March 1-71
Name of Physician David Waggoner M.D.

FEMALE
Medical Examination Report Dated March 1, 1971
Name of Physician David Waggoner M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James G. Blakley
Date of Birth June 5, 1953
Place of Birth (State or foreign country) Clayton, Tenn.
Residence Address R.R. #1, Coatsville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Electrician

FEMALE APPLICANT

Name Janice Arlene Trivett
Date of Birth April 3, 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #1, Clayton, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

I, James G. Blakley & Janice Arlene Trivett, hereby give my consent for
my daughter, Janice Arlene Trivett to
marry James Blakley.

Subscribed and sworn to before me this 2nd day of March, 1971

John W. Ingler
Notary Public 1-25-75

11. Full name of father James I. Blakley
Residence of father (if deceased so state) R.R. #1, Coatsville, Ind.
Occupation of father Mechanic Race of father White
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Anna Lee Reiser
Residence of mother (if deceased so state) R.R. #1, Coatsville, Ind.
Occupation of mother Nurses Aid Race of mother White
Birthplace of mother (State or foreign country) Tenn.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed James G. Blakley
New Address R.R. #1, Clayton, Ind.
Subscribed and sworn to before me this 2 day of March, 1971.
John Garbald Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

Occupation of mother Beautician Race of mother White
Birthplace of mother (State or foreign country) Somerset Ky.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Janice Arlene Trivett
New Address R.R. #1, Clayton, Ind.

Subscribed and sworn to before me this 2nd day of March, 1971.
John Garbald Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued 3 day waived 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 4th day of March, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to wit:

I, Rev. Elmer G. Smiley hereby certify that on the 6th day of March,
one thousand nine hundred and seventy one at Baptist Church, County of Hendricks,
State of Indiana, Groom James G. Blakley of Hendricks County, State of Indiana,
and, Bride Janice Arlene Trivett of Hendricks County, State of Indiana,
were by me united 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 March, 1971.
Signed Rev. Elmer G. Smiley
Official Designation Minister
15 day of March, 1971.
Signed John Garbald Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 63
File Book 32
March 2, 1971
Date of Application

MALE
Medical Examination Report Dated March 1-71
Name of Physician David Waggoner M.D.

FEMALE
Medical Examination Report Dated March 1, 1971
Name of Physician David Waggoner M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name James G. Blakley
Date of Birth June 5, 1953
Place of Birth (State or foreign country) Clayton, Ind.
Residence Address R.R. #1, Coatesville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

FEMALE APPLICANT
Name Janice Arlene Trivett
Date of Birth April 3, 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R.R. #1, Clayton, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

James J. Blakley, hereby give my consent for
Janice Arlene Trivett to

scribed and sworn to before me this 4th day of March, 1971

Ruth E. Owens
Notary Public

11. Full name of father James J. Blakley
Residence of father (if deceased so state) R.R. #1, Coatesville, Ind.
Occupation of father Mechanic Race of father White
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Anna Lee Packer
Residence of mother (if deceased so state) R.R. #1, Coatesville, Ind.
Occupation of mother Nurses Aid Race of mother White
Birthplace of mother (State or foreign country) Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed James J. Blakley
New Address R.R. #1, Clayton, Ind.
Subscribed and sworn to before me this 2 day of March, 1971
John Samford Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

Occupation of mother Beautician Race of mother White
Birthplace of mother (State or foreign country) Somerset Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Janice Arlene Trivett
New Address R.R. #1, Clayton, Ind.

Subscribed and sworn to before me this 2nd day of March, 1971
John Samford Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
County Circuit Court by written order issued 3 day waived 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 4th day of March, 1971, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Elmer J. Smiley hereby certify that on the 6th day of March,
one thousand nine hundred and seventy one at Baptist Church, County of Hendricks,
State of Indiana, Groom James G. Blakley of Hendricks County, State of Indiana,
and, Bride Janice Arlene Trivett of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County 4 day of March, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this

Signed Rev. Elmer J. Smiley
Official Designation Minister
15 day of March, 1971
Signed John Samford Jr. Clerk HENDRICKS Circuit Court

Form 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 Bk 32
Date of Application 3-2-71

MALE

Medical Examination Report Dated 2-27-71

Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 2-27-71

Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Dale Jaffe
Date of Birth 5/21/1923
Place of Birth (State or foreign country) Wisconsin
Residence Address 131 E. Main St., Pittsboro, Hendricks, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Business Manager

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Dr. License 303-20-8057-06

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses
Name Age Address
Cheryl Jaffe 11 Same as above
Brookda Jaffe 15 "

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Paul Robert Jaffe deceased
Residence of father (if deceased so state) deceased
Occupation of father deceased
Race of father W.
Birthplace of father (State or foreign country) Wisconsin
12. Full maiden name of mother Mae MacVernitt deceased
Residence of mother (if deceased so state) deceased
Occupation of mother deceased
Race of mother W.
Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed: Dale J. Jaffe
New Address R.R. 1 Pittsboro Ind.

Subscribed and sworn to before me this 29 day of March, 1971.
John Campbell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Anna J. McCartney
Date of Birth 5/5/1918
Place of Birth (State or foreign country) Ohio
Residence Address 131 E. Main St., Brownsburg, Hendricks, Ind.
Maiden Name if Different Peters

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Dr. License H263-18205

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Joe Peters deceased
Residence of father (if deceased so state) deceased
Occupation of father deceased
Race of father W.
Birthplace of father (State or foreign country) Ohio

8. Full maiden name of mother Pearl Mae Swinerman
Residence of mother (if deceased so state) deceased
Occupation of mother deceased
Race of mother W.
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed: Anna McCartney
New Address Brownsburg Ind. R.R. 1

Subscribed and sworn to before me this 3 day of March, 1971.
John Campbell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 2 day of March, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald Ricketts, hereby certify that on the 14th day of March, 1971, at Brownsburg, Hendricks, Indiana, County of Hendricks, State of Indiana, one thousand nine hundred and seventy-one

State of Indiana, Groom Dale J. Jaffe of Hendricks, Indiana, County of Hendricks, State of Indiana, and, Bride Anna McCartney of Brownsburg, Indiana, County of Hendricks, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 day of March, 1971.
Signed: Ronald Ricketts
Official Designation: _____
17 day of March, 1971.
Signed: John Campbell, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 65
File Bk 32
Date of Application 3-4-71

MALE

Medical Examination Report Dated 3-1-71Name of Physician William B. Kriel

FEMALE

Medical Examination Report Dated 3-1-71Name of Physician William B. Kriel

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name William C Jones
Date of Birth Month 3 Day 3 Year 1946
Place of Birth (State or foreign country) Kentucky
Residence Address Rt 2 Box 119 Paris Indiana Hendricks Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Julien Co. 1969 - Kentucky
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Assembler - Bryant - Hapes
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Classification Card # 15-35-46-28
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Clarence C. Jones		Rt 2 Box 119 Paris Ind.
Mary E. Hall		deceased

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Clarence C. Jones
Residence of father (if deceased so state) deceased
Occupation of father Retired Race of father white
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Mary E. Hall
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother white
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed William C. Jones APR 20 1971
New Address 715 WELCOME WAY DR. INDIANAPOLIS
Subscribed and sworn to before me this 4 day of March, 19 71.
John Samboe Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 ____.

Clerk

FEMALE APPLICANT

Name Linda Carol Seawick
Date of Birth Month 7 Day 29 Year 1950
Place of Birth (State or foreign country) Kentucky
Residence Address 20519 Pagan Road Louisville Jefferson Kentucky
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Nurse
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB - 7-29-50
☐ Other (Specify) Kentucky Driver License # 54 19325
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 C. Seawick
Residence of father (if deceased so state) 101 Pers. Court, Greenburg Ky.
Occupation of father Business Race of father white
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Louise Smith
Residence of mother (if deceased so state) deceased
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Linda Carol Seawick
New Address 315 Welcome Way Dr. Indianapolis, Ind.
Subscribed and sworn to before me this 4 day of March, 19 71.
John Samboe Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 ____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued March 4, 1971 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 day waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ day of _____, 19 71, authorizing the joining together as husband and wife of Indiana dated the 4th day of March, 19 71.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James W. Bauer hereby certify that on the 6th day of March,
one thousand nine hundred and seventy one at Indianapolis, County of Marion,
State of Indiana, Groom William C. Jones of Paris County, State of Kentucky,
and, Bride Linda Carol Seawick of Quebec County, State of Kentucky,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 6 day of March, 19 71.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 ____.

Signed James W. Bauer
Official Designation Justice of Peace
Subscribed and sworn to before me this 20 day of March, 19 71.
John Samboe Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 66
File Bk 32
Date of Application 3-9-71

MALE
Medical Examination Report Dated 3-9-71
Name of Physician Lloyd S. Perry M.D.

FEMALE
Medical Examination Report Dated 3-9-71
Name of Physician Lloyd S. Perry M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Robert Petrie
Date of Birth 2 6 1952
Place of Birth (State or foreign country) Hammond
Residence Address Rt 1 Box 36A Danville Hendricks Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree DOB-2-6-52
☐ Other (Specify) Birth Certificate #3-3
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father William Harrison Petrie
Residence of father (if deceased so state) Rt 1 Box 36A Danville
Occupation of father Petroleum Race of father white
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Angeline Marcinko
Residence of mother (if deceased so state) same
Occupation of mother Nursing Home - Decker Rule Race of mother white
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Robert Petrie
New Address Rt 1 Box 36A Danville Ind
Subscribed and sworn to before me this 9 day of March, 19 71
John Lamborn Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed William H. Petrie Father
Signed Angeline Petrie Mother
Subscribed and sworn to before me this 9 day of March, 19 71
John Lamborn Jr Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____
HENDRICKS County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 13th day of March, 19 71, authorizing the joining together as husband and wife of Robert Petrie and Valerie Jean Sutton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Drakamp hereby certify that on the 13th day of March, 19 71, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and seventy one of Hendricks County, State of Indiana, Groom Robert Petrie and, Bride Valerie Jean Sutton were by me united 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 March, 19 71.
Signed Fred N. Drakamp
Official Designation Justice of the Peace
Subscribed and sworn to before me this 15 day of March, 19 71.
Signed John Lamborn Jr Clerk HENDRICKS Circuit Court

FEMALE APPLICANT
Name Valerie Jean Sutton
Date of Birth 6 6 1950
Place of Birth (State or foreign country) Watonga
Residence Address Rt 1 Box 36A Danville Hendricks Indiana
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree Unlikely since - Colorado Divorce # PO 72279
☐ Other (Specify) _____
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Arlo Sutton
Residence of father (if deceased so state) Boulder Colorado
Occupation of father Oil Broker Race of father white
Birthplace of father (State or foreign country) Fry Oklahoma
8. Full maiden name of mother Pauline Wilkinson
Residence of mother (if deceased so state) same as father
Occupation of mother IBM Race of mother white
Birthplace of mother (State or foreign country) Watonga Oklahoma

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Valerie J. Sutton
New Address Rt 1 Box 36A Danville Ind
Subscribed and sworn to before me this 9 day of March, 19 71
John Lamborn Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 67
File Bk 32
3-9-71
Date of Application

MALE
Medical Examination Report Dated 3-8-71
Name of Physician Dr M. O. Seemala

FEMALE
Medical Examination Report Dated 3-8-71
Name of Physician Dr M. O. Seemala

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Steven Eugene Swinford
Date of Birth 8 3 1949
Place of Birth (State or foreign country) Illinois
Residence Address 137A E #1 Harwell Hendrick Illinois
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Navy
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree DOB 8-2-49
☐ Other (Specify) Married Hospital Recd Cert. Nation. Service
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jack Nelson Swinford
Residence of father (if deceased so state) same as groom
Occupation of father Iron Central Race of father white
Birthplace of father (State or foreign country) Harwell, Illinois
12. Full maiden name of mother Helen Louise Warren
Residence of mother (if deceased so state) same
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Illinois
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....
Signed Steven Eugene Swinford
New Address.....
Subscribed and sworn to before me this 9 day of March, 1971.
John Lambard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT

Name Nyla Paul Giff
Date of Birth 10 27 1958
Place of Birth (State or foreign country) Illinois
Residence Address 134 Lincoln Street Cransbury Park Illinois
Maiden Name if Different.....
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. St. Bd. of Health # 113-52-09240
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Jack Paul Giff
Residence of father (if deceased so state) deceased
Occupation of father..... Race of father white
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Jane Forrest Atwood
Residence of mother (if deceased so state) Carson Expt. Co. Depes
Occupation of mother Waitress Race of mother white
Birthplace of mother (State or foreign country) Kentucky
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....
Signed Nyla Paul Giff
New Address.....
Subscribed and sworn to before me this 9 day of March, 1971.
John Lambard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day 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..... Circuit Court of Indiana dated the 13th day of March, 1971, authorizing the joining together as husband and wife of Steven Eugene Swinford and Nyla Paul Giff.
Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, Seal O. Younce, hereby certify that on the 13 day of March,
one thousand nine hundred and seventy-one at Harwell, County of Hendricks,
State of Indiana, Groom Steven Eugene Swinford of Hendricks County, State of Indiana
and, Bride Nyla Paul Giff of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....
Dated this 13 day of March, 1971.

Signed Seal O. Younce
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 19 day of March, 1971.
Signed John Lambard Jr. Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. Book 32
File # 68
Date of Application 3-11-71

MALEMedical Examination Report Dated 3-5-71Name of Physician Lawrence A. Reitz M.D.**FEMALE**Medical Examination Report Dated 3-5-71Name of Physician Lawrence A. Reitz M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Ronnie Frank Falconer
Date of Birth 4 15 1949
Place of Birth (State or foreign country) Omaha Nebraska
Residence Address 913 Winding Brook Pkwy Apt C
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
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 DOB 4-15-49
☐ Other (Specify) Leg Cert # 12-216-49-117

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☐ No ☐
- Are you likely to so continue? Yes ☐ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Jack William Falconer
Residence of father (if deceased so state) Omaha Nebraska
Occupation of father Casualty Office Clerk Race of father White
Birthplace of father (State or foreign country) Omaha Nebraska
12. Full maiden name of mother Elizabeth Ann Rodloe
Residence of mother (if deceased so state) same
Occupation of mother housewife Race of mother White
Birthplace of mother (State or foreign country) Nebraska

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Ronnie Frank Falconer
New Address 913 Winding Brook Pkwy Apt C
Subscribed and sworn to before me this 11 day of March, 19 71.
John Garbace Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 ____.

Clerk

FEMALE APPLICANT

Name Janna Lynn Buchanan
Date of Birth 3 24 1950
Place of Birth (State or foreign country) Omaha Nebraska
Residence Address 10 Orchard Ct
Maiden Name if Different Elizabeth Ann Rodloe
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB 3-24-50
☐ Other (Specify) Nebraska License # 306-58-1068-09

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

7. Full name of father Robert Edward Buchanan
Residence of father (if deceased so state) same
Occupation of father Architect-Engineer Race of father White
Birthplace of father (State or foreign country) Plainfield Ill.
8. Full maiden name of mother Elizabeth Ann Rodloe
Residence of mother (if deceased so state) same
Occupation of mother housewife Race of mother White
Birthplace of mother (State or foreign country) Nebraska

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Janna Lynn Buchanan
New Address 913 Winding Brook Pkwy Apt C
Subscribed and sworn to before me this 11 day of March, 19 71.
John Garbace Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 ____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of March, 19 71, authorizing the joining together as husband and wife of Ronnie Frank Falconer and Janna Lynn Buchanan.
Be it further remembered, the following marriage certificate was filed in my office, to wit:
I, J. Alex Cookman hereby certify that on the 20th day of March,
at Indianapolis, County of Marion,
one thousand nine hundred and seventy-one of Marion County, State of Indiana,
State of Indiana, Groom Ronnie Frank Falconer of Hendricks County, State of Indiana,
and, Bride Janna Lynn Buchanan of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County. _____
Dated this 20 day of March, 19 71.
Signed J. Alex Cookman
Official Designation Minister
_____ day of March, 19 71.
Signed John Garbace Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 ____.
Signed _____ Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 32
File # 69
Date of Application March 12, 1971

MALE
Medical Examination Report Dated 3-10-71
Name of Physician Dr. Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 3-10-71
Name of Physician Dr. 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 Joseph Edward Christian
Date of Birth July 22 1947
Place of Birth (State or foreign country) Edgar Bluff, Virginia
Residence Address P.O. Box 46 Clayton Hend. Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Ston Mason
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 52833

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Joseph Kyle Christian
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Sageville Co. Virginia
12. Full maiden name of mother Alta Clara Puckett
Residence of mother (if deceased so state) P.O. Box 46 Clayton Ind.
Occupation of mother Baker Race of mother White
Birthplace of mother (State or foreign country) Saltville, Virginia

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Joseph E. Christian

New Address 981 W. Main, Danville, Ind.

Subscribed and sworn to before me this 12 day of March, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Sue Ann Rankin
Date of Birth May 5 1951
Place of Birth (State or foreign country) Alaska
Residence Address 54 North Road, 4506 Danville, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation _____

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Drivers License - 308-58-7662-06

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Joe Ivan Rankin
Residence of father (if deceased so state) 54 North Road 4506 Danville, Ind.
Occupation of father Air Traffic Controller Race of father W.
Birthplace of father (State or foreign country) West Franklin, Indiana
8. Full maiden name of mother Edith Mae Rye
Residence of mother (if deceased so state) 54 North Rd. 4506 Danville, Ind.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Illinois - Fairfield

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Sue Ann Rankin

New Address 981 West Main, Danville, Ind.

Subscribed and sworn to before me this 12th day of March, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 16 day of March, 1971, authorizing the joining together as husband and wife of Joseph Edward Christian and Sue Ann Rankin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Glenn Clark hereby certify that on the 27 day of March, one thousand nine hundred and seventy-one at Danville, County of Hendricks, State of Indiana, Groom Joseph Edward Christian of Hendricks County, State of Indiana and, Bride Sue Ann Rankin of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 27 day of March, 1971.

Signed Rev. Glenn Clark

Official Designation Minister 30 day of March, 1971.

Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 3-15-71

File 70

HENDRICKS County

MALE
Medical Examination Report Dated 3-12-71
Name of Physician Robert W. Kirtley

FEMALE
Medical Examination Report Dated 3-12-71
Name of Physician Robert W. Kirtley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Hends. 71
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) License 315-44-0790-01
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Homer P. Bowman
Residence of father (if deceased so state) deceased
Occupation of father Race of father W.
Birthplace of father (State or foreign country) Missouri, Kansas City
12. Full maiden name of mother Elise A. Pugh
Residence of mother (if deceased so state) R.1 Box 1564 Danville
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Terre Haute Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Ronald L. Bowman
New Address 110 E. LINCOLN PLAINFIELD
Subscribed and sworn to before me this 15 day of March, 1971.
John Campbell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed Father
Signed Mother
Signed
Subscribed and sworn to before me this day of 1971.
Clerk

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ March 69
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Beautician
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) License B200-50253
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Rev. Farley
Residence of father (if deceased so state) 7635 Melrose Inpls
Occupation of father Truck driver Race of father W.
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Norma C. Swindle
Residence of mother (if deceased so state) same as father's
Occupation of mother Shipping Clerk Race of mother W.
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.
County of HENDRICKS
Signed Hail Farley
New Address 110 E. LINCOLN PLAINFIELD
Subscribed and sworn to before me this 15 day of March, 1971.
John Campbell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed Father
Signed Mother
Signed
Subscribed and sworn to before me this day of 1971.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and filed in HENDRICKS County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of March 1971, authorizing the joining together as husband and wife of Ronald L. Bowman and Hail Farley.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James Allen William, hereby certify that on the 20th day of March, 1971, at Brownsburg, HENDRICKS County, State of Indiana, one thousand nine hundred and twenty one of HENDRICKS County, State of Indiana, Groom Ronald L. Bowman, of HENDRICKS County, State of Indiana, and, Bride Hail Farley, were by me united 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, 1971.
Signed James Allen William
Official Designation Justice of the Peace
Subscribed and sworn to before me this 23 day of March, 1971.
Signed John Campbell, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 3-15-71
File 71
Book 32
Date of Application

MALE
Medical Examination Report Dated 3-11-71
Name of Physician Dr. Lloyd Terry

FEMALE
Medical Examination Report Dated 3-11-71
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 Jerry E. Morris
Date of Birth 3 4 1949
Place of Birth (State or foreign country) Mississippi
Residence Address Rt 4 Box 19 Smackover, Zuchita, Arkansas
Previous Marital Status: Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☐ Negro ☐ Other ☐ (specify) _____

Usual Occupation Mechanic - Mayflower?

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Arkansas

☐ Other (Specify) Temporary License # 343870 DOB 5-4-49

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Everett Ray Morris

Residence of father (if deceased so state) Exora, Mississippi

Occupation of father Neckline Race of father white

Birthplace of father (State or foreign country) Exora, Mississippi

12. Full maiden name of mother Clayton Ardine Jones

Residence of mother (if deceased so state) Wilkesboro, Miss.

Occupation of mother Factory Worker Race of mother white

Birthplace of mother (State or foreign country) Beniot, Miss.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Jerry E. Morris

New Address _____

Subscribed and sworn to before me this 15 day of March, 1971

John Lambard Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Juanita C. Wolfe
Date of Birth 9 8 1934
Place of Birth (State or foreign country) Mississippi
Residence Address Rt 4 Box 19 Smackover, Zuchita, Arkansas
Maiden Name if Different Cornelius

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Mississippi

Color or Race White ☐ Negro ☐ Other ☐ (specify) _____

Usual Occupation Waitress

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Claudia Lee Cornelius

Residence of father (if deceased so state) deceased

Occupation of father _____ Race of father white

Birthplace of father (State or foreign country) Helsoph, Miss.

8. Full maiden name of mother Martha Bendall

Residence of mother (if deceased so state) Greenville, Miss.

Occupation of mother housewife Race of mother white

Birthplace of mother (State or foreign country) Charleston, Miss.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Juanita C. Wolfe

New Address _____

Subscribed and sworn to before me this 15 day of March, 1971

John Lambard Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 19____, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, _____ hereby certify that on the _____ day of _____,

one thousand nine hundred and _____ at _____, County of _____,

State of Indiana, Groom _____ of _____, County, State of _____,

and, Bride _____ of _____, County, State of _____,

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this _____ day of _____, 19____.

Signed _____

Official Designation _____

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed _____ Clerk

HENDRICKS Circuit Court

From did not have satisfactory proof of age

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 71
File Book
3-16-71
Date of Application

MALE

Medical Examination Report Dated 3-17-71

Name of Physician Elmer L. Koch, M.D.

FEMALE

Medical Examination Report Dated 3-17-71

Name of Physician Elmer L. Koch, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License 305-46-7957

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Kenneth Luke Soune
Residence of father (if deceased so state) 814 S. Gladstone, S. Bend.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Pontiac Michigan

12. Full maiden name of mother Louise Whitestone
Residence of mother (if deceased so state) 814 S. Gladstone, S. Bend.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Hewana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Michael K. Soune
New Address R#1 Box 61, Clayton, Ind.

Subscribed and sworn to before me this 16 day of March, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous 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 Packer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Samuel Deffey
Residence of father (if deceased so state) 498 W. Clinton, Danville
Occupation of father Meat Cutter Race of father W.
Birthplace of father (State or foreign country) Franklin Ind.

8. Full maiden name of mother Bernia Ellen Briddle
Residence of mother (if deceased so state) 498 W. Clinton, Danville
Occupation of mother Office Work Race of mother W.
Birthplace of mother (State or foreign country) Edinburg, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Jacquelyn Sue Campbell
New Address R#1 Box 61 - Clayton, Ind.

Subscribed and sworn to before me this 16 day of March, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife of Indiana dated the 20th day of March, 1971, and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, _____ hereby certify that on the 20th day of March, 1971, at _____ County of _____ State of Indiana, _____ County, State of _____ State of Indiana, Groom Michael K. Soune of _____ County, State of _____ and, Bride Jacquelyn Sue Campbell of _____ County, State of _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, _____, 19____.
Dated this 20 day of March, 1971.
Signed _____
Official Designation _____
Signed _____ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.
Signed _____ Clerk
HENDRICKS Circuit Court

MALE
Medical Examination Report
Name of Physician Chapman

ALL QUESTIONS MUST BE ANSWERED
truth or pretense shall be fined in any

MAL

Name Michael

Date of Birth 5

Place of Birth (State or foreign country) South

Residence Address R. R. #4 Clayton

Previous Marital Status: Never Married

Last Marriage Ended By: Death

Color or Race White ☒ Negro

Usual Occupation Mechanic

Date of birth verified by: ☐ Birth Certificate

☒ Other (Specify) Witness

1. Are you now or have you been adjudged an imbecile?

2. Are you under guardianship as a person of unsound mind?

3. Are you now or have you been adjudged a person of unsound mind?

If answer to 3 is "yes" has the cause of such condition been removed?

4. Are you afflicted with a transmissible disease?

5. Are you related to the bride closer than second cousin?

6. Are you now under the influence of intoxicating liquor?

7. Are you now under the influence of a narcotic drug?

8. Are you able to support a family?

9. Are you likely to so continue?

10. Do you have minor children from one or more former marriages?

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support?

(c) Are you complying with any court order or orders issued for their support?

11. Full name of father Kenneth Luke Soune

Residence of father (if deceased so state) 814 S. Gladstone, S. Bend

Occupation of father Retired Race of father W.

Birthplace of father (State or foreign country) Michigan

12. Full maiden name of mother Louise Whitestone

Residence of mother (if deceased so state) 814 S. Gladstone, S. Bend

Occupation of mother Housewife Race of mother W.

Birthplace of mother (State or foreign country) Hewana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Michael K. Soune

New Address R. R. #1 Box 61, Clayton, Ind.

Subscribed and sworn to before me this 16 day of March, 1971.

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County _____ Court by written order issued _____ and filed

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1971, authorizing the joining together as husband and wife

of Indiana dated the 20th day of March and Jacquelyn Sue Campbell

Be it further remembered, the following marriage certificate was filed in my office, to wit: 20th day of March

1, Paul J. Harding hereby certify that on the _____ day of _____, County of Hendricks

at Plainfield County, State of Indiana

one thousand nine hundred and seventy one of Hendricks County, State of Indiana

State of Indiana, Groom Michael K. Soune of _____

and, Bride Jacquelyn Sue Campbell of _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County, _____

Dated this 20 day of March, 1971.

Signed Paul J. Harding

Official Designation Justice of the Peace

13 day of March, 1971.

Signed John Gambold Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

MEMO

From the Desk of . . .

John Gambold Jr.
Clerk, Hendricks County

To:

I, Vernia E. Hefley, do hereby swear or affirm that Jacquelyn Sue Campbell is my natural daughter and that she was born in Columbus, Indiana on January 3, 1948.

Vernia E. Hefley

Subscribed sworn to before, John Gambold Jr. Clerk of Hendricks County this 16 day of March, 1971.

John Gambold Jr.
Clerk

537

No. 71

File Book

3-16-71

Date of Application

Dated 3-17-71

L. Koch, M.D.

Consent to marry by any false statement, representa-

APPLICANT

Middle Sue Last Campbell

Day 3 Year 48

City Danville, Ind. County Ind. State Ind.

Number of Previous Marriages 1

Divorce ☒ Annulment ☐ Hendricks 1965

Other ☐ (specify) _____

☐ Judicial Decree

aged, diagnosed or considered as:

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

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No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

No ☒ Yes ☐

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS
County

No. 72
File March 16-71
Book 32
Date of Application

MALE
Medical Examination Report Dated March 15-71
Name of Physician Portia Parker M.D.

FEMALE
Medical Examination Report Dated March 15-71
Name of Physician Portia Parker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Larry Middle Dale Last Starr
Date of Birth Month May Day 22 Year 1952
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address Street or R. R. City County State
214 N. Vine, Plainfield Ind. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Burger Chef

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Draft Card - 12-30-52528

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Morris Eugene Starr
Residence of father (if deceased so state) 10 Union Ave. Plainfield
Occupation of father Unemployed Race of father W.
Birthplace of father (State or foreign country) Stillsville, Ind.

12. Full maiden name of mother Inogene Mildred Dorge
Residence of mother (if deceased so state) 214 N. Vine Plainfield
Occupation of mother Nurse Aide Race of mother W.
Birthplace of mother (State or foreign country) Stillsville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Larry D. Starr

New Address.....

Subscribed and sworn to before me this 16 day of March, 1971
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

Divorced

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed Inogene Starr Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT

Name First Sharon Middle Kay Last Riddle
Date of Birth Month August Day 2 Year 1952
Place of Birth (State or foreign country) St. Francis Hospital - Indianapolis
Residence Address Street or R. R. City County State
214 N. Vine Plainfield
Maiden Name if Different.....

Previous 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).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Gus Riddle
Residence of father (if deceased so state) Colony Crest Nursing Home
Occupation of father..... Race of father.....
Birthplace of father (State or foreign country) Scottsville Ky.

8. Full maiden name of mother Betty Marie Sherry
Residence of mother (if deceased so state) 356 S. Lyons Ave. Indpls
Occupation of mother Dishamp Race of mother W.
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Sharon R. Riddle

New Address.....

Subscribed and sworn to before me this 16 day of March, 1971
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County..... Court by written order issued..... and filed
in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20th day of March, 1971, authorizing the joining together as husband and wife of Larry Dale Starr and Sharon Kay Riddle.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gerald L. Raper hereby certify that on the 20 day of March,
one thousand nine hundred and seventy one at Indianapolis, County of Marion,
State of Indiana, Groom Larry Dale Starr of Hendricks County, State of Indiana
and, Bride Sharon Kay Riddle of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 20 day of March, 1971.

Signed Gerald L. Raper

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of March, 1971
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. 73

File Book 32

Date of Application
Mar 17 1971

MALE

Medical Examination Report Dated 2-27-71

Name of Physician Elmer L. Koch

FEMALE

Medical Examination Report Dated 2-27-71

Name of Physician Elmer L. Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Terry Middle Lee Last Campbell
Date of Birth Month 7 Day 5 Year 1951
Place of Birth (State or foreign country) Indianapolis
Residence Address R R 2 Box 233A Danville Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Armed Services

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree DOB #2-5-51☐ Other (Specify) Methodist Hospital #1187

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Leon Warren Campbell
Residence of father (if deceased so state): Same
Occupation of father: machinist Race of father: W
Birthplace of father (State or foreign country): Pennsylvania
12. Full maiden name of mother: Luella Marie Moore
Residence of mother (if deceased so state):
Occupation of mother: House wife Race of mother: W
Birthplace of mother (State or foreign country): Indiana Pa.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Terry Lee Campbell
New Address: Monterey California

Subscribed and sworn to before me this 17 day of March, 1971.
John Gaulbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed: Father
Signed: Luella M. Campbell Mother

Subscribed and sworn to before me this 17 day of March, 1971.
John Gaulbold Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued Mar 17 1971 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 30 Day Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of March, 1971, authorizing the joining together as husband and wife of Terry Lee Campbell and Brenda Sue Clifton

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 18th day of March

I, Joseph C. Driscoll II, at Bick Chapel, County of Hendricks, State of Indiana

one thousand nine hundred and seventy-one of Bick Chapel, County, State of Indiana

and, Bride Brenda Sue Clifton were by me united 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 March, 1971. Signed: Joseph C. Driscoll II

Official Designation: Minister
12 day of April, 1971
Signed: John Gaulbold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 73

File Book 32

Mar 17 1971
Date of Application

MALE

Medical Examination Report Dated 2-27-71

Name of Physician Elmer L. Koch

FEMALE

Medical Examination Report Dated 2-27-71

Name of Physician Elmer L. Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Terry Middle Lee Last Campbell
Date of Birth Month 7 Day 5 Year 1951
Place of Birth (State or foreign country) Indianapolis
Residence Address Street or R. R. City County State
R R 2 Box 233A Danville Hendricks
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Armed Services

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree DOB # 2-5-51
☐ Other (Specify) Methodist Hospital #1187

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Leon Warren Campbell

Residence of father (if deceased so state) Same

Occupation of father

Birthplace of father

12. Full maiden name of

Residence of mother

Occupation of mother

Birthplace of mother

State of Indiana, HEN

County of

New Ad

Subscribed and sworn to by

John A

CONSENT OF PARENTS

We, the parents, of this a

signs, state facts which re

I, Leon Campbell, hereby give my consent for
my son, Terry Lee Campbell
to marry Brenda Clifton.

Leon Campbell
Subscribed and sworn to before me this 17th day of March 1971

Virginia P. Harrold
Notary Public

my comm expires 6-11-73

State of Indiana, HENDRICKS

County of

Signed

Signed

Signed

Subscribed and sworn to before me this 17 day of March 1971

John Gansel Jr Clerk

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1971

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 Mar 17 1971 and filed

in Clerk's authorizes and directs the issuance of a marriage license to the above named parties. 30 Day Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of March 1971, authorizing the joining together as husband and wife

of Terry Lee Campbell and Brenda Sue Clifton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph C. Dunc II, hereby certify that on the 18th day of March

at Best Chapel, County of Monroe, State of Indiana, Groom Terry Lee Campbell

and, Bride Brenda Sue Clifton, of Hendricks County, State of Indiana

were by me united 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 March 1971

Signed Joseph C. Dunc II

Official Designation Minister

Signed John Gansel Jr Clerk

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 74
File Bk 52
Date of Application 3-19-71

MALE
Medical Examination Report Dated 3-6-71
Name of Physician John Elliott, Jr.

FEMALE
Medical Examination Report Dated 3-6-71
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 William Arthur Jamison
Date of Birth May 20 1949
Place of Birth (State or foreign country) Winchester, Indiana
Residence Address Leelyville, Vigo, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. License 312-48-2489-10

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father William H. Jamison, Jr.
Residence of father (if deceased so state) Rt. 1, Coatesville
Occupation of father Salesman Race of father W.
Birthplace of father (State or foreign country) Texas

12. Full maiden name of mother Bonnie Jean Bell
Residence of mother (if deceased so state) Rt. 1, Coatesville
Occupation of mother Clerk Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed William A. Jamison

New Address _____

Subscribed and sworn to before me this 19 day of March, 1971
John Samhold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Cheryl E. Herley
Date of Birth May 9 1950
Place of Birth (State or foreign country) Winchester, Indiana
Residence Address Box 156, Clayton, Hendricks, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Dr. License 517-56-4474-00

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father William C. Herley
Residence of father (if deceased so state) Same as bride's
Occupation of father Car Salesman Race of father W.
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Herley Jean Franklin
Residence of mother (if deceased so state) Same as bride's
Occupation of mother Secretary Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Cheryl E. Herley

New Address _____

Subscribed and sworn to before me this 19 day of March, 1971
John Samhold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 23 day of March, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Brian Campbell hereby certify that on the 3rd day of April, one thousand nine hundred and seventy-one at Clayton, County of Hendricks, State of Indiana, Groom William A. Jamison of Hendricks County, State of Indiana and, Bride Cheryl E. Herley of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 3rd day of April, 1971.

Signed Brian Campbell

Official Designation Pastor

Signed John Samhold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 75
File Book 32
19 March 1971
Date of Application

MALE

Medical Examination Report Dated 13 Mar 1971

Name of Physician John F. Moe MD

FEMALE

Medical Examination Report Dated 13 March 1971

Name of Physician John F. Moe

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Cooper, Michael Lee
Date of Birth Month Day Year
July 25 1948
Place of Birth (State or foreign country)
Indianapolis, Ind.
Residence Address Street or R. R. City County State
R2 Bx 210 Clayton, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Aviation Mech.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 6585

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Heland Dean Cooper
Residence of father (if deceased so state): R2 Clayton, Ind.
Occupation of father: Farmer Race of father: white
Birthplace of father (State or foreign country): Hendricks Co., Ind.
12. Full maiden name of mother: Martha Linda Peyton
Residence of mother (if deceased so state): same
Occupation of mother: Clerk, P.S.C. Race of mother: white
Birthplace of mother (State or foreign country): Newcastle, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed: Michael Lee Cooper
New Address: R2 Bx 210 Clayton, Ind.
Subscribed and sworn to before me this 19th day of March, 1971.
John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of: HENDRICKS
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Middle Last
Cherewatti, Joan Diane
Date of Birth Month Day Year
August 29 1944
Place of Birth (State or foreign country)
Bronx, N.Y.
Residence Address Street or R. R. City County State
R2 Bx 210 Clayton, Ind.
Maiden Name if Different
Previous 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: Sch. 79 Indeb.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 1173

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Cherewatti
Residence of father (if deceased so state): 51 Fitzmaurice St, Massapequa, N.Y.
Occupation of father: Civil Engr. Race of father: white
Birthplace of father (State or foreign country): Manhattan, N.Y.
8. Full maiden name of mother: Ethel Jane Ach.
Residence of mother (if deceased so state): same
Occupation of mother: Secy. Secratzk Race of mother: white
Birthplace of mother (State or foreign country): McKeesport, Pa.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed: Joan Diane Cherewatti
New Address: same
Subscribed and sworn to before me this 19th day of March, 1971.
John Samuels Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of: HENDRICKS
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 23rd day of March, 1971, authorizing the joining together as husband and wife of Michael Lee Cooper and Joan Diane Cherewatti.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert A. Saloner, hereby certify that on the 3rd day of April, 1971, at Clayton, County of Hendricks, State of Indiana, one thousand nine hundred and _____ of _____ County, State of _____ and, Bride, Joan Diane Cherewatti, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 3rd day of April, 1971.
Signed: Robert A. Saloner
Official Designation: Minister
Subscribed and sworn to before me this 6th day of April, 1971.
John Samuels Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS

No. 76
File Book 32
19 March 1921
Date of Application

MALE
Medical Examination Report Dated 17 Mar 21
Name of Physician Fred P. Warbinton (M.D.)

FEMALE
Medical Examination Report Dated 17 Mar 21
Name of Physician Fred P. Warbinton (M.D.)

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Charles Middle L. Last Duke
Date of Birth Month July Day 16 Year 1918
Place of Birth (State or foreign country) Morgan Co., Ind.
Residence Address Street or R. R. 2147 S. Penna. City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Married 71
Color or Race White ☒ Negro ☐ Other ☐ (specify) None
Usual Occupation High Sales: P.M.A.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Op. Lic. D200-18296
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Charles L. Duke		
Mary Stella Duke		

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or order issued for their support? Yes ☐ No ☒

11. Full name of father Charles L. Duke
Residence of father (if deceased so state) Deceased
Occupation of father Deceased Race of father White
Birthplace of father (State or foreign country) Morgan Co., Ind.
12. Full maiden name of mother Mary Stella Duke
Residence of mother (if deceased so state) Deceased
Occupation of mother Deceased Race of mother White
Birthplace of mother (State or foreign country) Morgan Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Charles L. Duke
New Address 212 W. W. 19th day of March 1921
Subscribed and sworn to before me this 19th day of March, 1921
Clerk John Sanford Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name First Mary Middle Helen Last Coder
Date of Birth Month December Day 16 Year 1922
Place of Birth (State or foreign country) Day Co., Ind.
Residence Address Street or R. R. 212 W. W. 19th City Indianapolis County Marion State Ind.
Maiden Name if Different Mary Helen Harper
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) None
Usual Occupation Secy: P.M.A.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Op. Lic. C360-22496
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Edwin Harper
Residence of father (if deceased so state) Deceased
Occupation of father Deceased Race of father White
Birthplace of father (State or foreign country) Day Co., Ind.
8. Full maiden name of mother Goldie Marie Ghord
Residence of mother (if deceased so state) Deceased
Occupation of mother Retired Race of mother White
Birthplace of mother (State or foreign country) Day Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Mary Helen Coder
New Address Same
Subscribed and sworn to before me this 19th day of March, 1921
Clerk John Sanford Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ of Indiana, dated the 24 day of March, 1921, authorizing the joining together as husband and wife of Charles L. Duke and Mary Helen Coder.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. George A. Sloas, hereby certify that on the 26th day of March, one thousand nine hundred and twenty-one at Dayfield, County of Hendricks, State of Indiana, Groom Charles L. Duke of Marion County, State of Indiana and, Bride Mary Helen Coder of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 26 day of March, 1921.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1921.

Signed Rev. George A. Sloas
Official Designation Pastor
Signed John Sanford Clerk
HENDRICKS Circuit Court

Form 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
3-19-71
Date of Application

MALE

Medical Examination Report Dated 3-15-71Name of Physician Irving Cohen

FEMALE

Medical Examination Report Dated 3-15-71Name 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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Raymond D. Pitchford
Date of Birth 8-5-26
Place of Birth (State or foreign country) Illinois
Residence Address 3355 S. West St. Indianapolis, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Married 1969
Usual Occupation Electrician
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree DOB 8-5-26
☐ Other (Specify) Driver License # 322-20-3994-91
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father William Raymond Pitchford
Residence of father (if deceased so state) Deceased
Occupation of father Deceased Race of father White
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Beulah Fay Gilbert
Residence of mother (if deceased so state) Deceased
Occupation of mother Deceased Race of mother White
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Raymond D. Pitchford

New Address 2185 S. Burke St.

Subscribed and sworn to before me this 19 day of March, 1971

John Sanbaes Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1971

_____ Clerk

FEMALE APPLICANT

Name Cornelia M. Merritt
Date of Birth 7-3-38
Place of Birth (State or foreign country) Illinois
Residence Address 2185 S. Burke Bridgeport Marion Ind.
Maiden Name if Different Nealey
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Married 1967
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree DOB 7-3-38
☐ Other (Specify) Driver License # 316-40-0009-10

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Nealey
Residence of father (if deceased so state) Deceased
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Virginia
8. Full maiden name of mother Beulah Fay Gilbert
Residence of mother (if deceased so state) Deceased
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Illinois

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS

Signed Cornelia M. Merritt

New Address 2185 South Burke Bridgeport

Subscribed and sworn to before me this 19 day of March, 1971

John Sanbaes Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

County of HENDRICKS

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1971

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

HENDRICKS County _____ Court by written order issued _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 23rd day of March, 1971, authorizing the joining together as husband and wife of Raymond D. Pitchford and Cornelia M. Merritt

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, M. L. Crawley hereby certify that on the 1st day of April, _____, County of Hendricks, State of Indiana

one thousand nine hundred and seventy-one at Plainfield _____, County of Hendricks, State of Indiana

State of Indiana, Groom Raymond D. Pitchford of Marion _____, County of Hendricks, State of Indiana

and, Bride Cornelia M. Merritt of _____, County of Hendricks, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.

Dated this 1st day of April, 1971. Signed M. L. Crawley _____, 1971

Official Designation Justice of Peace

Signed John Sanbaes Jr. _____, 1971 Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 78
File Book 32
3-19-71
Date of Application

MALE

Medical Examination Report Dated 3-17-71
Name of Physician Joseph Perry

FEMALE

Medical Examination Report Dated 3-17-71
Name of Physician Joseph Perry

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James First Craig Middle Cerny Last
Date of Birth 3 Month 28 Day 1947 Year
Place of Birth (State or foreign country) Chicago Illinois
Residence Address Rt 2 Box 513 Street or R. R. Walton City La Porte 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 Horse Farm Manager
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) As Christy - 11-121-47-507
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 Louis Cerny
Residence of father (if deceased so state) 322 N. Elm - Hinsdale Ill.
Occupation of father T.P. Marshall Fuel Co. Race of father white
Birthplace of father (State or foreign country) Jasper City Iowa
12. Full maiden name of mother Martha S. 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) Chicago Ill

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed James C. Cerny
New Address Rt 2 Box 513 Walton, Ind.

Subscribed and sworn to before me this 19th day of March, 1971
John Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father
Signed..... Mother

Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name Mary First Ellen Middle Furry Last
Date of Birth 10 Month 17 Day 1948 Year
Place of Birth (State or foreign country) Paris Illinois
Residence Address 613 Clinton Street or R. R. Senville City Hendrick 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 Art. Clerk - St. Office Bldg. - LaPl.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) As per Driver's Permit # 8863012
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Theodore Furry
Residence of father (if deceased so state) same as mine
Occupation of father Gen. Estel R.R. Race of father white
Birthplace of father (State or foreign country) Kansas Ill
8. Full maiden name of mother Mary Christine Brinkhoff
Residence of mother (if deceased so state) same
Occupation of mother Label Teacher Race of mother white
Birthplace of mother (State or foreign country) Kelton Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Mary Ellen Furry

New Address Rt 2, Box 513, Walton Ind.

Subscribed and sworn to before me this 19th day of March, 1971
John Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father
Signed..... Mother

Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
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, 1971, authorizing the joining together as husband and wife of James Craig Cerny and Mary Ellen Furry.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph A. Stump, hereby certify that on the 3rd day of April, one thousand nine hundred and seventy-one at Senville, County of Hendricks, State of Indiana, Groom James Craig Cerny of La Porte County, State of Indiana and, Bride Mary Ellen Furry of Hendricks County, State of Indiana were by me united 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 March, 1971.

Signed Joseph A. Stump

Official Designation Pastor
14 day of April, 1971

Signed John Lambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.....

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 79
File Book 32
3-19-71
Date of Application

MALE

Medical Examination Report Dated 3-15-71
Name of Physician L. D. Duffin M.D.

FEMALE

Medical Examination Report Dated 3-15-71
Name of Physician L. D. Duffin M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard E. Benefiel Jr.
Date of Birth 12-6-1947
Place of Birth (State or foreign country) Florida
Residence Address 5076 Main Street, Indianapolis, Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Security Guard
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Discharge Paper - 100B 12-6-47

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county, asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Richard E. Benefiel Sr.
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father white
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Wanda Carpenter Baugh
Residence of mother (if deceased so state) 2820 Eastwood Mobile Home
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Richard E. Benefiel Jr.
New Address RR-2 Box 145 Ellettsburg, Ind.
Subscribed and sworn to before me this 19 day of March, 1971
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Deborah A. Horn
Date of Birth 12-14-1951
Place of Birth (State or foreign country) Indiana
Residence Address 5076 Main Street, Indianapolis, Indiana
Maiden Name if Different Deborah A. Horn

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Operator Technician

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) # 113-51-094826 - Hamilton Co

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Richard Eugene Horn
Residence of father (if deceased so state) same
Occupation of father Security Guard Race of father white
Birthplace of father (State or foreign country) Ohio

8. Full maiden name of mother Lorraine Ellen Agnew
Residence of mother (if deceased so state) same
Occupation of mother Secretary Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Deborah A. Horn
New Address RR-2 Box 145 Ellettsburg, Ind.
Subscribed and sworn to before me this 19 day of March, 1971
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court of _____
of Indiana dated the 24 day of March, 1971, authorizing the joining together as husband and wife
of Richard E. Benefiel Jr. and Deborah A. Horn
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Russell & Rees hereby certify that on the 1st day of April
at Indianapolis, County of Hendricks
one thousand nine hundred and seventy-one of Hendricks County, State of Indiana
State of Indiana, Groom Richard E. Benefiel Jr. of Hendricks County, State of Indiana
and, Bride Deborah A. Horn of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 24 day of March, 1971
Signed Russell & Rees
Official Designation Minister
5th day of April, 1971
Signed John Gambrell Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
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. 80
File Book 32
3-19-71
Date of Application

MALE
Medical Examination Report Dated 3-12-71
Name of Physician E. Kourany

FEMALE
Medical Examination Report Dated 3-12-71
Name of Physician E. Kourany

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Merwin D. Simmons
Date of Birth 9 5 1943
Place of Birth Greenfield Indiana
Residence Address Rt 2 Box 146 Clayton Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Farmer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB 9-5-43

☐ Other (Specify) Drivers License # 306-46-6280-95

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert B. Simmons
Residence of father (if deceased so state) same
Occupation of father Scarfitter Race of father white
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruth Ellen Johnson
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Merwin D. Simmons

New Address RR 2 Clayton Box 146

Subscribed and sworn to before me this 19 day of March, 19 71.
John Lambrecht Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 ____.

Clerk

FEMALE APPLICANT

Name Mary Louise Elkins
Date of Birth 15 30 1941
Place of Birth Monrovia Indiana
Residence Address Rt 1 Mooresdale Morgan Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB 5-30-41

☐ Other (Specify) Drivers License # 310-42-3432-09

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Robert F. Elkins
Residence of father (if deceased so state) same
Occupation of father General Hospital Race of father white
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Jessie L. Miller
Residence of mother (if deceased so state) same
Occupation of mother Book Clerk Race of mother white
Birthplace of mother (State or foreign country) Texas

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Mary Louise Elkins

New Address same

Subscribed and sworn to before me this 19 day of March, 19 71.
John Lambrecht Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19 ____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of March, 19 71, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harold Wilkie hereby certify that on the 28th day of March

one thousand nine hundred and seventy-one at Harmon, County of Hendricks
State of Indiana, Groom Merwin D. Simmons of Hendricks County, State of Indiana
and, Bride Mary Louise Elkins 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 28th day of March, 19 71.

Signed Harold Wilkie

Official Designation Minister

Signed John Lambrecht Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of March, 19 71.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 81
File Book 32
22 March 1971
Date of Application

MALE

Medical Examination Report Dated 19 March 1971
Name of Physician A.N. Scudder M.D.

FEMALE

Medical Examination Report Dated 10 March 1971
Name of Physician A.N. Scudder M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name First Middle Last
Date of Birth September 7 1931
Place of Birth (State or foreign country) Richmond, Ind.
Residence Address R18 Bx 160 Indpls, 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) Marion 52470
Usual Occupation Plumber - self
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-31-40047

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
(a) List their full names, ages and addresses

Name Age Address
Jim Edward II 97 2638 Lockburn
Selfrey Thomas 125 Indpls, Ind.

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Paul Franklin Richmond
Residence of father (if deceased so state) R1 Patsburg, Ind.
Occupation of father See Gov: 10 Menden White
Birthplace of father (State or foreign country) Smithtown, Ind.
12. Full maiden name of mother Merril Anna Spartz
Residence of mother (if deceased so state) 1016 Orange Indpls.
Occupation of mother Retired. White
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Jim E. Richmond
New Address R18 Bx 160, Indpls, Ind.
Subscribed and sworn to before me this 22nd day of March, 1971.
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name First Middle Last
Date of Birth August 2 1920
Place of Birth (State or foreign country) Frankton, Ind.
Residence Address R18 Bx 160 Indpls, Ind.
Maiden Name if Different Betty J. Class
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) New 68469
Usual Occupation Housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Bap. Art. Comm. Conf.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Wesley Deputy Class
Residence of father (if deceased so state) Decatur, Ind.
Occupation of father _____ Race of father white
Birthplace of father (State or foreign country) Atchison, Kan.

8. Full maiden name of mother Millicent M. S. Donald
Residence of mother (if deceased so state) 910 Campbell, Indpls, Ind.
Occupation of mother H.W. Race of mother white
Birthplace of mother (State or foreign country) Seymour, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Betty Jeanne Hougland
New Address Same
Subscribed and sworn to before me this 22nd day of March, 1971.
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
Hendricks County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 19____, authorizing the joining together as husband and wife of Indiana dated the 26th day of March, 1971, and
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman H. Weaver, hereby certify that on the 11th day of April, 1971, at _____, County of Hendricks, State of Indiana, one thousand nine hundred and seventy-one, of _____, County of Hendricks, State of Indiana, Groom, and Betty Jeanne Hougland, of _____, County of Hendricks, State of Indiana, Bride, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 26 day of March, 1971.

Signed Norman H. Weaver
Official Designation Minister
Subscribed and sworn to before me this 13 day of April, 1971.
Signed _____ Clerk
Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 82
File Mar 23 1971
p. 32
Date of Application

MALE
Medical Examination Report Dated 3-11-71
Name of Physician R. L. Ueack, MD

FEMALE
Medical Examination Report Dated 3-11-71
Name of Physician R. L. Ueack, 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 Leon Charles Thomas
Date of Birth August 16 1948
Place of Birth (State or foreign country) Danville
Residence Address Box 108 Coatesville
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 General Excavating

Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☐ Other (Specify) Draft Card

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
<u>Tammy Sue</u>	<u>5 1/2</u>	<u>Box 108 Coatesville</u>
<u>Melissa</u>	<u>3 1/2</u>	<u>Box 108 Coatesville</u>

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Charles William Thomas
Residence of father (if deceased so state) Box 85 Coatesville
Occupation of father House Painter Race of father W
Birthplace of father (State or foreign country) Kentucky

12. Full maiden name of mother Orpha Mabel Mantooth
Residence of mother (if deceased so state) same
Occupation of mother Widow Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Charles W. Thomas
New Address same as above

Subscribed and sworn to before me this 23 day of Mar, 1971.
John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Barbara Elaine King
Date of Birth September 26 1949
Place of Birth (State or foreign country) Putnam Co.
Residence Address Box 1 Coatesville
Maiden Name if Different Farthing
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Housewife

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Farthing
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Helen S. Harris
Residence of mother (if deceased so state) Box 135 Statesville
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Barbara Elaine King
New Address Box 108 Coatesville

Subscribed and sworn to before me this 23 day of March, 1971.
John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 26th day of March, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John D. Taylor hereby certify that on the 27th day of March, 1971, at Coatesville, County of Hendricks, State of Indiana, Groom Charles Leon Thomas of Hendricks County, State of Indiana and, Bride Barbara Elaine 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 _____ County.

Dated this 27 day of March, 1971.

Signed John D. Taylor
Official Designation Minister

Signed John Gauld Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 83

File 24th March 1971

Date of Application Book 32

MALE

Medical Examination Report Dated 22 March 1971
Name of Physician Elmer L. Koch M.D.

FEMALE

Medical Examination Report Dated 22 March 1971
Name of Physician Elmer L. Koch M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Robert Laux
Date of Birth March 8 1950
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address R1 Bx 115, Claydon, Hend, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Carpenter: Dore Homes
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 2A29

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one 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 Laux		
Residence of father (if deceased so state)		Sang, Claydon, Ind.
Occupation of father		House: carpenter, white
Birthplace of father (State or foreign country)		Indpls, Ind.
Full maiden name of mother		Irma Mae Batts
Residence of mother (if deceased so state)		Sang
Occupation of mother		HW
Birthplace of mother (State or foreign country)		Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Robert Laux
New Address 24th March 1971
Subscribed and sworn to before me this 24th day of March, 1971
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed
Signed
Signed
Subscribed and sworn to before me this day of 1971
Clerk

FEMALE APPLICANT

Name Deborah Cottongim
Date of Birth February 7 1953
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 9703 Homay, Hend, Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 131A

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Cottongim
Residence of father (if deceased so state) Sang, Indpls, Ind.
Occupation of father Machinist: work left
Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Mary Elizabeth Ferguson
Residence of mother (if deceased so state) Deceased
Occupation of mother
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Deborah Cottongim
New Address Sang
Subscribed and sworn to before me this 24th day of March, 1971
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed
Signed
Signed
Subscribed and sworn to before me this day of 1971
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 24th March 1971 and filed
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 30a 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 24th day of March, 1971, authorizing the joining together as husband and wife
of Robert Laux and Deborah Cottongim
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Purcell, hereby certify that on the 26 day of March, 1971, at Ballsville, County of Hendricks,
one thousand nine hundred and seventy-one, of Hendricks County, State of Indiana,
State of Indiana, Groom Robert Laux, of Hendricks County, State of Indiana,
and, Bride Deborah Cottongim, of Hendricks County, State of Indiana,
were by me united 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 March, 1971.
Signed Keith Purcell
Official Designation Justice of Peace
Subscribed and sworn to before me this 30 day of March, 1971.
Signed John J. Jankovich
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 84
File Book 32
25 March 1971
Date of Application

MALE

Medical Examination Report Dated 19th March 1971
Name of Physician Irving Cohen MD

FEMALE

Medical Examination Report Dated 19th March 1971
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 Paul T. Hardin
Date of Birth April 10 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 109 W. South St. P.O. Box 144, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Real Estate Broker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Paul Franklin Hardin
Residence of father (if deceased so state) 16 Crest Ct. P.O. Box 144, Hendricks, Ind.
Occupation of father Real Estate Broker Race of father White
Birthplace of father (State or foreign country) Marietta, Ga.
12. Full maiden name of mother Helen Marie Springer
Residence of mother (if deceased so state) H/W. Vincennes, Ind.
Occupation of mother Sam Race of mother White
Birthplace of mother (State or foreign country) Vincennes, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Paul T. Hardin

New Address 109 W. South St. P.O. Box 144, Hendricks, Ind.

Subscribed and sworn to before me this 25th day of March, 1971
Clerk John Samuels Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
Clerk.....

FEMALE APPLICANT

Name Sandra Kay Edwards
Date of Birth June 1 1946
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address 259 Indiana St. P.O. Box 144, Hendricks, Ind.
Maiden Name if Different.....

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Secy. Palmer & Hinkle

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Eugene Edwards

Residence of father (if deceased so state) unknown

Occupation of father unk. Race of father White

Birthplace of father (State or foreign country) Ind.

8. Full maiden name of mother Donna Kathleen Courtney

Residence of mother (if deceased so state) 3802 Cassell Rd. High.

Occupation of mother File clk. Home States. Race of mother White

Birthplace of mother (State or foreign country) Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Sandra Kay Edwards

New Address Same

Subscribed and sworn to before me this 25th day of March, 19.....
Clerk John Samuels Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
Clerk.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 30th day of March, 1971, authorizing the joining together as husband and wife of Paul T. Hardin and Sandra Kay Edwards

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert E. Davis hereby certify that on the 3rd day of April, 1971, at Blairfield, County of Hendricks, State of Indiana, Groom Paul T. Hardin of Hendricks County, State of Indiana and, Bride Sandra Kay Edwards of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of..... County.

Dated this 3rd day of April, 1971

Signed Robert E. Davis

Official Designation Minister

Signed John Samuels Jr. Clerk

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this.....

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 85
File Book 32
Date of Application 3-25-71

MALE

Medical Examination Report Dated 3-24-71
Name of Physician Fred P. Warbinton M.D.

FEMALE

Medical Examination Report Dated 3-24-71
Name of Physician Fred P. Warbinton M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Frank Webster Claspill Jr.
Date of Birth 10-1-1937
Place of Birth (State or foreign country) Indiana
Residence Address Box 36 E Danville Hendricks Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White
Usual Occupation Industrial Electrician
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree DOB 10-1-37

- ☐ Other (Specify) Reserve Lt Col AF 1775, 185
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Frank Webster Claspill
Residence of father (if deceased so state) deceased
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Lafayette Indiana
12. Full maiden name of mother Ruth Sadonna Woodruff
Residence of mother (if deceased so state) deceased
Occupation of mother Homemaker Race of mother White
Birthplace of mother (State or foreign country) Lafayette, Ohio

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Frank W. Claspill Jr.
New Address Box 36 E Danville Ind
Subscribed and sworn to before me this 25 day of March, 1971
John Danaher Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

FEMALE APPLICANT

Name Rebecca Ann Fisher
Date of Birth 7-3-1947
Place of Birth (State or foreign country) Indiana
Residence Address Box 703 Danville Hendricks Ind
Maiden Name if Different Fisher
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Birth Certificate # 113-47-0530413

- ☐ Other (Specify) Birth Certificate # 113-47-0530413
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Harvey Phillips Leasler
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Plainfield Indiana

8. Full maiden name of mother Jane Davis
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, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Rebecca A. Fisher
New Address Box 36 E Danville Ind
Subscribed and sworn to before me this 25 day of March, 1971
John Danaher Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
_____, Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County Superior Court by written order issued 3-25-71
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 25 day of March, 1971, authorizing the joining together as husband and wife
of Frank Webster Claspill Jr. and Rebecca Ann Fisher
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 27 day of March,
at Danville, County of Hendricks,
one thousand nine hundred and seventy one, County, State of Indiana,
State of Indiana, Groom Frank Webster Claspill Jr. of Hendricks County, State of Indiana,
and, Bride Rebecca Ann Fisher of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 27 day of March, 1971.
Signed Warren A. Robbins
Official Designation Minister
_____, day of March, 1971.
Signed John Danaher Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____
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. 86
File Book 32
3-26-71
Date of Application

MALE

Medical Examination Report Dated 3-25-71Name of Physician Steven D. Lenn

FEMALE

Medical Examination Report Dated 3-25-71Name of Physician Steven D. Lenn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Pat E. Nesley
Date of Birth 6 30 1952
Place of Birth (State or foreign country) Blount Indiana
Residence Address Box 67 Clayton Hendricks Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Student - CascadeDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree 6-30-1952☐ Other (Specify) P. S. Reg. Certificate # 12-30-52-245

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address
Charles C. Nesley		

FEMALE APPLICANT

Name Patti L. Wigley
Date of Birth 9 5 1952
Place of Birth (State or foreign country) Alabama
Residence Address 31 Iris Ave Clayton Indpls Indiana
Maiden Name if Different Marion

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation UnemployedDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father James L. WigleyResidence of father (if deceased so state) sameOccupation of father Truck Driver Race of father whiteBirthplace of father (State or foreign country) Pennsylvania Pa8. Full maiden name of mother Betty Patricia TeachmanResidence of mother (if deceased so state) sameOccupation of mother Housewife Race of mother whiteBirthplace of mother (State or foreign country) Columbiana Pa.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given
County of _____ in this application is true and correct.

Signed Patti L. Wigley

New Address _____

Subscribed and sworn to before me this 26 day of March, 19 71John Lamborn Jr. Clerk **HENDRICKS** Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Clayton Court by written order issued waived 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

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 26 day of March, 19 71, authorizing the joining together as husband and wife
of Pat E. Nesley and Patti L. Wigley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. Powell Mead hereby certify that on the 27th day of March,
one thousand nine hundred and seventy-one at Indianapolis, County of Marion,
State of Indiana, Groom Pat E. Nesley of Hendricks County, State of Indiana
and, Bride Patti L. Wigley of Marion County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County. HENDRICKS

Dated this 27th day of March, 19 71.
Signed R. Powell Mead
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of March, 19 71.
Signed John Lamborn Jr. Clerk **HENDRICKS** Circuit Court

Form 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
3-26-71
Date of Application

MALE

Medical Examination Report Dated 3-25-71
Name of Physician Steven D. Lenn

FEMALE

Medical Examination Report Dated 3-25-71
Name of Physician Steven D. Lenn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Pat E. Neeley
Date of Birth 6 30 1952
Place of Birth (State or foreign country) Indiana
Residence Address Box 67 Clayton Hendricks Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Caucasian
Usual Occupation Student - Cascade
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 6-30-1952
☐ Other (Specify) 8 Reg Certificate # 12-30-52-245
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support?

FEMALE APPLICANT

Name Patti L. Wigley
Date of Birth 9 5 1952
Place of Birth (State or foreign country) Alabama
Residence Address 31 Iris Ave Clayton Indiana
Maiden Name if Different Wigley
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Caucasian
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) same
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 L. Wigley
Residence of father (if deceased so state) same
Occupation of father Truck Driver Race of father White
Birthplace of father (State or foreign country) Kennelworth, N.C.

Pat E. Neeley, Maxine Neeley, hereby give our consent for
our Son Edward Patton Neeley
to marry Patti LaRue Wigley.

Subscribed and sworn to before me this 26th day of March 19 71

Betty Jean Johnston
Notary Public

My commission expires March 31, 1971

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed Pat E. Neeley Father
Signed Maxine Neeley Mother
Subscribed and sworn to before me this 26th day of March, 19 71
Clerk

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed James L. Wigley Father
Signed Patti L. Wigley Mother
Subscribed and sworn to before me this 26th day of March, 19 71
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 waived 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

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 26th day of March, 19 71, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. Powell Mead hereby certify that on the 27th day of March,
one thousand nine hundred and seventy-one at Indiana Polis, County of Marion,
State of Indiana, Groom Pat E. Neeley of Hendricks County, State of Indiana
and, Bride Patti L. Wigley 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 27th day of March, 19 71

Signed R. Powell MeadOfficial Designation Christian MinisterSigned John Sanford Jr. Clerk

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of March, 19 71

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 87
File Book 32
29 March 1971
Date of Application

MALE
Medical Examination Report Dated 25 March 1971
Name of Physician Wm. B. Kriel M.D.

FEMALE
Medical Examination Report Dated 25 March 1971
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, representa-

MALE APPLICANT

Name William C. Whitlock
Date of Birth April 5 1942
Place of Birth Danville, Ill.
Residence Address 1010 Broadway Crawfordville, Mont., Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Bus Driver: Illini Swallow
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drives Lic 324-34-6124

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father Hudson Max Whitlock
Residence of father (if deceased so state) Westville, Ill.
Occupation of father Carpenter Race of father White
Birthplace of father (State or foreign country) Georgetown, Ill.

12. Full maiden name of mother Ruth Irene Humble
Residence of mother (if deceased so state) 154 Danville, Ill.
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Danville, Ill.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed
New Address 1010 Broadway Crawfordville, Ind.
Subscribed and sworn to before me this 29th day of March, 1971
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of
Signed
Signed
Subscribed and sworn to before me this day of 1971
Clerk

FEMALE APPLICANT

Name Patricia J. Blankenship
Date of Birth January 10 1942
Place of Birth Danvers, Ind.
Residence Address 184 N. Washington, Danville, Ind.
Maiden Name if Different Patricia J. Oltean
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk: Blue Cross
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drives Lic

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Alec Oltean
Residence of father (if deceased so state) Indianapolis, Ind.
Occupation of father Butcher Race of father White
Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother Mattie Emile Bolin
Residence of mother (if deceased so state) 604 Berg Rd, Indpls.
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed Patricia J. Blankenship
New Address
Subscribed and sworn to before me this 29th day of March, 1971
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of
Signed
Signed
Subscribed and sworn to before me this day of 1971
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and filed
HENDRICKS County
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2 day of April, 1971, authorizing the joining together as husband and wife of William C. Whitlock and Patricia J. Blankenship.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, the said, hereby certify that on the 3rd day of April, 1971, at Crawfordville, County of Montgomery, State of Indiana, of Montgomery County, State of Indiana, one thousand nine hundred and twenty-one, William C. Whitlock and Patricia J. Blankenship were by me united 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 April, 1971.
Signed Eric Alan
Official Designation Minister
6th day of April, 1971
Signed John Danbold, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this
Signed HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 89
File Book 32
3-29-71
Date of Application

MALE
Medical Examination Report Dated 3-16-71
Name of Physician Don J. Cameron M.D.

FEMALE
Medical Examination Report Dated 3-16-71
Name of Physician Don J. Cameron M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Buford Elton Neal
Date of Birth Month 5 Day 10 Year 1911
Place of Birth (State or foreign country) Winchester Tennessee
Residence Address 4420 Kent Road Adrian Lenawee Michigan
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 Driver - State of Michigan
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree Michigan
☐ Other (Specify) Drivers License #R0758718
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
<u>Link Neal</u>	<u>15</u>	<u>same</u>

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father John Billy Neal
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Winchester Tenn.
12. Full maiden name of mother Maude Collins
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Winchester Tenn.
State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Buford Neal
New Address _____
Subscribed and sworn to before me this 21 day of March, 1971.
John Samboe Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____
State of Indiana, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Thelma Leila Abbott
Date of Birth Month 1 Day 27 Year 1911
Place of Birth (State or foreign country) Jasper Michigan
Residence Address 1324 N. Maple Street Adrian Lenawee Michigan
Maiden Name if Different Chatfield
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 Mrs. Bakery - Hudson Michigan
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree DOR-1-27-11
☐ Other (Specify) Drivers License #R1524860 Michigan
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 J. Chatfield
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Hudson Michigan
8. Full maiden name of mother Berna L. Bruckey
Residence of mother (if deceased so state) deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) St. Johns, Ohio
State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Thelma Leila Abbott
New Address 4425 Great Rd. Adrian Michigan
Subscribed and sworn to before me this 29 day of March, 1971.
John Samboe Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary _____

State of Indiana, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the **HENDRICKS** County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ **HENDRICKS** Circuit Court of Indiana dated 15th day of April, 1971, authorizing the joining together as husband and wife of Buford Elton Neal and Thelma Leila Abbott.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert A. Baum hereby certify that on the 24th day of April, at Brownshurg, County of Hendricks, State of Indiana, Groom Buford Elton Neal of Lenawee County, State of Michigan and, Bride Thelma Leila Abbott of Lenawee County, State of Michigan were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 26 day of April, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed Robert A. Baum
Official Designation Clergyman
Signed John Samboe Jr. Clerk **HENDRICKS** Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 89
File Book 32
Date of Application 3-29-71

MALE

Medical Examination Report Dated 3-29-71
Name of Physician Glen W. Baker M.D.

FEMALE

Medical Examination Report Dated 3-29-71
Name of Physician Glen W. 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 Patrick Edward Piele
Date of Birth 2 11 1954
Place of Birth (State or foreign country) Indiana
Residence Address 326 N. Green Brownsburg Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White
Usual Occupation Brownsburg Theatre
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) #01329 AOB 2-11-54
- Are you now or have you been adjudged, diagnosed or considered as:
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Edward Laurence Piele Sr.
Residence of father (if deceased so state) same
Occupation of father Supt. Inst. B. Burg. Race of father white
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Hazel Patrick
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Patrick Edward Piele

New Address
Subscribed and sworn to before me this 29 day of March, 1971.
John Lambrecht Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed Hazel Piele Father
Signed Hazel Piele Mother
Subscribed and sworn to before me this 29 day of March, 1971.
John Lambrecht 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 3-29-71 and filed in Chick's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County, Indiana, authorizing the joining together as husband and wife of Indiana dated the 2nd day of April, 1971, and Rhonda J. Newman and Patrick Edward Piele.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James Allen William, hereby certify that on the 3 day of April, 1971, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and seventy one of Hendricks County, State of Indiana, and, Bride Rhonda J. Newman were by me united 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, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this day of , 1971.

FEMALE APPLICANT

Name Rhonda J. Newman
Date of Birth 9 15 1955
Place of Birth (State or foreign country) Indiana
Residence Address 522 Green Brownsburg Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) School Record
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Walter Newman
Residence of father (if deceased so state) same
Occupation of father Factory Race of father white
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Wilma Jean Rice
Residence of mother (if deceased so state) same
Occupation of mother Race of mother white
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Rhonda J. Newman

New Address
Subscribed and sworn to before me this 29 day of March, 1971.
John Lambrecht Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19 .
 Clerk

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19 .
 Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 3-29-71 and filed in Chick's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS County, Indiana, authorizing the joining together as husband and wife of Indiana dated the 2nd day of April, 1971, and Rhonda J. Newman and Patrick Edward Piele.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James Allen William, hereby certify that on the 3 day of April, 1971, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and seventy one of Hendricks County, State of Indiana, and, Bride Rhonda J. Newman were by me united 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, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this day of , 1971.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 89
File Book 32
Date of Application 3-29-71

MALE
Medical Examination Report Dated 3-29-71
Name of Physician Glen W. Baker M.D.

FEMALE
Medical Examination Report Dated 3-29-71
Name of Physician Glen W. Baker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Patrick Edward Piele
Date of Birth 2 11 1954
Place of Birth Indianapolis
Residence Address 326 N. Green Brownsburg Indiana
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify) Brownsburg Shutter
Usual Occupation Brownsburg Shutter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #01329 AOB 2-11-54
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☐ Yes
Of Unsound Mind? ☐ No ☐ Yes
2. Are you under guardianship as a person of unsound mind? ☐ No ☐ Yes

FEMALE APPLICANT

Name Rhonda Fay Newman
Date of Birth 9 15 1955
Place of Birth Indiana
Residence Address 522 Green Brownsburg Indiana
Maiden Name if Different Newman
Previous Marital Status: ☒ Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: ☐ Death ☐ Divorce ☐ Annulment ☐
Color or Race ☒ White ☐ Negro ☐ Other ☐ (specify) Unemployed
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) School Record

I, Virgil Newman, hereby give my consent for
my DAUGHTER, Rhonda Fay Newman to
marry PATRICK PIERLE.

Subscribed and sworn to before me this 1 day of April, 1971.

Notary Public

Residence of mother (if deceased so state) same

Signed Rhonda Fay Newman

I, Edward Piele, hereby give my consent for
my Son, Patrick E. Piele to
marry Rhonda F. Newman.

Subscribed and sworn to before me this 30th day of March, 1971.

Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Circuit Court by written order issued 3-29-71 and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. As requested

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 2nd day of April, 1971, authorizing the joining together as husband and wife
of Patrick Edward Piele and Rhonda Fay Newman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James Allen William hereby certify that on the 3 day of April
one thousand nine hundred and seventy one at Brownsburg, County of Hendricks,
State of Indiana, Groom Patrick Edward Piele of Hendricks County, State of Indiana,
and, Bride Rhonda Fay Newman of Hendricks County, State of Indiana,
were by me united 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, 1971.

Signed James Allen William
Official Designation Justice of the Peace
16 day of April, 1971
Signed John Lankford Jr Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 89

File Book 32

3-29-71

Date of Application

MALE

Medical Examination Report Dated 3-29-71

Name of Physician Glenn W. Baker M.D.

FEMALE

Medical Examination Report Dated 3-29-71

Name of Physician Glenn W. Baker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Patrick Edward Purtle
Date of Birth 2 11 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address 326 N. Green Brownsburg Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Brownsburg Theatre
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 01329 AOB 2-11-54

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐

2. A

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INDIANA ELEMENTARY AND HIGH SCHOOL RECORD

Name Newman Rhonda Faye Sex M ☒ F ☐ Birth Date 9/15/55 Certified ☐

Parent or Guardian Virgil Newman Address 522 Trevor Brownsburg, Indiana Number of sisters 0

Occupation Sterward Woner Number of brothers 0 Religion

Marital Status ☐ Live Together ☐ Divorced ☐ Decd. M. or F.

High School Guidance Data

Intends to enter college ☐ Yes ☐ No

Vocational preference

Do parents know of preference ☐ Yes ☐ No

Subjects liked best

Subjects liked least

Part time work

Personality ☐ Initiative ☐ Cooperation ☐ Democratic ☐ Reliability ☐ Leadership ☐ Courtesy

Activities and Honors

Other Information:

Schools Attended

School Brownsburg Jr. HI.

Entered 8/29/68

Withdrawn

School Peaks Mill

Entered

Withdrawn

School

Entered

Withdrawn

School

Entered

Withdrawn

Rank in class

Curriculum

Date graduated

Intelligence Test Record

Name

Form

Date

Verbal Quot.

Total

IQ

GP

MA

CA

DA

Form

Date

Verbal Quot.

Total

IQ

GP

MA

CA

DA

Achievement Test Record

Name

Form

Date

Verbal Quot.

Total

IQ

GP

MA

CA

DA

Form

Date

Verbal Quot.

Total

IQ

GP

MA

CA

DA

This is correct to the best
of our knowledge
Dorothy R. French
Principal

HENDRICKS

Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 90

File Book 32

March 30 1971
Date of Application**MALE**

Medical Examination Report Dated 3-6-71

Name of Physician Robert K. Sterling

FEMALE

Medical Examination Report Dated 3-6-71

Name of Physician Robert K. Sterling

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
William Frank Foreman
Date of Birth Month Day Year
May 24 1949
Place of Birth (State or foreign country)
General Hosp. Judges Marion Ind
Residence Address Street or R. R. City County State
Jamesdon Boone Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Bryant Heating

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father William Taylor Foreman
Residence of father (if deceased so state) same
Occupation of father Retired from Allison Race of father W
Birthplace of father (State or foreign country) Crawfordsville Ind
12. Full maiden name of mother Evelyn Eileen Pratt
Residence of mother (if deceased so state) same
Occupation of mother Shrine Club Race of mother W
Birthplace of mother (State or foreign country) Indianapolis Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed William T. Foreman

New Address Crestwood Village Judges

Subscribed and sworn to before me this 30 day of March, 1971.
John Gansbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

FEMALE APPLICANT

Name First Middle Last
Rebecca Sue Howard
Date of Birth Month Day Year
November 10 1952
Place of Birth (State or foreign country)
McClintock Hosp. Judges Marion Ind
Residence Address Street or R. R. City County State
R R 2 Clayton Ind Ind
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify).....

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐

7. Full name of father Raleigh Cordia Howard
Residence of father (if deceased so state) same
Occupation of father Press of Amsted Race of father W
Birthplace of father (State or foreign country) Paducah Texas
8. Full maiden name of mother Laura Evelyn Hammon
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Woodburn Ky

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Rebecca Sue Howard

New Address Crestwood Village Judges

Subscribed and sworn to before me this 30 day of March, 1971.
John Gansbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:
County of.....

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 30 day of April, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harlan Lincode

one thousand nine hundred and seventy-one hereby certify that on the 3rd day of April, 1971, at Greentown, County of Boone, State of Indiana, Groom William Frank Foreman and, Bride Rebecca Sue Howard of Hendricks County, State of Indiana were by me united 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, 1971.
Signed Harlan Lincode
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of April, 1971.
Signed John Gansbold Jr Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 91
File Bk 32
Date of Application 3-30-71

MALE
Medical Examination Report Dated 3-19-71
Name of Physician Fred J. Bolog, M.D.

FEMALE
Medical Examination Report Dated 3-19-71
Name of Physician Fred J. Bolog, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name William Michael Driffith
Date of Birth April 10 1948
Place of Birth (State or foreign country) Kentucky
Residence Address Box 409 Clayton Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Machine Operator
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Dr. Card 12-30-48-118 4A

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		

11. Full name of father William M. Driffith
Residence of father (if deceased so state) Same
Occupation of father Machine Operator Race of father W.
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Adeline Collins
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed William M. Driffith
New Address 2312 First St. Plainfield
Subscribed and sworn to before me this 30 day of March, 1971
John L. Barnhold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT
Name Anne Whipker
Date of Birth March 27 1951
Place of Birth (State or foreign country) Indiana
Residence Address 2312 First St. Plainfield Hendricks Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) # 8815 St. Vincent's Hospital

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father Harry Whipker
Residence of father (if deceased so state) Rt 2 Box 129
Occupation of father Self employed Race of father W.
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother Margaret Mary Patterson
Residence of mother (if deceased so state) Same as father
Occupation of mother Self employed Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Anne Whipker
New Address 2312 First St. Plainfield
Subscribed and sworn to before me this 30 day of March, 1971
John L. Barnhold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
_____ Court by written order issued _____
_____ County _____
_____ authorizes and directs the issuance of a marriage license to the above named parties.
in _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court _____
of Indiana dated the 5th day of April, 19____, authorizing the joining together as husband and wife
of William Michael Driffith and Anne Whipker
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald A. Dabhard, hereby certify that on the 10th day of April,
at Clayton, County of Hendricks,
one thousand nine hundred and seventy-one of Hendricks County, State of Indiana,
State of Indiana, Groom William Michael Driffith of Hendricks County, State of Indiana,
and, Bride Anne Whipker of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County, _____
Dated this 6 day of April, 1971.
Signed Ronald A. Dabhard
Official Designation Ordained Minister
_____ day of _____, 1971.
Signed John L. Barnhold, Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 92
File Book 32
3-4-71
Date of Application

MALE
Medical Examination Report Dated 3-19-71
Name of Physician Thomas D. Harris M.D.

FEMALE
Medical Examination Report Dated 3-19-71
Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name George B. Coleman
Date of Birth Month 12 Day 11 Year 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address 328 E. Boone Street or R. R. Indianapolis City Indiana County Hendricks State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Army
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Medical Report # 11883

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Charles Butler Coleman
Residence of father (if deceased so state) Same
Occupation of father Contractor Race of father white
Birthplace of father (State or foreign country) Indianapolis Ind.
12. Full maiden name of mother Mattie Mae Floyd
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Kennett, Mo.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed George B. Coleman
New Address 502 S. 13th St. Lawton Okla.
Subscribed and sworn to before me this 8 day of April, 19 71
John Canbald Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss: back parents
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name Jenice A. Flint
Date of Birth Month 2 Day 17 Year 1951
Place of Birth (State or foreign country) Indianapolis
Residence Address 418 E. 331 Street or R. R. Indianapolis City Indiana County Hendricks State Indiana
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. Bd of Health - # 113-51-223041

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Delbert Flint
Residence of father (if deceased so state) Same
Occupation of father Electrician Race of father white
Birthplace of father (State or foreign country) Indianapolis Indiana

8. Full maiden name of mother Mrs. Sarah McFick
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Jenice A. Flint
New Address 502 S. 13th Street Lawton, Okla.
Subscribed and sworn to before me this 1 day of April, 19 71
John Canbald Jr. Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss: _____
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of _____ Indiana dated the 8 day of April, 19 71, authorizing the joining together as husband and wife of George B. Coleman and Jenice A. Flint.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Robert Shipley hereby certify that on the 11th day of April, 19 71, at Indianapolis, County of Marion, State of Indiana, Groom George B. Coleman of Marion County, State of Indiana, and, Bride Jenice A. Flint of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 8 day of April, 19 71.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19 71.
Signed Rev. Robert Shipley Official Designation Minister
Signed John Canbald Jr. Clerk **HENDRICKS** Circuit Court

Form 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
3-4-1-71
Date of Application

MALE

Medical Examination Report Dated 3-19-71

Name of Physician Thomas D. Harris M.D.

FEMALE

Medical Examination Report Dated 3-19-71

Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name George B. Coleman
Date of Birth 12 11 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address 228 S. Boone Brownsburg Hendricks Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Armer

FEMALE APPLICANT

Name Jenice A. Flint
Date of Birth 2 17 1951
Place of Birth (State or foreign country) Indianapolis
Residence Address Rt 18 Box 331 Ingles Hendricks Indiana
Maiden Name if Different.....
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....

We, the parents of George Butler Coleman, a minor, do hereby
give our permission for him to marry Jenice Adair Flint.

Charles Butler Coleman
Charles Butler Coleman, father

Jane Floyd Coleman
Jane Floyd Coleman, mother

March 25, 1971
Date

Sandra Ann Bottel
Notary Public

My commission expires April 2, 1972

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Filed and recorded in accordance with the laws of the State of Indiana this

Signed Minister
Official Designation 3 day of April, 19 71
Signed John Danbold, Jr. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 93
File Book 32
Date of Application April 1, 1971

MALE
Medical Examination Report Dated 3-31-71
Name of Physician Joseph C. Kerlin, M.D.

FEMALE
Medical Examination Report Dated 3-31-71
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 William O. Smith
Date of Birth 19 43
Place of Birth (State or foreign country) Indianapolis
Residence Address R.R. #2 Box 227 Clayton, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ June 2, 1969
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Service Man
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Drivers License - 309-44-0888-05
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes ☐ Of Unsound Mind? ☐ No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☒ Yes ☐
 - If answer to 3 is "yes" has the cause of such condition been removed? ☐ No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? ☐ No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? ☐ No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? ☐ No ☒ Yes ☐
 - Are you able to support a family? ☐ Yes ☒ No ☐
 - Are you likely to so continue? ☐ Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? ☐ No ☒ Yes ☐
- (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

11. Full name of father Orville Wright
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Ohio

12. Full maiden name of mother Mary Edith Smith
Residence of mother (if deceased so state) R.R. #2 Box 227 Clayton, Ind.
Occupation of mother Teacher at R.C.A. Race of mother White
Birthplace of mother (State or foreign country) Ballwin, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true, and correct.
County of _____
Signed William O. Smith
New Address R.R. #1 Box 68 Clayton, Ind.
Subscribed and sworn to before me this 1st day of April, 1971.
John Hambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT
Name Cynthia Kay Alexander
Date of Birth March 45
Place of Birth (State or foreign country) Indianapolis
Residence Address R.R. #1 Box 206 North Salem
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ April 13, 1967

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation None
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes ☐ Of Unsound Mind? ☐ No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? ☐ No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? ☐ No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? ☐ No ☒ Yes ☐

7. Full name of father Edmond Carl Alexander
Residence of father (if deceased so state) R.R. #1 Box 206 North Salem
Occupation of father Million - Torman Race of father White
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Maxine Louise Bailey
Residence of mother (if deceased so state) R.R. #1 Box 206 N. S.
Occupation of mother Store Owner Race of mother White
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Cynthia K. Alexander
New Address R.R. #1 Box 68 Clayton
Subscribed and sworn to before me this 1st day of April, 1971.
John Hambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____
HENDRICKS County _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ HENDRICKS Circuit Court of Indiana dated the 6th day of April, 1971, authorizing the joining together as husband and wife of William O. Smith and Cynthia Kay Alexander.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Harrison C. Deal, hereby certify that on the 18th day of April, 1971, at Indianapolis, County of Hendricks, State of Indiana, one thousand nine hundred and seventy one of Hendricks County, State of Indiana, and, Bride Cynthia Kay Alexander of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 18 day of April, 1971.
Signed Rev. Harrison C. Deal
Official Designation Minister
22 day of April, 1971.
Signed John Hambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS

County

No. 94
File Book 32
Date of Application 1 April 1971

MALE

Medical Examination Report Dated 31 March 1971

Name of Physician D. J. B. Haggard M.D.

FEMALE

Medical Examination Report Dated 31 March 1971

Name of Physician D. J. B. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Danny L. Linkous
Date of Birth Month Day Year
October 23 1948
Place of Birth (State or foreign country) Tenn.
Residence Address Street or R. No. City County State
Rt 1 Box 88A Danville, Tenn., Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Time keeper clk: Link Belt.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) M-1 ID 2528728

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address
Floyd Elmer Linkous	3002 S. McCluskey	1948
Dorothy Ann Sarragin	3002 S. McCluskey	1948

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Floyd Elmer Linkous
Residence of father (if deceased so state) 3002 S. McCluskey 1948
Occupation of father: Diamond Chain Factory White
Birthplace of father (State or foreign country) Morristown, Tenn.
12. Full maiden name of mother: Betty Ann Sarragin
Residence of mother (if deceased so state) Same
Occupation of mother: Seamstress: Leo Ramsey White
Birthplace of mother (State or foreign country) Morristown, Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: [Signature]

New Address: Rt 1 Box 88A Danville Ind

Subscribed and sworn to before me this 18th day of April, 1971
[Signature] Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

FEMALE APPLICANT

Name First Middle Last
Vanice E. Adams
Date of Birth Month Day Year
July 20 1950
Place of Birth (State or foreign country) Ind. (unlabeled)
Residence Address Street or R. No. City County State
Rt 1 Box 1066 Danville, Tenn., Ind.
Maiden Name if Different Marden Anne Westman

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Cook: Link Belt Cafe.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father: James Henry Adams
Residence of father (if deceased so state) Same
Occupation of father: [unlabeled] Race of father: White
Birthplace of father (State or foreign country) Cloverdale, Ind.
8. Full maiden name of mother: Beulah Ramsey
Residence of mother (if deceased so state) Same
Occupation of mother: Teller clk: SMV Race of mother: White
Birthplace of mother (State or foreign country) Russellville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed: Vanice E. Adams

New Address: Same

Subscribed and sworn to before me this 18th day of April, 1971
[Signature] Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed: _____ Father

Signed: _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued 1 April 1971 and filed in [unlabeled] authorizes and directs the issuance of a marriage license to the above named parties. [unlabeled]

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 2nd day of April, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, [unlabeled] hereby certify that on the 3rd day of April, 1971, at _____, County of _____, State of Indiana, Groom: Danny L. Linkous and, Bride: Vanice E. Adams of _____ County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 2nd day of April, 1971.

Signed: [Signature]

Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of April, 1971.

Signed: [Signature] Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 95
File Bk32
Date of Application 4-2-71

MALE

Medical Examination Report Dated 4-1-71
Name of Physician James Black M.D.

FEMALE

Medical Examination Report Dated 4-1-71
Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name First Robert Middle A Last Pecar
Date of Birth Month March Day 30 Year 1957
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 2891 Road 500 B. Danville 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 Construction

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-57-019458

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert Lee Pecar
Residence of father (if deceased so state) deceased
Occupation of father Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Helen Marie Pecar
Residence of mother (if deceased so state) same as groom
Occupation of mother Cafe manager Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Robert Pecar
New Address 101 South Washington Apt 4

Subscribed and sworn to before me this 2 day of April, 1971
John Sambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed deceased Father
Signed Notarized attached of breast Mother

Subscribed and sworn to before me this 6th day of April, 1971
John Sambold Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, and filed

HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of April, 1971, authorizing the joining together as husband and wife

of Robert A. Pecar and Pamela Jean Marsh

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James R. Keenan hereby certify that on the 7th day of April, 1971, at Brownsburg, County of Hendricks, State of Indiana, Groom Robert A. Pecar of Morgan, County, State of Indiana and, Bride Pamela Jean Marsh of Centerton, County of Hendricks

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 7th day of April, 1971. Signed James R. Keenan Roman Catholic Priest
Official Designation

12 day of April, 1971. Signed John Sambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 95
File Bk32
Date of Application 4-2-71

MALE
Medical Examination Report Dated 4-1-71
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 4-1-71
Name of Physician James Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name Robert A. Pecar
Date of Birth March 30 1951
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 2891 Road 500 B. Danville, Hend. Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Construction
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-57-019458

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to support a family? Yes ☐ No ☐
- Are you likely to so continue? Yes ☐ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert Lee Pecar
Residence of father (if deceased so state) deceased
Occupation of father deceased Race of father W
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Helen Marie Pecar
Residence of mother (if deceased so state) same as groom
Occupation of mother Cafe manager Race of mother W
Birthplace of mother (State or

State of Indiana, HENDRICKS
County of _____

Signed _____
New Address _____

Subscribed and sworn to before me this _____ day of _____ 1971

CONSENT OF PARENTS, PAR
We, the parents, of this applica
signs, state facts which render

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

FEMALE APPLICANT
Name Pamela Jean Marsh
Date of Birth March 21 1953
Place of Birth (State or foreign country) Iowa City, Iowa
Residence Address Box 36 Centerton, Hend. Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☐ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☐ Negro ☐ Other ☐ (specify) _____
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 114-53-011833

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☐ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the groom closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Full name of father Walter Matthew Marsh
Residence of father (if deceased so state) same as bride
Occupation of father deceased Race of father W
Birthplace of father (State or foreign country) Illinois

8. Full maiden name of mother Wilma Jean Lindall
Residence of mother (if deceased so state) same as bride
Occupation of mother deceased Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given
County of _____ in this application is true and correct.

Signed Pamela Marsh
New Address same

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

State of Indiana, HENDRICKS
County of _____

Signed _____
Signed _____

Subscribed and sworn to before me this _____ day of _____ 1971

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license issued by the clerk of the _____ Court by written order issued _____ and filed _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1971, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ day of _____

I, _____, hereby certify that on the _____ day of _____, County of _____, State of _____

one thousand nine hundred and _____ of _____ County, State of _____

State of Indiana, Groom Robert A. Pecar and, Bride Centerton

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County. _____ day of _____, 1971.

Dated this _____ day of _____, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.

Signed _____
Signed _____
Clerk _____
Circuit Court _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 96
File B vol 32
Date of Application April 2 1971

MALE
Medical Examination Report Dated March 23 1971
Name of Physician John H. Warner MD

FEMALE
Medical Examination Report Dated March 23 1971
Name of Physician James 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 Kenneth Robert Lindner Jr
Date of Birth April 27 1949
Place of Birth (State or foreign country) Pa.
Residence Address South Hill City Chester County Pa. State Ohio
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation 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? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Kenneth Robert Lindner Sr
Residence of father (if deceased so state) 846 Mass Ave Dunelm
Occupation of father Retired Director Race of father W
Birthplace of father (State or foreign country) Bethlehem Pa
12. Full maiden name of mother Betty Giespie
Residence of mother (if deceased so state) same
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Bethlehem Pa

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Kenneth R Lindner Jr
New Address 228 Prospect Wellington O
Subscribed and sworn to before me this 2 day of April, 1971.
John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Leslie A Watson
Date of Birth August 19 1946
Place of Birth (State or foreign country) Howard Indiana
Residence Address RR 2 Box 4 City Clayton County Ind State Ind
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation manager - store
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Horace E. Watson
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father W
Birthplace of father (State or foreign country) Tipton Co Ind
8. Full maiden name of mother Harnett
Residence of mother (if deceased so state) RR 2 Clayton Ind
Occupation of mother Teacher Race of mother W
Birthplace of mother (State or foreign country) Henry Co

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Leslie A Watson
New Address 228 Prospect Wellington O
Subscribed and sworn to before me this 2 day of April, 1971.
John Gauld Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Superior Court by written order issued April 2 1971 and filed in Deer'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 2nd day of April, 1971, authorizing the joining together as husband and wife Kenneth Robert Lindner Jr and Leslie A. Watson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. J. William Clemenson hereby certify that on the 3rd day of April, one thousand nine hundred and seventy-one at Bloomington, County of Monroe, State of Indiana, Groom Kenneth Robert Lindner Jr of Worcester County, State of Indiana and, Bride Leslie A. Watson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 3 day of April, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____

Signed J. William Clemenson
Official Designation Pastor
Signed John Gauld Jr Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 97
File Book 32
Date of Application April 2, 1971

MALE

Medical Examination Report Dated 3, 22, 71
Name of Physician Elmer L. Koch M.D.

FEMALE

Medical Examination Report Dated 3, 22, 71
Name of Physician Elmer L. Koch M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Thomas Eugene Driggs
Date of Birth Jan 6 1948
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address North Salem Ind - Hendricks
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Civil Eng.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree #157

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Ralph Arthur Driggs
Residence of father (if deceased so state) North Salem, Ind.
Occupation of father Truck driver Race of father W.
Birthplace of father (State or foreign country) Indianapolis

12. Full maiden name of mother Norma Louise Byram
Residence of mother (if deceased so state) North Salem, Ind.
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Hendricks Co.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Thomas Eugene Driggs
New Address 2627 Oak Park Ave. Ill.

Subscribed and sworn to before me this 2nd day of April, 1971.
John Samford Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name LaVonne Alice Reynolds
Date of Birth Sept. 18 1951
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address R.R. #1 North Salem Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Lab Asst.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree _____

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Wilburn Luther Reynolds
Residence of father (if deceased so state) R.R. #1 North Salem
Occupation of father Mechanist Race of father White
Birthplace of father (State or foreign country) Union, Oklahoma

8. Full maiden name of mother Alice Edna Maurice
Residence of mother (if deceased so state) R.R. #1 North Salem
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) West Moreland Pa.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed LaVonne Alice Reynolds
New Address 2627 Oak Park Ave. Ill.

Subscribed and sworn to before me this 2 day of April, 1971.
John Samford Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____

HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 6th day of April, 1971, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Elder R. Harold Dodson, hereby certify that on the 17 day of April, 1971, at _____, County of _____, State of _____, _____ and _____, County, State of _____, _____

one thousand nine hundred and _____, _____ of _____, County, State of _____, _____ and _____, County, State of _____, _____

State of Indiana, Groom Thomas Eugene Driggs of _____, County, State of _____, _____ and _____, County, State of _____, _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 17 day of April, 1971.
Signed Elder R. Harold Dodson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.
Signed John Samford Jr. Clerk HENDRICKS Circuit Court

Form 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 Buick 32
April 6 1971
Date of Application

MALE
Medical Examination Report Dated 4-2-71
Name of Physician David Haggard MD

FEMALE
Medical Examination Report Dated 4-2-71
Name of Physician David Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Harold L. Holzworth
Date of Birth August 21 1946
Place of Birth (State or foreign country) Indiana
Residence Address RR 2 Box 317-A Clayton Hend Ind
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
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) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

- Full name of father William Marshall Holzworth
Residence of father (if deceased so state) same
Occupation of father mechanic Race of father W
Birthplace of father (State or foreign country) Crothersville Ind
- Full maiden name of mother Martina Imogene McCarty
Residence of mother (if deceased so state) same
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Spencer Ind

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Harold L. Holzworth
New Address 337 Lawndale Plainfield

Subscribed and sworn to before me this 6 day of April, 1971.
John Paulseld Jr Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Donna M. Oberle
Date of Birth January 12 1941
Place of Birth (State or foreign country) Putnam Ind
Residence Address 337 Lawndale Plainfield Ind
Maiden Name if Different Lambert
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Arthur W. Lambert
Residence of father (if deceased so state) 1802 N. Rochester Indpls
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Crawfordsville Ind

- Full maiden name of mother Edith Belma Whitaker
Residence of mother (if deceased so state) 1414 S. Arlington Indpls
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Donna M. Oberle
New Address 337 Lawndale Plainfield

Subscribed and sworn to before me this 6 day of April, 1971.
John Paulseld Jr Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of _____

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 10th day of April, 1971, authorizing the joining together as husband and wife
Harold L. Holzworth and Donna M. Oberle

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Keith Russell hereby certify that on the 16 day of April,
one thousand nine hundred and seventy-one at Bellville, County of Hendricks,
State of Indiana, Groom Harold L. Holzworth of Hendricks County, State of Indiana
and, Bride Donna M. Oberle of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 16 day of April, 1971.

Signed Keith Russell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of April, 1971.

Signed John Paulseld Jr Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 99

File April 6, 1971

Book 32

Date of Application

MALE

Medical Examination Report Dated 4/2/71

Name of Physician Robert W. Kerth M.D.

FEMALE

Medical Examination Report Dated 3/31/71

Name of Physician Lloyd S. Perry, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Daniel Hays Jr.
Date of Birth 12/18/1927
Place of Birth Charleston, Illinois
Residence Address P.O. Box 488, Clermont, Ind.
Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Railroad Conductor
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License - No. 14200-27498

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Jerry Walls Hays
Residence of father (if deceased so state) Charleston, Ill.
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country)
12. Full maiden name of mother Emma Sillison
Residence of mother (if deceased so state) Seattle, Wash.
Occupation of mother Cook Race of mother W.
Birthplace of mother (State or foreign country)

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Daniel D. Hays Jr.
New Address 402 N. Jefferson, Danville, Ind.
Subscribed and sworn to before me this 6th day of April, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name Shirley Darnell
Date of Birth 3/2/1931
Place of Birth Indianapolis, Ind.
Residence Address P.O. Box 58, Danville, Ind.
Maiden Name if Different Shirley D. Daniel
Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Seat.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License - 307-32-2571-04

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Fred Danlin Daniel
Residence of father (if deceased so state) Danville, Ind.
Occupation of father Salesman & Engineer Race of father W.
Birthplace of father (State or foreign country) Washington, Ind.
8. Full maiden name of mother Leha Elma Marshall
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Ladoga.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS
Signed Shirley D. Darnell
New Address 402 N. Jefferson, Danville, Ind.
Subscribed and sworn to before me this 6th day of April, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 12th day of April, 1971, authorizing the joining together as husband and wife
of Daniel D. Hays Jr. and Shirley D. Darnell
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 14th day of April, 1971, at 92 S. Rd 300 E., County of HENDRICKS,
one thousand nine hundred and seventy one, of HENDRICKS County, State of Indiana
and, Bride Shirley D. Darnell of HENDRICKS County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of
County HENDRICKS
Dated this 14th day of April, 1971.
Signed Rev. Dennis L. Dodson
Official Designation Minister
19 day of April, 1971
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 100
File Book 3
Date of Application 16 April 1971

MALE
Medical Examination Report Dated 13 April 1971
Name of Physician Robt S. Grief MD

FEMALE
Medical Examination Report Dated 13 April 1971
Name of Physician Robt S. Grief 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 Karel Middle G. Last Neese
Date of Birth Month March Day 2 Year 1951
Place of Birth (State or foreign country) Lebanon, Ind.
Residence Address R3 Bx37A B'way Hwy, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation E3 - USAF
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) M.I.D. FR308545838

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Elyde Elmo Neese Jr.
Residence of father (if deceased so state) Same B'way
Occupation of father Stup. Alleen Race of father White
Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Florence Viola Kiner
Residence of mother (if deceased so state) Deceased
Occupation of mother Machine Op. Race of mother White
Birthplace of mother (State or foreign country) Lebanon, Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Karel G. Neese
New Address 3x5132 RPO NY 09132
Subscribed and sworn to before me this 16th day of April, 1971
Clerk John Jamall Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

gnes Mother deceased father
Full consent

State of Indiana, **HENDRICKS** } ss:
County of _____
Signed Elyde Neese Jr. Father
Signed John Jamall Mother
Subscribed and sworn to before me this 16th day of April, 1971
Clerk John Jamall

FEMALE APPLICANT

Name First Valentina Middle S. Last Blines
Date of Birth Month December Day 29 Year 1952
Place of Birth (State or foreign country) Detroit Mich.
Residence Address 56 S. Denny Indpls, Marion, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student. Home HS.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 32595

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Valentine K. Blines
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Washington, Ind.
- Full maiden name of mother Betty Lou Phillips
Residence of mother (if deceased so state) 56 S. Denny, Indpls.
Occupation of mother Machine Op. Linkbelt Race of mother White
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Valentina S. Blines
New Address Same (A.P.O.)
Subscribed and sworn to before me this 16th day of April, 1971
Clerk John Jamall Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Grand Superior Court by written order issued 4-16-71 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 _____ Circuit Court of Indiana dated the 16 day of April, 1971, authorizing the joining together as husband and wife of Karel G. Neese and Valentina S. Blines.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Monsignor James A. Hickey, hereby certify that on the 20th day of April,
one thousand nine hundred and seventy-one, at Indianapolis, County of Marion,
State of Indiana, Groom Karel G. Neese of Marion County, State of Indiana,
and, Bride Valentina S. Blines of Marion County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ HENDRICKS County.
Dated this 20th day of April, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.

Signed James A. Hickey
Official Designation Pastor
Signed John Jamall Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 101
File Book 32
4-16-71
Date of Application

MALE

Medical Examination Report Dated 4-16-71
Name of Physician Donald D. Cheesman

FEMALE

Medical Examination Report Dated 4-16-71
Name of Physician Donald D. Cheesman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Robert P. Ferguson
Date of Birth 15 1943
Place of Birth (State or foreign country) Indiana
Residence Address 444 Western Dr. Danville, Hendricks Co. Indiana
Previous Marital Status: Never Married ☐ Divorced ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Hendricks 1967
Usual Occupation Farmer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-43-003-290

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father: Sharon Walter Ferguson
Residence of father (if deceased so state): same
Occupation of father: Aluminum Race of father: white
Birthplace of father (State or foreign country): Canada
12. Full maiden name of mother: Mary Frances Haubell
Residence of mother (if deceased so state): same
Occupation of mother: Housewife Race of mother: white
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed: Robert P. Ferguson
New Address: RR 2 Danville, Ind.
Subscribed and sworn to before me this 16 day of April, 1971.
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, HENDRICKS } ss:
County of: HENDRICKS
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Gayle Audrey Steorts
Date of Birth 13 1950
Place of Birth (State or foreign country) Ohio
Residence Address 444 Western Dr. Danville, Hendricks Co. 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) Ohio Dept of Health Reg # 462

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Steorts Jr.

Residence of father (if deceased so state): 43 S. Cypress Drive, Sec. 4
Occupation of father: Business Woman Race of father: white
Birthplace of father (State or foreign country): Ohio
8. Full maiden name of mother: Phyllis Ann Brown
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): Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: HENDRICKS

Signed: Gayle Audrey Steorts
New Address: RR 2 Danville, Ind.
Subscribed and sworn to before me this 16 day of April, 1971.
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, HENDRICKS } ss:
County of: HENDRICKS
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued 4-16-71 and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Day Union

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1971, authorizing the joining together as husband and wife
of Robert P. Ferguson and Gayle Audrey Steorts
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mr. Joseph D. Stump hereby certify that on the 17th day of April
one thousand nine hundred and seventy-one at Danville, County of Hendricks,
State of Indiana, Groom: Robert P. Ferguson of Hendricks County, State of Indiana
and, Bride: Gayle Audrey Steorts of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 16th day of April, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed: Joseph D. Stump
Official Designation: Pastor
20 day of April, 1971
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. 107
File Book 32
4-16-71
Date of Application

MALE
Medical Examination Report Dated 4-5-71
Name of Physician Dr David B Haggard

FEMALE
Medical Examination Report Dated 4-5-71
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 Charles First Phillip Middle Morris Last
Date of Birth 5 Month 18 Day 1950 Year
Place of Birth (State or foreign country) Indiana
Residence Address 801 Starr Street or R. R. Frankfort City Hendricks County Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Medicine
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Military Hospital # 4262

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county, asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: George Wendell Morris
Residence of father (if deceased so state) same
Occupation of father Service Eng. Alton Race of father white
Birthplace of father (State or foreign country) Frankfort Ind.

12. Full maiden name of mother: Donaldy Melba Jessup
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Hendricks Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of.....
Signed Charles Phillip Morris
New Address 620 Roosevelt St.
Subscribed and sworn to before me this 16 day of April, 1971
John Lambrecht Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS ss:
County of.....
Signed George H. Morris Father
Signed Donaldy M. Morris Mother
Subscribed and sworn to before me this 16 day of April, 1971
John Lambrecht Clerk

FEMALE APPLICANT

Name Beth First Ann Middle Harris Last
Date of Birth 2 Month 17 Day 1949 Year
Place of Birth (State or foreign country) Indiana
Residence Address 1580 Oliver Street or R. R. Frankfort City Hendricks County Ind.
Maiden Name if Different.....
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Accounting Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Rec of Birth Dept Health Bureau. Book 9 p 57

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Wilbur Wesley Harris
Residence of father (if deceased so state) same
Occupation of father Adm. Services Methodist Race of father white
Birthplace of father (State or foreign country) Indiana
- Full maiden name of mother: Patricia Eileen Jipps
Residence of mother (if deceased so state) same
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of.....

Signed Beth Ann Harris
New Address 620 Roosevelt St. Plainfield
Subscribed and sworn to before me this 16 day of April, 1971
John Lambrecht Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS ss:
County of.....
Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this..... day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County..... Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS Circuit Court
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the..... of Indiana dated the 23 day of April, 1971, authorizing the joining together as husband and wife of Charles Phillip Morris and Beth Ann Harris
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
1. Warren A. Robbins hereby certify that on the 24 day of April,
one thousand nine hundred and seventy-one at Plainfield, County of Hendricks,
State of Indiana, Groom Charles Phillip Morris of Hendricks County, State of Indiana
and, Bride Beth Ann Harris of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 24 day of April, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this..... day of....., 1971.

Signed Warren A. Robbins
Official Designation Christian Minister
Signed John Lambrecht Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 103
File Book 31
4-16-71
Date of Application

MALE
Medical Examination Report Dated 4-10-71
Name of Physician Joseph L. West

FEMALE
Medical Examination Report Dated 4-10-71
Name of Physician Joseph L. West

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents."

MALE APPLICANT
Name James H. Wayman
Date of Birth 4-26-1931
Place of Birth (State or foreign country) Indiana
Residence Address 119 Eastern
Previous Marital Status: ☒ Never Married ☐ Divorced ☐ Annulment

FEMALE APPLICANT
Name Shirley A. Cooper
Date of Birth 7-30-1939
Place of Birth (State or foreign country) Indiana
Residence Address 4415 Rockville Rd.
Maiden Name if Different Shirley A. Cooper

Color or Race ☒ White ☐ Negro ☐ Other (specify) _____
Usual Occupation Librarian - Allison
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

Color or Race ☒ White ☐ Negro ☐ Other (specify) _____
Usual Occupation Computer Tape Librarian
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes
Of Unsound Mind? ☐ No ☒ Yes
2. Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☒ Yes
4. Are you afflicted with a transmissible disease? ☐ No ☒ Yes
5. Are you related to the bride closer than second cousin? ☐ No ☒ Yes
6. Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes
7. Are you now under the influence of a narcotic drug? ☐ No ☒ Yes
8. Are you able to support a family? ☒ Yes ☐ No
9. Are you likely to so continue? ☒ Yes ☐ No
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? ☐ No ☒ Yes
Of Unsound Mind? ☐ No ☒ Yes
2. Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes
3. Are you afflicted with a transmissible disease? ☐ No ☒ Yes
4. Are you related to the groom closer than second cousin? ☐ No ☒ Yes
5. Are you now under the 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 Benjamin Cooper
Residence of father (if deceased so state): deceased
Occupation of father: _____
Race of father: white
Birthplace of father (State or foreign country): Indiana

(b) Are you supporting or contributing to their support? ☐ Yes ☒ No
(c) Are you complying with any court order or orders issued for their support? ☐ Yes ☒ No

8. Full maiden name of mother: Pessie Mae Ford
Residence of mother (if deceased so state): same as bride
Occupation of mother: retired
Race of mother: white
Birthplace of mother (State or foreign country): Indy, Ohio

11. Full name of father: Henry Pittle Wayman
Residence of father (if deceased so state): deceased
Occupation of father: _____
Race of father: white
Birthplace of father (State or foreign country): Melrose, Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed: Shirley A. Cooper
New Address: _____

12. Full maiden name of mother: Emma R. Ragsdale
Residence of mother (if deceased so state): 914 819th Ave. Ellettsville, Ind.
Occupation of mother: retired
Race of mother: white
Birthplace of mother (State or foreign country): Bloomington, Ind.

Subscribed and sworn to before me this 16 day of April, 1971
John Sanborn Jr. Clerk HENDRICKS Circuit Court

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.
County of _____
Signed: James H. Wayman
New Address: _____

Subscribed and sworn to before me this 16 day of April, 1971
John Sanborn Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS ss: _____
County of _____
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

State of Indiana, HENDRICKS ss: _____
County of _____
Signed: _____ Father
Signed: _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued _____ and filed _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Court _____
of Indiana dated the 21st day of April, 1971, authorizing the joining together as husband and wife
of James H. Wayman and Shirley A. Cooper
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Stanley Stevens, hereby certify that on the 26 day of April
one thousand nine hundred and seventy one at Bethel Tabernacle, County of Marion
State of Indiana, Groom James H. Wayman of Marion County, State of Indiana
and, Bride Shirley A. Cooper 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 26 day of April, 1971.
Signed: Rev. Stanley Stevens
Official Designation: Minister
day of April, 1971.
Signed: John Sanborn Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
Signed: _____ Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS
County

No. 104
File 15k 32
Date of Application 4-16-71

MALE
Medical Examination Report Dated 4-16-71
Name of Physician Dr. Fred P. Warburton

FEMALE
Medical Examination Report Dated 4-16-71
Name of Physician Dr. Fred P. Warburton

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Curtis Alvin Williams
Date of Birth 1 26 1929
Place of Birth (State or foreign country) Florida
Residence Address 1901 E Main Daytona Beach Fla.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Morgan's 1971
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Resident & Development Rep. Swin-K Inc
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree Ind. Co. Miami
☐ Other (Specify) #1741 Louisville Ky 4/15/71

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
<u>Timothy Williams</u>	<u>11</u>	<u>1203 Woodland Dr. Muncie</u>
<u>Jennifer</u>	<u>9</u>	<u>"</u>
<u>Sharon</u>	<u>6</u>	<u>"</u>

- Are you supporting or contributing to their support? Yes ☒ No ☐
- Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father Rodger Lynn Williams
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Springfield Ohio
12. Full maiden name of mother Therese Brown
Residence of mother (if deceased so state) Louisville, Ky
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Curtis A. Williams

New Address _____

Subscribed and sworn to before me this 16 day of April, 1971
John Lamborn Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Donna Jean Luxon
Date of Birth 11 23 1940
Place of Birth (State or foreign country) Covington Ky.
Residence Address Rt 1 Box 176 Clayton Hendricks Ind.
Maiden Name if Different Bailey
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Hendricks 1971
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Packer - Swin K. Inc
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree US of America Dept of Comm.
☐ Other (Specify) #1741 Louisville Ky.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Ralph Joseph Bailey
Residence of father (if deceased so state) 418 W. Main - Covington Ky.
Occupation of father retired Race of father white
Birthplace of father (State or foreign country) Covington Ky.
8. Full maiden name of mother Myrtle Wilson
Residence of mother (if deceased so state) same as father
Occupation of mother nurse Race of mother white
Birthplace of mother (State or foreign country) Covington Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Donna Jean Luxon
New Address Rt 1 Box 176 Clayton, Ind.

Subscribed and sworn to before me this 16 day of April, 19____
John Lamborn Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 20 day of April, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Beverly R. Lanage hereby certify that on the 21st day of April,
one thousand nine hundred and seventy-one at Anderson, County of Madison,
State of Indiana, Groom Curtis Alvin Williams of Hendricks County, State of Indiana
and, Bride Donna Jean Luxon of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.

Dated this 21st day of April, 1971.
Signed Beverly R. Lanage
Official Designation Justice of the Peace
_____ day of _____, 1971
Signed John Lamborn Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 105
File BK 32
Date of Application 4-19-71

MALE
Medical Examination Report Dated 4-16-71
Name of Physician J. Warburton, M.D.

FEMALE
Medical Examination Report Dated 4-16-71
Name of Physician J. Warburton, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Miller (C. M. Bottina Jr.)
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) United States Air Force 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? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Francis Lloyd Flood
Residence of father (if deceased so state) 222 Nashville, Ohio
Occupation of father Press Operator Race of father W.
Birthplace of father (State or foreign country) Cincinnati, Ohio
12. Full maiden name of mother Neddy Mae Eggs
Residence of mother (if deceased so state) Same as groom
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) West Virginia

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed Francis L. Flood
New Address Same
Subscribed and sworn to before me this 19 day of April, 1971
John Sanbald, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed [Signature]
Signed [Signature]
Subscribed and sworn to before me this 19 day of April, 1971
John Sanbald, 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 April 19, 1971 and filed
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 19th day of April, 1971, authorizing the joining together as husband and wife
of Francis L. Flood and Sandra K. Henny
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Mary L. Chasley, hereby certify that on the 19th day of April, 1971, at Plainfield, County of Hendricks,
one thousand nine hundred and Seventy one, of Hendricks County, State of Indiana, Groom Francis L. Flood
and, Bride Sandra K. Henny, of Hendricks County, State of Indiana,
were by me united in marriage as authorized by that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 19 day of April, 1971.
Signed M. L. Chasley
Official Designation Justice of Peace
Subscribed and sworn to before me this 22 day of April, 1971
John Sanbald, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of April, 1971
Signed John Sanbald, Jr. HENDRICKS Circuit Court

FEMALE APPLICANT
Name First Middle Last
Date of Birth Month Day Year
Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 5701 Ohio Health Department

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Everett Lee Henny
Residence of father (if deceased so state) Same as bride's
Occupation of father Mrs. Mary Race of father W.
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Elizabeth Emerson Kratzer
Residence of mother (if deceased so state) Same as bride
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS
Signed Sandra K. Henny
New Address Same
Subscribed and sworn to before me this 19 day of April, 1971
John Sanbald, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS
Signed
Signed
Subscribed and sworn to before me this day of 1971
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 106
File Bk 32
4-19-71
Date of Application

MALE
Medical Examination Report Dated 4-14-71
Name of Physician Dr. James Black

FEMALE
Medical Examination Report Dated 4-5-71
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 Middle Last
Edward Stone Colby
Date of Birth Month Day Year
1 24 1942
Place of Birth (State or foreign country)
Upshur Co. Indiana
Residence Address Street or R. R. City County State
2124 Waterbury Dr. Indianapolis Hendricks Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Distributor - Home Juice

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Ind. St. Bldg. Recs. - 113-42-219149

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Herman Reid Colby
Residence of father (if deceased so state) Box 248 Kibbick Ind.
Occupation of father Ins. Agent Race of father white
Birthplace of father (State or foreign country) Frankfort Ind.
12. Full maiden name of mother Sarah Olive McBride
Residence of mother (if deceased so state) Same
Occupation of mother School Teacher Race of mother white
Birthplace of mother (State or foreign country) Upshur Co.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Edward Stone Colby
New Address 2124 Waterbury Dr.

Subscribed and sworn to before me this 19 day of April, 1971.
John Lambrose Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
_____. Clerk

FEMALE APPLICANT

Name First Middle Last
Karen Dail Carlton
Date of Birth Month Day Year
2 7 1951
Place of Birth (State or foreign country)
Buck Grove Indiana
Residence Address Street or R. R. City County State
443 BRUSH Danville Hendricks Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Sec - Van Camp

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 113-51-612552

☐ Other (Specify) Census Form 100-2-751

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Roy Ennals Carlton
Residence of father (if deceased so state) 443 Brush Ind.
Occupation of father Allison Race of father white
Birthplace of father (State or foreign country) Upshur Co. Ky
8. Full maiden name of mother Joyce Louise Adams
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) Upshur Co.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Karen Dail Carlton
New Address 2124 Waterbury Dr.

Subscribed and sworn to before me this 19 day of April, 1971.
John Lambrose Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father
Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____.
_____. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of April, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph L. Wilson

hereby certify that on the 24th day of April, 1971, at Brownsburg, County of Hendricks, State of Indiana, Groom Edward Stone Colby

and, Bride Karen Dail Carlton of Hendricks County, State of Indiana

were by me united 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, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of April, 1971.

Signed Joseph L. Wilson
Official Designation Minister

Signed John Lambrose Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 107
File Book 32
4-20-71
Date of Application

MALE
Medical Examination Report Dated 4-14-71
Name of Physician Lloyd Perry M.D.

FEMALE
Medical Examination Report Dated 4-14-71
Name of Physician Lloyd Perry M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name George James Woodrum
Date of Birth 10 19 1949
Place of Birth Indianapolis, Indiana
Residence Address 74 S. Jefferson, Danville, Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic - Eaton Truck
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) S.S. Reg. Certificate 12-30-49-357
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
 - If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: George Francis Woodrum
Residence of father (if deceased so state) 5826 S. Rybolt, Indpls.
Occupation of father: Chem. Corp. Race of father: white
Birthplace of father (State or foreign country): Kentucky
12. Full maiden name of mother: Roxie Hicks
Residence of mother (if deceased so state) R#1 Thornton Ave.
Occupation of mother: R.C.A. Race of mother: white
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed: George James Woodrum
New Address: 74 S. JEFFERSON, DANVILLE, IND.

Subscribed and sworn to before me this 20 day of April, 1971.
John Danbolt Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 1971.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

Hendricks County Court by written order issued and filed in

authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Hendricks Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the

of Indiana dated the 24 day of April, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1, Edward McLaughlin hereby certify that on the 24th day of April

one thousand nine hundred and seventy one at Danville, County of Hendricks, State of Indiana

and, Bride, Sharon Ann Disney of Hendricks County, State of Indiana

were by me united 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, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of April, 1971.

FEMALE APPLICANT
Name Sharon Ann Disney
Date of Birth 7 30 1956
Place of Birth Indianapolis, Indiana
Residence Address 57 Richard Lane, Danville, Ind.
Maiden Name if Different
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Beautician

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) Driver License # 308-54-390-06
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father: Charles Cornelius Disney
Residence of father (if deceased so state) Same
Occupation of father: Banker Race of father: white
Birthplace of father (State or foreign country): Danville, Ind.

8. Full maiden name of mother: Helen Louise Wiley
Residence of mother (if deceased so state) Same
Occupation of mother: Supervisor, Danville Sch. System
Birthplace of mother (State or foreign country): Hendricks Co. Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed: Sharon Ann Disney
New Address:

Subscribed and sworn to before me this 20 day of April, 1971.
John Danbolt Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of

Signed: Father
Signed: Mother

Subscribed and sworn to before me this day of 1971.
Clerk

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 108

File Book 32

4-20-1971
Date of Application

MALE

Medical Examination Report Dated 4-13-71

Name of Physician Eleanor H. Deal MD

FEMALE

Medical Examination Report Dated 4-13-71

Name of Physician Eleanor H. Deal MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
George W. Nicholas
Date of Birth Month Day Year
February 2 1925
Place of Birth (State or foreign country)
Pennsylvania Lee

Residence Address Street or R. R. City County State
R R #1 Box 64 Danville Ind Ind

Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 2

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) Divorce License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name	Age	Address
Sharon	6	4111 W. 33rd St
Sharon	4	Danville Ind

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐

11. Full name of father: Paul Albert Nicholas
Residence of father (if deceased so state): deceased
Occupation of father: Race of father: W
Birthplace of father (State or foreign country): Scottsburg Ind

12. Full maiden name of mother: Alta Boyd
Residence of mother (if deceased so state): 289 N Cedar Danville Ind
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Bedford Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: George W. Nicholas
New Address: 7618 Westmore Circle Danville Ind

Subscribed and sworn to before me this 20 day of April, 1971.
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

FEMALE APPLICANT

Name First Middle Last
Constantina T. Inkova
Date of Birth Month Day Year
February 28 1931
Place of Birth (State or foreign country)
Toronto Canada

Residence Address Street or R. R. City County State
7618 Westmore Circle Danville Ind Ind

Maiden Name if Different Karamandzas

Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Divorce License

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Thomas Karamandzas
Residence of father (if deceased so state): 96 Melrose Rd Danville Ind
Occupation of father: Retired Race of father: W
Birthplace of father (State or foreign country): Greece
Full maiden name of mother: Alexander
Residence of mother (if deceased so state): same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): Greece

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Constantina T. Inkova
New Address: 7618 Westmore Circle Danville Ind

Subscribed and sworn to before me this 20 day of April, 1971.
John Gambrell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

State of Indiana, HENDRICKS } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued and filed
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 29th day of April, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. Rev. Boris J. Dargatzis hereby certify that on the 1st day of May

one thousand nine hundred and Seventy-one at Indianapolis, County of Marion

State of Indiana, Groom: George W. Nicholas of Marion County, State of Indiana

and, Bride: Constantina T. Inkova 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. 29 day of April, 1971

Signed: J. Rev. Boris J. Dargatzis
Official Designation: J. Rev. Boris J. Dargatzis

Signed: John Gambrell Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this day of May, 1971.

Form 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 B32
Date of Application 4-20-71

MALE
Medical Examination Report Dated 4-7-71
Name of Physician James Black

FEMALE
Medical Examination Report Dated 4-7-71
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name Richard L. Herring
Date of Birth October 3, 1934
Place of Birth Brownshurg, Indiana
Residence Address Danville, Hendricks Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death Divorce Annulment 1969 Hendricks

FEMALE APPLICANT
Name Mary L. Phillips
Date of Birth January 2, 1932
Place of Birth Brownshurg, Indiana
Residence Address Pittsburg, Hendricks Ind.
Maiden Name if Different Mendenhall
Previous Marital Status: Never Married

Color or Race White Negro Other (specify)
Usual Occupation Restaurant
Date of birth verified by: Birth Cert. Judicial Decree

Color or Race White Negro Other (specify)
Usual Occupation Waitress
Date of birth verified by: Birth Cert. Judicial Decree

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No Yes
Of Unsound Mind? No Yes
2. Are you under guardianship as a person of unsound mind? No Yes
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No Yes
If answer to 3 is "yes" has the cause of such condition been removed? No Yes
4. Are you afflicted with a transmissible disease? No Yes
5. Are you related to the bride closer than second cousin? No Yes
6. Are you now under the influence of intoxicating liquor? No Yes
7. Are you now under the influence of a narcotic drug? No Yes
8. Are you able to support a family? Yes No
9. Are you likely to so continue? Yes No
10. Do you have minor children from one or more former marriages? No Yes
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No Yes
Of Unsound Mind? No Yes
2. Are you under guardianship as a person of unsound mind? No Yes
3. Are you afflicted with a transmissible disease? No Yes
4. Are you related to the groom closer than second cousin? No Yes
5. Are you now under the 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 Mendenhall
Residence of father (if deceased so state) deceased
Occupation of father Race of father W.
Birthplace of father (State or foreign country) Parke County
8. Full maiden name of mother Anna Coxner
Residence of mother (if deceased so state) deceased
Occupation of mother Race of mother W.
Birthplace of mother (State or foreign country) Parke County

(b) Are you supporting or contributing to their support? Yes No
(c) Are you complying with any court order or orders issued for their support? Yes No
11. Full name of father Franklin Earl Herring
Residence of father (if deceased so state) Pittsburg
Occupation of father Restaurant Race of father W.
Birthplace of father (State or foreign country) Boone County
12. Full maiden name of mother Mary Virginia Wilson
Residence of mother (if deceased so state) Lane
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Brownshurg, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Mary L. Phillips
New Address Same
Subscribed and sworn to before me this 20 day of April, 1971.
John Sanford Jr. Clerk Hendricks Circuit Court

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Richard L. Herring
New Address 303 Box 771, Danville Ind.
Subscribed and sworn to before me this 20 day of April, 1971.
John Sanford Jr. Clerk Hendricks Circuit Court

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Mary L. Phillips
New Address Same
Subscribed and sworn to before me this 20 day of April, 1971.
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, Hendricks } ss:
County of
Signed
Signed
Subscribed and sworn to before me this day of 1971.
Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
State of Indiana, Hendricks } ss:
County of
Signed
Signed
Subscribed and sworn to before me this day of 1971.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued and filed in Hendricks County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 26th day of April, 1971, authorizing the joining together as husband and wife of Richard L. Herring and Mary L. Phillips.
Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 29th day of April, 1971, at Danville, Hendricks County, State of Indiana, one thousand nine hundred and seventy-one, of Hendricks County, State of Indiana, Groom Richard L. Herring and, Bride Mary L. Phillips were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 28 day of April, 1971.
Signed Arnold L. McKee
Official Designation Justice of the Peace Township
Signed John Sanford Jr. Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 110
File Bk 32
Date of Application 4-21-71

MALE

Medical Examination Report Dated 4-12-71
Name of Physician M. M. O. Scanakorn

FEMALE

Medical Examination Report Dated 4-12-71
Name of Physician M. M. O. Scanakorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Kendall M. Jording
Date of Birth Month Day Year
May 10 1923
Place of Birth (State or foreign country)
Indianapolis, Indiana
Residence Address Street or R. R. City County State
28 Seunier Evansburg Hendricks Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Hendricks 1971

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Salesman

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐

(If yes, answer questions a, b, c)

(a) List their full names, ages and addresses

Name Age Address
Diana Marie Jording 18 420 S. Collins 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 Walter J. Jording

Residence of father (if deceased so state) Deceased

Occupation of father Race of father W.

Birthplace of father (State or foreign country) Kokomo Indiana

12. Full maiden name of mother Elizabeth Mae Justa

Residence of mother (if deceased so state) Deceased

Occupation of mother Race of mother P.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given

County of } in this application is true and correct.

Signed Kendall M. Jording

New Address 2811 Cop 1820 Lexington, Ind

Subscribed and sworn to before me this 21 day of April, 1971

John Danbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of }

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1971

Clerk

FEMALE APPLICANT

Name First Middle Last
Rosemary Elizabeth Bailey
Date of Birth Month Day Year
May 25 1936
Place of Birth (State or foreign country)
Pittsburg, Indiana
Residence Address Street or R. R. City County State
Rt. 1 Box 182A Lexington Hendricks Ind.
Maiden Name if Different Jewe

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Hendricks 1971

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Office work

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father J. Jewe

Residence of father (if deceased so state) Deceased

Occupation of father Race of father W.

Birthplace of father (State or foreign country) Pittsburg Indiana

8. Full maiden name of mother Martha Belter

Residence of mother (if deceased so state) Deceased

Occupation of mother Housewife Race of mother W.

Birthplace of mother (State or foreign country) Kentucky

State of Indiana, HENDRICKS } ss: I depose and state the information given

County of } in this application is true and correct.

Signed Rosemary E. Bailey

New Address Rt. 1 Box 182A Lexington, Indiana

Subscribed and sworn to before me this 21 day of April, 1971

John Danbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of }

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1971

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of April, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gary M. Harn, hereby certify that on the 1st day of May, 1971, at Lexington, County of Hendricks, State of Indiana, Groom, Kendall M. Jording, and, Bride, Rosemary Elizabeth Bailey, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 1st day of May, 1971.

Signed Gary M. Harn

Official Designation Minister

Signed John Danbold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 111

File Book

4-21-71

Date of Application

MALE

Medical Examination Report Dated April 14, 1971

Name of Physician Mark O. Sarker, Capt. USAF-MC, FS

FEMALE

Medical Examination Report Dated April 13, 1971

Name of Physician Paul Stanley Lewis

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Middle Last
Bruce Edward Abney
Date of Birth Month Day Year
Dec 27 1948
Place of Birth (State or foreign country)
St. Vincent, Hospital Indpls.
Residence Address Street or R. R. City County State
R.R. 1 Box 79, Pittsboro Hend. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Air Force
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

11. Full name of father Daniel Harvey Abney
Residence of father (if deceased so state) R.R. 1 Box 79 Pittsboro Ind.
Occupation of father Cook - Eli Lilly's Race of father
Birthplace of father (State or foreign country) Lancaster Tenn
12. Full maiden name of mother Martha Louise Skeen
Residence of mother (if deceased so state) Detroit Michigan
Occupation of mother Secretary Race of mother W.
Birthplace of mother (State or foreign country) Boone County

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Bruce Edward Abney
New Address Hill Haven Lot 8, Peru, Ind.
Subscribed and sworn to before me this 21st day of April, 1971.
John Gambold Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name First Middle Last
Carolyn Rae Trent
Date of Birth Month Day Year
Dec 20 1949
Place of Birth (State or foreign country)
Methodist Hosp. Indpls.
Residence Address Street or R. R. City County State
3241 N. Altan, Apt. C. Indpls. Marion County
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Henry Ray Trent
Residence of father (if deceased so state) 116 Altan Rd. Selway, Ohio
Occupation of father Truck Driver Race of father W.
Birthplace of father (State or foreign country) North Salem, Ind.
8. Full maiden name of mother Clara Ruth Sparks
Residence of mother (if deceased so state) 116 Altan Rd. Ohio
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Pittsboro, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of

Signed Carolyn Rae Trent
New Address Hill Haven Lot 8, Peru, Ind.
Subscribed and sworn to before me this 21st day of April, 1971.
John Gambold Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
HENDRICKS County _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, authorizing the joining together as husband and wife of Indiana dated the 26th day of April, 1971, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____, County of _____

I, _____, at _____, County, State of _____

one thousand nine hundred and _____, _____, County, State of _____

and, Bride _____, _____, 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 _____, _____, _____, 19____.

Dated this _____ day of _____, 19____.
Signed _____
Official Designation _____
Signed _____
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 112
File Book 32
Date of Application 4-21-71

MALE
Medical Examination Report Dated 4-21-71
Name of Physician Lloyd S. Perry

FEMALE
Medical Examination Report Dated 4-14-71
Name of Physician Lloyd S. Perry

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT
Name First Dennis Middle Gene Last Kopcha
Date of Birth Month 5 Day 5 Year 1949
Place of Birth (State or foreign country) Washington
Residence Address 1561 Wilcrest Ave Washington Wash Dc
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student - Rose-Hulman Institute
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree DOB 3-5-49
☐ Other (Specify) SS Reg Cert. 36-165-49-148

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Frank Kopcha
Residence of father (if deceased so state) same
Occupation of father Self Employed Race of father white
Birthplace of father (State or foreign country) Marionville, Pa
12. Full maiden name of mother Helen A. Chmiele
Residence of mother (if deceased so state) same
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Gary Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Dennis Gene Kopcha

New Address _____
Subscribed and sworn to before me this 21 day of April, 1971.
John Gambrell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT
Name First Linda Middle Lee Last Stanley
Date of Birth Month 10 Day 24 Year 1950
Place of Birth (State or foreign country) Decatur Illinois
Residence Address 83 English Dr Springfield Hendricks Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Student - St Marys Woods Institute
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) SS Reg Cert # 112-50-085101

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Andrew Stanley
Residence of father (if deceased so state) same
Occupation of father Eli Lilly Race of father white
Birthplace of father (State or foreign country) Anderson Ind

8. Full maiden name of mother Louise Lee McRuffey
Residence of mother (if deceased so state) same
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Hamberg Arkansas

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Linda Lee Stanley

New Address _____
Subscribed and sworn to before me this 21 day of April, 1971.
John Gambrell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 1 day of April, 1971, authorizing the joining together as husband and wife of Dennis Gene Kopcha and Linda Lee Stanley.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James R. Sullivan hereby certify that on the 22 day of May, one thousand nine hundred and Seventy one at Bourbonburg, County of Hendricks, State of Indiana, Groom Dennis Gene Kopcha of Washington County, State of Indiana and, Bride Linda Lee Stanley of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 22 day of May, 1971.

Signed James R. Sullivan
Official Designation Roman Catholic Priest
Subscribed and sworn to before me this 26 day of May, 1971.
John Gambrell Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 113
File 4-32
Date of Application 4-24-71

MALE

Medical Examination Report Dated 4-9-71Name of Physician Dr. David Haggard

FEMALE

Medical Examination Report Dated 4-9-71Name 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, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Joseph E. Snell
Date of Birth April 8 1928
Place of Birth (State or foreign country) Chicago, Illinois
Residence Address R#2 Clayton Hendricks, Ind.
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Hendricks 1969Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Truck DriverDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Dr. License 356-18-3821

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
Johnny J. Snell 10 R#2 Clayton
Tracy Lee Snell 7 " "
Jeri Ruth Snell 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 Joseph Baker SnellResidence of father (if deceased so state) deceasedOccupation of father _____ Race of father W.Birthplace of father (State or foreign country) Chicago, Illinois12. Full maiden name of mother Ruth Helen SnellResidence of mother (if deceased so state) 320 W. 55th Avenue, Chicago, Ill.Occupation of mother Housewife Race of mother W.Birthplace of mother (State or foreign country) IowaState of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Joseph E. SnellNew Address RR 2 Box 457 Clayton, Ind.Subscribed and sworn to before me this 24 day of April, 1971John Sanheld Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: _____

County of _____

Signed _____ Father

Signed _____ Mother

Signed _____

Subscribed and sworn to before me this _____ day of _____, 1971

_____ Clerk

FEMALE APPLICANT

Name Charlene A. Brock
Date of Birth June 16 1944
Place of Birth (State or foreign country) Shrewsbury, Indiana
Residence Address 314 Juddy Lane Indianapolis, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Telephone OperatorDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Charles Brock
- Residence of father (if deceased so state) R#2 Clayton
- Occupation of father Retired Race of father W.
- Birthplace of father (State or foreign country) Kentucky
- Full maiden name of mother Neva Brock
- Residence of mother (if deceased so state) R#2 Clayton
- Occupation of mother Housewife Race of mother W.
- Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Charlene A. BrockNew Address RR 2 Box 457 Clayton, IndianaSubscribed and sworn to before me this 24 day of April, 1971John Sanheld Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss: _____

County of _____

Signed _____ Father

Signed _____ Mother

Signed _____

Subscribed and sworn to before me this _____ day of _____, 1971

_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued _____

in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 27 day of April, 1971, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the 1st day of May, _____ at _____ County of _____

I, _____ of _____ County, State of _____

one thousand nine hundred and _____ of _____ County, State of _____

State of Indiana, Groom Joseph E. Snell _____

and, Bride Charlene A. Brock _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 1st day of May, 1971 Signed Stanley F. Hicks _____

Official Designation Minister _____

Signed John Sanheld Jr. _____ Clerk _____

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 114
File Book 32
Date of Application 26 April 1971

MALE
Medical Examination Report Dated James Black
Name of Physician 14 April 1971

FEMALE
Medical Examination Report Dated 14 April 1971
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 Jerome E. Schreier
Date of Birth July 17 1952
Place of Birth Alaska
Residence Address RA BX 230 3rd Ave. Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Asst. Mgr. Sannens
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Robert Paul Schreier
Residence of father (if deceased so state) Same
Occupation of father Asst. Dir. FAA Race of father white
Birthplace of father (State or foreign country) Madison, Wis.
12. Full maiden name of mother Irene Katherine Watson
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) La Crosse, Wis.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Jerome E. Schreier
New Address RA BX 230 3rd Ave. Hendricks, Ind.
Subscribed and sworn to before me this 26th day of April, 1971
Clerk John Jambly Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed Robert P. Schreier Father
Signed Irene K. Watson Mother
Subscribed and sworn to before me this 26th day of April, 1971
Clerk John Jambly

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

FEMALE APPLICANT
Name Dakborah S. Howell
Date of Birth April 20 1952
Place of Birth Indianapolis, Ind.
Residence Address 110 Franklin St., Apt 113 Burg. Hendricks, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Waitress: Murphy's
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) 3667
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Howard A. Howell

Residence of father (if deceased so state) 1525 Halsey Dr. Chicago, Ill.
Occupation of father Chemist: Myerco Race of father white
Birthplace of father (State or foreign country) Indpls, Ind.
Full maiden name of mother Patricia Ann Krider
Residence of mother (if deceased so state) 6225 Gateways, Indpls, Ind.
Occupation of mother H/W. Race of mother white
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Dakborah S. Howell
New Address Same
Subscribed and sworn to before me this 28th day of April, 1971
Clerk John Jambly Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 5th day of May, 1971, authorizing the joining together as husband and wife of Jerome E. Schreier and Dakborah S. Howell.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James R. Sullivan, hereby certify that on the 8th day of May, 1971, at Brownsburg, County of Hendricks, State of Indiana, Groom Jerome E. Schreier of Hendricks County, State of Indiana and, Bride Dakborah S. Howell of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 8th day of May, 1971.

Signed James R. Sullivan
Official Designation Roman Catholic Priest
Signed John Jambly Clerk
HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 115

File 83 and 32

4-26-71

Date of Application

MALE

Medical Examination Report Dated (femda cert.)

Name of Physician Wamed by Judge

FEMALE

Medical Examination Report Dated (femda cert.)

Name of Physician Wamed by Judge

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Padgett, Richard G.
Date of Birth Month Day Year
July 1 1949
Place of Birth (State or foreign country)
Lebanon
Residence Address Street or R. R. City County State
R R 1 Lexington Hend. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Armed Services
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

11. Full name of father Paul Harvey Padgett
Residence of father (if deceased so state) 4729 Fair St. Ave Dayton
Occupation of father Unknown Race of father W
Birthplace of father (State or foreign country) Dayton Ohio

12. Full maiden name of mother Uora Carolyn Pavey
Residence of mother (if deceased so state) R R 1 Lexington Ind
Occupation of mother Aircraft Elect. Race of mother W
Birthplace of mother (State or foreign country) Jamestown Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of Signed x Richard E. Padgett
New Address Unknown
Subscribed and sworn to before me this 26 day of April, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Signed _____ Father
Signed _____ Mother
Signed _____
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Circuit Court by written order issued April 26 1971 and filed

in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 26 day of April, 1971, authorizing the joining together as husband and wife of Richard E. Padgett and Natalie Jean LaBrecque.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: hereby certify that on the 27th day of April, 1971, at Lexington, County of Hendricks, State of Indiana, Groom Richard E. Padgett and, Bride Natalie Jean LaBrecque were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 26 day of April, 1971. Signed Rev. Raymond A. Rader
Official Designation Pastor
Subscribed and sworn to before me this 26 day of April, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

FEMALE APPLICANT

Name First Middle Last
Natalie Jean LaBrecque
Date of Birth Month Day Year
December 15 1952
Place of Birth (State or foreign country)
Torrington
Residence Address Street or R. R. City County State
448A 4th Ave. Chula Vista Cal.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Armed Services
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Maurice John LaBrecque
Residence of father (if deceased so state) Same
Occupation of father Tool & Die Race of father W
Birthplace of father (State or foreign country) St. Germain Canada

8. Full maiden name of mother Florence Machone
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Torrington Conn.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

County of Signed x Natalie J. LaBrecque
New Address Unknown Panama City Fla

Subscribed and sworn to before me this 26 day of April, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of Signed _____ Father
Signed _____ Mother
Signed _____
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

HENDRICKS County Circuit Court by written order issued April 26 1971 and filed

in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

Form 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 32
Date of Application 26 April 1971

MALE
Medical Examination Report Dated 26 April 1971

Name of Physician Donald D. Cheesman

FEMALE
Medical Examination Report Dated 19 April 1971

Name of Physician Carl H. Heinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Dennis K. Ludlow
Date of Birth 23 46
Place of Birth (State or foreign country) Ind.
Residence Address 194 E. Columbia, Danville, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Armed Forces Service No. 997-88-46

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Lloyd Keith Ludlow

Residence of father (if deceased so state) 194 E. Columbia, Danville, Ind.

Occupation of father Truck Driver Race of father W.

Birthplace of father (State or foreign country) Ind.

12. Full maiden name of mother Patricia Higgins

Residence of mother (if deceased so state) 194 E. Columbia, Danville

Occupation of mother Clerk Race of mother W.

Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Dennis K. Ludlow

New Address 2328 Paton Ave, Pittsburgh, Pa.

Subscribed and sworn to before me this 30 day of April, 1971

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Susan Ruth Smith
Date of Birth 28 1950
Place of Birth (State or foreign country) Ind.
Residence Address 194 E. Columbia St, Danville, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Office Clerk - Blue Cross - Shc 11

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-50-82520

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father William Earl Smith

Residence of father (if deceased so state) Deceased

Occupation of father _____ Race of father White

Birthplace of father (State or foreign country) Ind., Ind.

8. Full maiden name of mother Barbara Lee Ellermap

Residence of mother (if deceased so state) Imperial Beach, Calif.

Occupation of mother H/W. Race of mother White

Birthplace of mother (State or foreign country) Ind., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of _____

Signed Susan Ruth Smith

New Address _____

Subscribed and sworn to before me this 26th day of April, 1971

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court

of Indiana dated the 30th day of April, 1971, authorizing the joining together as husband and wife

of Dennis K. Ludlow and Susan Ruth Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Steve A. Edwards hereby certify that on the 2nd day of May,

one thousand nine hundred and seventy-one at Danville, County of Hendricks,

State of Indiana, Groom Dennis K. Ludlow of Hendricks County, State of Indiana

and, Bride Susan R. Smith of Marion County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____

County. _____

Dated this 2nd day of May, 1971

Signed Rev. Steve A. Edwards

Official Designation Minister

10th day of May, 1971

Signed John Gambold Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 117
File Bk 32
Date of Application 4-27-71

MALE

Medical Examination Report Dated 4-26-71

Name of Physician Dr. M. O. Scamakov

FEMALE

Medical Examination Report Dated 4-26-71

Name of Physician Dr. M. O. Scamakov

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, represents-

MALE APPLICANT

Name Richard Dean Lewis
Date of Birth June 27 1946
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address North Salem, Hendricks County, Indiana

Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Laborer worker

Date of birth verified by: ☐ Birth Cert ☐ Judicial Decree

☐ Other (Specify) Draft Card 12-30-46-240 4-A

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
- If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Harrison Eugene Lewis

Residence of father (if deceased so state) North Salem, Indiana

Occupation of father Laborer Race of father W.

Birthplace of father (State or foreign country) Indiana

12. Full maiden name of mother Mary Kathryn Van Sickle

Residence of mother (if deceased so state) North Salem, Indiana

Occupation of mother Housewife Race of mother W.

Birthplace of mother (State or foreign country) Indiana

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.

Signed Richard D. Lewis

New Address North Salem, Indiana

Subscribed and sworn to before me this 27 day of April, 1971

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 1971

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____

Hendricks County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court _____, 1971, authorizing the joining together as husband and wife of Indiana dated the _____ day of _____, 1971, and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____ hereby certify that on the _____ day of _____, 1971, at _____, County of _____, State of _____, _____

1, _____ of _____ County, State of _____, _____

one thousand nine hundred and _____, _____ of _____ County, State of _____, _____

State of Indiana, _____ of _____ County, State of _____, _____

and, Bride, _____ of _____ County, State of _____, _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County, _____, 1971.

Dated this _____ day of _____, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 1971.

Signed _____ Clerk
Official Designation _____
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. 118
File Book 32
4-30-71
Date of Application

MALE
Medical Examination Report Dated 4-23-71
Name of Physician Fred R Brooks M.D.

FEMALE
Medical Examination Report Dated 4-23-71
Name of Physician Fred R Brooks M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Edward Ewen Meredith
Date of Birth 9 12 1922
Place of Birth (State or foreign country) Illinois
Residence Address 506 E Main St Plainfield Hendricks Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Annulment 1970
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Asst. Mgr. Cassen & Co.
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree
☐ Other (Specify) Driver's License # M633-22372
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Elvin Eversworth Meredith
Residence of father (if deceased so state) deceased
Occupation of father deceased
Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Ruby Ann Scott
Residence of mother (if deceased so state) same as groom
Occupation of mother retired
Birthplace of mother (State or foreign country) Illinois

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Edward E. Meredith
New Address 5730 W. BERTHA
Subscribed and sworn to before me this 30 day of April, 19 71
John Lambrecht Jr Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name Andrew Higgins
Date of Birth 12 27 1919
Place of Birth (State or foreign country) Illinois
Residence Address 5730 W BERTHA Indianapolis Marion Ind.
Maiden Name if Different Storie
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Annulment 1968
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Clerk - Allison Div
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver's License # H252-19501
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Storie
Residence of father (if deceased so state) deceased
Occupation of father deceased
Birthplace of father (State or foreign country) Switzerland
8. Full maiden name of mother Agnes Blatch
Residence of mother (if deceased so state) deceased
Occupation of mother deceased
Birthplace of mother (State or foreign country) Illinois

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed X Andrew Higgins
New Address 5730 W. BERTHA
Subscribed and sworn to before me this 30 day of April, 19 71
John Lambrecht Jr Clerk **HENDRICKS** Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the **HENDRICKS** Circuit Court of Indiana dated the 4th day of May, 19 71, authorizing the joining together as husband and wife of Edward Ewen Meredith and Andrew Higgins.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Henry E. Hill hereby certify that on the 29 day of May, one thousand nine hundred and seventy one at Indianapolis, County of Marion, State of Indiana, Edward Ewen Meredith of Hendricks County, State of Indiana and, Bride Andrew Higgins of Marion County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 29 day of May, 19 71.

Signed Henry E. Hill
Official Designation Minister
Signed John Lambrecht Jr Clerk **HENDRICKS** Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 19 71

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 119
File Bk 32
Date of Application 5-1-71

MALE

Medical Examination Report Dated 4-26-71

Name of Physician Wesley C. Ward, M.D.

FEMALE

Medical Examination Report Dated 4-26-71

Name of Physician Wesley C. Ward, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Richard Heath
Date of Birth July 3, 1934
Place of Birth (State or foreign country) East Wayne, Indiana
Residence Address 2102 Shelburne Dr., Indpls., Marion County, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1970

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Electric Engineer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) In License 315-32-2614-05

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
------	-----	---------

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Cecil H. Heath
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: Miller B. Shaul
Residence of mother (if deceased so state): East Wayne, Indiana
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: Signed: Richard H. Heath
New Address: 2102 Shelburne Dr., Indpls.
Subscribed and sworn to before me this 5th day of May, 1971.
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of: Signed: _____ Father
Signed: _____ Mother
Signed: _____
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name Clara White
Date of Birth July 30, 1940
Place of Birth (State or foreign country) East Wayne, Indiana
Residence Address 320 N. Grant Brownsville, Hendricks County, Ind.
Maiden Name if different Marshall

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1964

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Secretary (Indpls Power & Light Co.)

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Witham Memorial Hospital, Indianapolis, Ind.

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Robert W. Marshall
Residence of father (if deceased so state): 320 N. Grant Brownsville, Ind.
Occupation of father: Postal Clerk Race of father: W.
Birthplace of father (State or foreign country): Montgomery Co., Ind.
8. Full maiden name of mother: Kathryn A. Bryant
Residence of mother (if deceased so state): same
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Montgomery Co., Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of: Signed: Clara J. White
New Address: 2102 Shelburne Dr., Indpls.
Subscribed and sworn to before me this 1st day of May, 1971.
John Sanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of: Signed: _____ Father
Signed: _____ Mother
Signed: _____
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of May, 1971, authorizing the joining together as husband and wife of Richard H. Heath and Clara J. White.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Robert Kessinger, hereby certify that on the 8th day of May, 1971, County of Marion, State of Indiana, one thousand nine hundred and seventy one, at Indianapolis, Indiana, County, State of Indiana, of Marion County, State of Indiana, and, Bride Clara J. White, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 5th day of May, 1971.
Signed: Robert K. Kessinger
Official Designation: Methodist Minister
day of May, 1971.
Signed: John Sanbold, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 120
File Book 32
Date of Application 1 May 1971

MALE
Medical Examination Report Dated 3 May 1971
Name of Physician R.W. Kirtley M.D.

FEMALE
Medical Examination Report Dated 3 May 1971
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 James Stuart Dryer
Date of Birth November 13 1944
Place of Birth Crawfordsville, Ind.
Residence Address 4301 Apt A Lakeway Dr. Indpls Mar. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Adj. Ford Motor Credit.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) _____
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
William Laurent Dryer	Decedent	White
Mary Vernetta Stuart	212 Monmouth, Crawfordsville, Ind.	White
H/W.	Milton, Ind.	White

(b) Are you supporting or contributing to their 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 Laurent Dryer
Residence of father (if deceased so state) Decedent
Occupation of father Decedent
Birthplace of father (State or foreign country) La Grange, Ind.
12. Full maiden name of mother Mary Vernetta Stuart
Residence of mother (if deceased so state) 212 Monmouth, Crawfordsville, Ind.
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Milton, Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed James Stuart Dryer
New Address 292 Meadow Dr. Apt 4
Subscribed and sworn to before me this 18 day of May, 1971.
Clerk John Samuels Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT
Name Lorna Beth Goss
Date of Birth March 13 1947
Place of Birth Meth. Hosp Indpls Ind.
Residence Address Rt. Bx 303 Clayton, Hen, Ind.
Maiden Name if Different _____
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation R.N. ACK
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) 2673
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Charles Tilghman Goss
Residence of father (if deceased so state) Rt Clayton Ind.
Occupation of father Farmer Self
Birthplace of father (State or foreign country) Quincy, Ind.
8. Full maiden name of mother Minnie Merietta Ludlow
Residence of mother (if deceased so state) H/W.
Occupation of mother H/W.
Birthplace of mother (State or foreign country) Italy, Ind.

State of Indiana, **HENDRICKS** } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Lorna Beth Goss
New Address Same
Subscribed and sworn to before me this 18 day of May, 1971.
Clerk John Samuels Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, **HENDRICKS** } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 7th day of May, 1971, authorizing the joining together as husband and wife of James Stuart Dryer and Lorna Beth Goss.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert Phillips hereby certify that on the 23rd day of May, one thousand nine hundred and seventy-one at Arno, County of Hendricks, State of Indiana, Groom James Stuart Dryer of Hendricks County, State of Indiana and, Bride Lorna Beth Goss of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 23 day of May, 1971.
Signed Robert Phillips
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 26 day of May, 1971.
Signed John Samuels Clerk
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 121
File Book 32
3 May 1971
Date of Application

MALE
Medical Examination Report Dated 26 April 1971
Name of Physician M.D. Scamahorn M.D.

FEMALE
Medical Examination Report Dated 26 April 1971
Name of Physician M.D. Scamahorn M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name First Dyane W. Belford
Date of Birth July 20 1953
Place of Birth Indianapolis, Ind.
Residence Address R1 Bx 47, Litzton, Hendricks Co., Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Filling Station Attendant
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages?
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father William Joseph Belford
Residence of father (if deceased so state) Same, Litzton, Ind.
Occupation of father Tr. Driver Mot. Freight
Birthplace of father (State or foreign country) Louisville, Ky.
12. Full maiden name of mother Mary Lou Washburn
Residence of mother (if deceased so state) Same, Litzton, Ind.
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Orangeburg, Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Dyane W. Belford
New Address R1 Bx 47 Litzton, Ind.
Subscribed and sworn to before me this 3rd day of May, 1971
John Gambrell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Father, notarized consent dated 28 Apr 71 attached.

State of Indiana, Hendricks } ss:
County of
Signed Mary Lou Washburn
Mother Signed Mary Lou Washburn
Subscribed and sworn to before me this 3rd day of May, 1971
John Gambrell Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties,
Hendricks County, Indiana. Court by written order issued 3 May 1971
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Groom as Warrant

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be 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 May, 1971, authorizing the joining together as husband and wife of Dyane W. Belford and Janita M. Kinney.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Roy Poling, hereby certify that on the 7 day of May, 1971, at Jamestown, Hendricks County, State of Indiana, Groom Dyane Belford and, Bride Janita M. Kinney, were by me united 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 May, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of May, 1971.
Signed John Gambrell, Hendricks Circuit Court

FEMALE APPLICANT
Name First Janita M. Kinney
Date of Birth December 27 1953
Place of Birth Spiro, Kentucky
Residence Address R1 Jamestown, Boone Co., Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Baby siter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐

2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐

3. Are you afflicted with a transmissible disease? No ☒ Yes ☐

4. Are you related to the groom closer than second cousin? No ☒ Yes ☐

5. Are you now under the 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 Jefferson Mc Kinney
Residence of father (if deceased so state) R2 Jamestown, Ind.
Occupation of father Farmer I. Sher
Birthplace of father (State or foreign country) Rock Castle, Ky.
8. Full maiden name of mother Lucy Myrtle Taylor
Residence of mother (if deceased so state) R2 Jamestown, Ind.
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Louisville, Ky.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Janita M. Kinney
New Address Same
Subscribed and sworn to before me this 3rd day of May, 1971
John Gambrell Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Father, notarized consent dated 28 Apr 71 attached.

State of Indiana, Hendricks } ss:
County of
Signed Myrtle M. Kinney
Signed
Subscribed and sworn to before me this 3rd day of May, 1971
John Gambrell Clerk

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 121
File Book 32
3 May 1971
Date of Application

MALE
Medical Examination Report Dated 26 April 1971
Name of Physician M.O. Scamahan M.D.

FEMALE
Medical Examination Report Dated 26 April 1971
Name of Physician M.O. Scamahan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Duane W. Belford
Date of Birth July 20 1953
Place of Birth Indianapolis, Ind.
Residence Address R1 Bx 47, Litzton, Hendricks Co., Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Filling Station Attendant
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their 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 Joseph Belford
Residence of father (if deceased so state) Same as Belford
Occupation of father Tr. Driver Mot. Freight
Birthplace of father (State or foreign country) Louisville, Ky.
12. Full maiden name of mother Mary Lou Washburn
Residence of mother (if deceased so state) Same as Belford
Occupation of mother H/W
Birthplace of mother (State or foreign country) Orangeburg, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of...
Signed Duane W. Belford
New Address R1 Bx 47 Litzton, Ind.

Subscribed and sworn to before me this 18 day of April 1971

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of...
Signed Duane W. Belford
New Address R1 Bx 47 Litzton, Ind.

Subscribed and sworn to before me this 18 day of April 1971

COMPLETE

in

of Indiana date

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Roy P. Lange, hereby certify that on the 7 day of May, 1971, at Greensburg, Hendricks County, State of Indiana, Groom Duane Belford and, Bride Juanita Mc Kinney were by me united 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 May, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this

FEMALE APPLICANT

Name Juanita M. Kinney
Date of Birth December 27 1953
Place of Birth Spiro, Kentucky
Residence Address R1 Jamestown, Boone, Ind.
Maiden Name if Different
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Baby Sitter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Robert Jefferson Mc Kinney
Residence of father (if deceased so state) R2 Jamestown, Ind.
Occupation of father Farmer I. Sherman
Birthplace of father (State or foreign country) Rock Castle, Ky.

8. Full maiden name of mother Lucy Myrtle Taylor
Residence of mother (if deceased so state) R2 Jamestown, Ind.
Occupation of mother H/W
Birthplace of mother (State or foreign country) Harrell, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of...
Signed Juanita Mc Kinney
New Address Same

Subscribed and sworn to before me this 3rd day of May 1971

John G. Lambeth Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of...
Signed Juanita Mc Kinney
New Address Same

Subscribed and sworn to before me this 3rd day of May 1971

John G. Lambeth Clerk HENDRICKS Circuit Court

Subscribed and sworn to before me this 18 day of April 1971

John R. Gleason Notary Public

Subscribed and sworn to before me this 18 day of April 1971

John R. Gleason Notary Public

Subscribed and sworn to before me this 18 day of April 1971

John R. Gleason Notary Public

Subscribed and sworn to before me this 18 day of April 1971

John R. Gleason Notary Public

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 121
File Book 32
3 May 1971
Date of Application

MALE
Medical Examination Report Dated 26 April 1971
Name of Physician M.O. Scamahan M.D.

FEMALE
Medical Examination Report Dated 26 April 1971
Name of Physician M.O. Scamahan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name Duane W. Belford
Date of Birth July 20 1953
Place of Birth Indianapolis, Ind.
Residence Address R1 Bx 47, Litzton, Hendricks Co., Ind.
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Filling Station Attendant
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the bride closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Are you able to support a family? Yes ☒ No ☐
 - Are you likely to so continue? Yes ☒ No ☐
 - Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 Joseph Belford
Residence of father (if deceased so state) Same as Belford
Occupation of father Tr. Driver Mot. Freight Race of father White
Birthplace of father (State or foreign country) Louisville, Ky.
12. Full maiden name of mother Mary Lou Washem
Residence of mother (if deceased so state) Same as Belford
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) Orangeburg, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Duane W. Belford
New Address R1 Bx 47 Litzton, Ind.
Subscribed and sworn to before me this 3rd day of May, 1971

CONSENT OF PA

We, the parents, c
signs, state facts

State of Indiana,
County of

Subscribed and sw

COMPLETE

in

of Indiana dat

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Roy Poling, County of Boone, State of Indiana, Groom, Duane Belford
and, Bride, Jannita McKinney
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County, Indiana.
Dated this 7 day of May, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of May, 1971.
Signed Roy Poling, Notary Public
Signed John Lambold, Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name Jannita M. Kinney
Date of Birth December 27 1953
Place of Birth Spiro, Kentucky
Residence Address R1 Samestown, Boone Co., Ind.
Maiden Name if Different
Previous Marital Status: Never Married
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Baby Sitter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
 - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
 - Are you afflicted with a transmissible disease? No ☒ Yes ☐
 - Are you related to the groom closer than second cousin? No ☒ Yes ☐
 - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
 - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
 - Full name of father Robert Jefferson McKinney
Residence of father (if deceased so state) R2 Samestown, Ind.
Occupation of father Farmer I. Sherr Race of father White
Birthplace of father (State or foreign country) Rock Castle, Ky.

8. Full maiden name of mother Lucy Myrtle Taylor
Residence of mother (if deceased so state) R2 Samestown, Ind.
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) Harwell, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Jannita McKinney
New Address Same
Subscribed and sworn to before me this 3rd day of May, 1971
John Lambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent

I, Roy Poling, hereby give my consent for
my daughter, Jannita McKinney
marry Duane Belford.

FILED

MAY - 3 1971

John Lambold
CLERK HENDRICKS
CIRCUIT COURT

Subscribed and sworn to before me this 28 day of April 1971

Kathleen K. Gome
Notary Public

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 122
File Bk 32
Date of Application 5-3-71

MALE
Medical Examination Report Dated 4-28-71
Name of Physician Dr. Lloyd Terry

FEMALE
Medical Examination Report Dated 4-21-71
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 David Warren Perkins
Date of Birth 6/10/1949
Place of Birth (State or foreign country) Indiana
Residence Address Roadside Putnam Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ 1971
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Steel Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) S. Reg. Cert. # 12-67-49-80
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Jake Long (Stepfather)
Residence of father (if deceased so state) Roadside Indiana
Occupation of father Unemployed Race of father white
Birthplace of father (State or foreign country) Putnam Co. Indiana
12. Full maiden name of mother: Juanita Jones Perkins
Residence of mother (if deceased so state) Roadside Ind.
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Shelby Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of
Signed: David W. Perkins
New Address: Route #1 Bainbridge Ind.
Subscribed and sworn to before me this 3 day of May, 1971.
John Hancock Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

FEMALE APPLICANT
Name Carla Jeannine Kirby
Date of Birth 12/29/1951
Place of Birth (State or foreign country) Indiana
Residence Address Rt 3 Box 67 Nashville Hendricks Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Methodist Hospital #13352
☐ Other (Specify) K610-51509
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Willie Green Kirby Sr.
Residence of father (if deceased so state) None
Occupation of father Allison Race of father white
Birthplace of father (State or foreign country) Evansville Ind.
8. Full maiden name of mother: Ruth Jeannine Perkins
Residence of mother (if deceased so state) None
Occupation of mother Aircraft Eng. Race of mother white
Birthplace of mother (State or foreign country) Jasper Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed: Carla Jeannine Kirby
New Address: R. R. 1 Bainbridge, Ind.
Subscribed and sworn to before me this 3 day of May, 1971.
John Hancock Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
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 May, 1971, authorizing the joining together as husband and wife of David Warren Perkins and Carla Jeannine Kirby.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ira B. Stack, hereby certify that on the 7th day of May, one thousand nine hundred and seventy-one at Nashville, County of Hendricks, State of Indiana, Groom David Warren Perkins of Hendricks County, State of Indiana, and, Bride Carla Jeannine Kirby of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 7 day of May, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of May, 1971.

Official Designation: Minister
Signed: John Hancock Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 123
File Book 32
5-4-71
Date of Application

MALE

Medical Examination Report Dated 4-26-71

Name of Physician Donald D. Cheseman MD

FEMALE

Medical Examination Report Dated 4-26-71

Name of Physician Donald Cheseman MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Stanley Middle Robert Last Kidwell
Date of Birth Month May Day 1 Year 1948
Place of Birth (State or foreign country) Indianapolis
Residence Address 206 N. Grant Street or R. R. City Marion County State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Electrician

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver License

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Benjamin Franklin Kidwell
Residence of father (if deceased so state) deceased
Occupation of father Electrician Race of father W
Birthplace of father (State or foreign country) Marion Indiana
12. Full maiden name of mother Mary Elizabeth Harmon
Residence of mother (if deceased so state) 439 E. Elderly Brownstown
Occupation of mother Clerk Typist Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed [Signature] New Address 206 N. Grant Brownstown

Subscribed and sworn to before me this 4 day of May, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name First Ruth Middle M. Last Selvis
Date of Birth Month March Day 14 Year 1950
Place of Birth (State or foreign country) Indianapolis
Residence Address 2843 Georgetown Rd. Dupke Marion Ind.
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver Permit 9065409

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Kenneth Selvis

Residence of father (if deceased so state) Same
Occupation of father Electrician Race of father W

Birthplace of father (State or foreign country) South Bend Pa.

8. Full maiden name of mother Jean Marie Zahrmann

Residence of mother (if deceased so state) Same
Occupation of mother Clerk - Store Race of mother W

Birthplace of mother (State or foreign country) Dupke Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Ruth M. Selvis
New Address 2843 Georgetown Brownstown

Subscribed and sworn to before me this 4 day of May, 1971.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____, 1971, authorizing the joining together as husband and wife of Indiana dated the 8th day of May and Ruth M. Selvis
Stanley Robert Kidwell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lawrence J. Grey hereby certify that on the 8th day of May
at Indianapolis, County of Marion
one thousand nine hundred and seventy one of Hendricks County, State of Indiana
State of Indiana, Groom Stanley Robert Kidwell of Marion
and, Bride Ruth M. Selvis of Hendricks
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County. 8th day of May, 1971.
Dated this 12 day of May, 1971.
Signed Lawrence J. Grey
Official Designation 12 day of May, 1971
Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 124
File Book 32
4 May 1971
Date of Application

MALE

Medical Examination Report Dated 3 May 1971
Name of Physician Carl L. Hendrick MD

FEMALE

Medical Examination Report Dated 23 April 1971
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 Dewey Campbell
Date of Birth May 9 1931
Place of Birth Grayson Ky.
Residence Address 693 S. Ky. Danville, Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) 70 New
Usual Occupation Press Op. Univ. of Ind.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree 19818
☐ Other (Specify) Op. Lic. 403-40-6653

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐
(a) List their full names, ages and addresses

Name Elvis Vincent Age 5 Address w/ father

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Wood Campbell
Residence of father (if deceased so state) Hitchins, Ky.
Occupation of father Retired Race of father White
Birthplace of father (State or foreign country) Stinson, Ky.
12. Full maiden name of mother Phoebe Jane Isom
Residence of mother (if deceased so state) RI Box 33P Grayson Ky.
Occupation of mother H/W Race of mother White
Birthplace of mother (State or foreign country) Stinson, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Dewey Campbell
New Address 396 E Main St. Danville Ind.
Subscribed and sworn to before me this 4th day of May, 1971
Clerk John J. Smith HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Pauletta Ann Mays
Date of Birth April 25 1941
Place of Birth Rushville Ind.
Residence Address 396 E Main St. Danville, Ind.
Maiden Name if Different Pauletta Hess
Previous Marital Status: Never Married ☒ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) 3000 70
Usual Occupation Nurse Aid HCH
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree 113-48-AD13213
☐ Other (Specify) 113-48-AD13213

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Harold Hess
Residence of father (if deceased so state) Lapaz, Ind.
Occupation of father Factory worker Race of father White
Birthplace of father (State or foreign country) Richmond, Ind.
8. Full maiden name of mother Hola Ethel Sterens
Residence of mother (if deceased so state) Same
Occupation of mother Factory worker Race of mother White
Birthplace of mother (State or foreign country) Rushville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of HENDRICKS

Signed Pauletta Ann Mays
New Address Same
Subscribed and sworn to before me this 4th day of May, 1971
Clerk John J. Smith HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of HENDRICKS

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of May, 1971, authorizing the joining together as husband and wife of Dewey Campbell and Pauletta Ann Mays.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul J. Larkin, hereby certify that on the 8 day of May, one thousand nine hundred and seventy one at Plainfield, County of Hendricks, State of Indiana, Groom Dewey Campbell and, Bride Pauletta Ann Mays of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 8 day of May, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of May, 1971.
Signed Paul J. Larkin Official Designation Justice of Peace
Signed John J. Smith Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 125
File Bk 52
Date of Application 5-5-71

MALE
Medical Examination Report Dated 5-3-71
Name of Physician Walter McManis M.D.

FEMALE
Medical Examination Report Dated 5-3-71
Name of Physician Walter McManis M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars, (\$500.00)".

MALE APPLICANT
Name Larry J. Anneman
Date of Birth July 19 1943
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 514 Sanders St. Indianapolis, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Job Setter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) A. Cert. 12-226-43-211
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Clarence John Anneman
Residence of father (if deceased so state) Unknown
Occupation of father Trucking Company Race of father W.
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Margaret Dickey
Residence of mother (if deceased so state) 1926 S. 1st St. Indpls.
Occupation of mother Factory Worker Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Larry Anneman
New Address 514 Sanders St. May
Subscribed and sworn to before me this _____ day of _____, 1971.
John Danbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Signed _____
Subscribed and sworn to before me this _____ day of _____, 1971.
Clerk

FEMALE APPLICANT
Name Mayorie J. Shelley
Date of Birth July 29 1949
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address 3425 Clover Dr. Indianapolis, Ind.
Maiden Name if Different _____
Previous 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) 9000 Vol. 65 pg 154 Cop. of Marion County
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Leonard Robert Shelley
Residence of father (if deceased so state) Marion, Indiana
Occupation of father Police Station Manager Race of father W.
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Wilma June Ingram
Residence of mother (if deceased so state) 39 E. Adler Indpls.
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Mayorie Shelley
New Address 514 Sanders St.
Subscribed and sworn to before me this 5 day of May, 1971.
John Danbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Signed _____
Subscribed and sworn to before me this _____ day of _____, 1971.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ Court by written order issued 3 day waiver and filed in _____
HENDRICKS County Superior
in _____ authorizes and directs the issuance of a marriage license to the above named parties. 3 day waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be it Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the _____ day of _____, 1971, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham, hereby certify that on the _____ day of _____, 1971, at _____, County of _____, State of _____, of _____, County, State of _____, and, Bride Mayorie J. Shelley, of _____, County, State of _____, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this _____ day of _____, 1971.
Signed Fred N. Graham
Official Designation Justice of the Peace
Subscribed and sworn to before me this _____ day of _____, 1971.
Signed John Danbold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 126
File Book 32
Date of Application May 5, 1971

MALE
Medical Examination Report Dated May 3, 1971
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated May 3, 1971
Name of Physician Eric D. Clark

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Maurice Everitt Gray Jr.
Date of Birth July 16 46
Place of Birth (State or foreign country) Methodist Hospital
Residence Address R-2 Box 64, Clayton Hendricks Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Oct 1969
Hendricks

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Brupt Making & Cooling
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐

(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Amara Lee Gray Age 5 Address _____

- (b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Maurice Everitt Gray
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father W.
Birthplace of father (State or foreign country) Bridgeport Ind.

12. Full maiden name of mother Helen Jeanette Wilson
Residence of mother (if deceased so state) R-2 Box 64, Clayton Ind.
Occupation of mother C.R. Hendricks Race of mother W.
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Maurice E. Gray Jr.
New Address _____

Subscribed and sworn to before me this 5 day of May, 1971.
John Lambold Jr. Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

FEMALE APPLICANT

Name Peggy Carole Low
Date of Birth May 15 1952
Place of Birth (State or foreign country) St Vincents Hospital
Residence Address R-2 Box 568 Indianapolis Marion Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Phys
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Hermit LaVern Low
Residence of father (if deceased so state) R-2 Box 568, Indianapolis
Occupation of father Salesman Race of father W.
Birthplace of father (State or foreign country) Indianapolis

8. Full maiden name of mother Carolyn Neil Gray
Residence of mother (if deceased so state) R-2 Box 568, Indianapolis
Occupation of mother Unemployed Race of mother W.
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Peggy Carole Low
New Address _____

Subscribed and sworn to before me this 5th day of May, 1971.
John Lambold Jr. Clerk HENDRICKS Circuit Court

Consent of Parents, Parent or Guardian
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 10th day of May, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Maurice Everitt Gray Jr. and Peggy Carole Low

I, Donald E. Riggs hereby certify that on the 15 day of May, 1971, at Indianapolis, County of Marion, State of Indiana, Groom Maurice Everitt Gray Jr. of Hendricks County, State of Indiana, and, Bride Peggy Carole Low of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.

Dated this 15 day of May, 1971.
Signed Donald E. Riggs
Official Designation Minister
Signed John Lambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of May, 1971.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 127
File Book 32
Date of Application 6 May 1971

MALE
Medical Examination Report Dated 1 May 1971
Name of Physician M.O. Scamahorn M.D.

FEMALE
Medical Examination Report Dated 1 May 1971
Name of Physician M.O. Scamahorn M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Middle Last
Walter C. McFarland
Date of Birth Month Day Year
February 2 1944
Place of Birth (State or foreign country)
Ben Hur, Virginia
Residence Address Street or R. R. City County State
44 N. Green St. B'burg, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Maintenance: Remodeling
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Self 44 85 44 947
1. Are you now or have you been adjudged, diagnosed or considered as:
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Walter Clarence McFarland
Residence of father (if deceased so state) Jacksonville, Fla.
Occupation of father Retired. Race of father White
Birthplace of father (State or foreign country) Tenn.
12. Full maiden name of mother Fannie Seanele Lawson
Residence of mother (if deceased so state) unknown
Occupation of mother unk. Race of mother White
Birthplace of mother (State or foreign country) Tenn.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Walter C. McFarland
New Address 221 E. Main St. B'burg, Ind.
Subscribed and sworn to before me this 6th day of May, 1971.
John J. Smith Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

FEMALE APPLICANT

Name First Middle Last
Lorene Derosselt
Date of Birth Month Day Year
January 2 1938
Place of Birth (State or foreign country)
Proctor, West Ky.
Residence Address Street or R. R. City County State
516 N. Green St. B'burg, Ind.
Maiden Name if Different Lorene Gregory
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Maid
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dept of Health, Kentucky #22371
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Henderson Gregory
Residence of father (if deceased so state) deceased
Occupation of father _____ Race of father White
Birthplace of father (State or foreign country) Texas
8. Full maiden name of mother Mattie Philpot
Residence of mother (if deceased so state) Indpls, Ind.
Occupation of mother Retired. Race of mother White
Birthplace of mother (State or foreign country) Ky.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of
Signed Lorene Derosselt
New Address 6th May 71
Subscribed and sworn to before me this 6th day of May, 1971.
John J. Smith Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
State of Indiana, Hendricks } ss:
County of
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____
HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the _____ day of _____, 1971, authorizing the joining together as husband and wife of _____ and _____
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, _____ hereby certify that on the _____ day of _____, 1971, at _____, _____ County of _____, State of _____, one thousand nine hundred and _____ of _____ County, State of _____, and, Bride _____ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this _____ day of _____, 1971.
Signed _____
Official Designation _____ Clerk
Signed _____ HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 128
File Bk 32
Date of Application 5-10-71

MALE

Medical Examination Report Dated 5-5-71
Name of Physician Dr. Elmer L. Lock M.D.

FEMALE

Medical Examination Report Dated 5-5-71
Name of Physician Dr. Elmer L. Lock M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Harry A. Pridenore
Date of Birth September 26 1957
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address Rt. 1, Box 161, Clayton, Hendricks, Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation ContractorDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) #316-56-4992

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Henry Jacob Pridenore
Residence of father (if deceased so state): 135 W. Petersburg Rd. Ind.
Occupation of father: Bar tender Race of father: W.
Birthplace of father (State or foreign country): Mitchell Indiana

12. Full maiden name of mother: Jeanette Hornaday
Residence of mother (if deceased so state): Rt. 2, Charleston, Kentucky
Occupation of mother: Housewife Race of mother: W.
Birthplace of mother (State or foreign country): Moreheadville, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____Signed Harry A. Pridenore
New Address: Rt. 1, Box 161, Clayton, Ind.Subscribed and sworn to before me this 10th day of May, 1971.
Clerk John Samhold Jr. HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

Has full custody of sonState of Indiana, HENDRICKS } ss:
County of _____Signed Henry J. Pridenore Father
Signed _____ MotherSubscribed and sworn to before me this 10th day of May, 1971.
Clerk John Samhold Jr. HENDRICKS Circuit Court

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County of Indiana dated the 14th day of May, 1971, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul J. Hardin hereby certify that on the 14th day of May, one thousand nine hundred and seventy one, at Clayton, County of Hendricks, State of Indiana, Groom Harry A. Pridenore of Hendricks County, State of Indiana and, Bride Betty P. Sipson of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.Dated this 14 day of May, 1971.Signed Paul J. Hardin
Official Designation Justice of the PeaceSigned John Samhold Jr. Clerk
HENDRICKS Circuit CourtFiled and recorded in accordance with the laws of the State of Indiana this 17th day of May, 1971.

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS

No. 129
File 129

5-13-71

MALE

Medical Examination Report Dated 5-11-71

Name of Physician Irving Cohen

County

FEMALE

Medical Examination Report Dated 5-11-71

Name of Physician Irving Cohen M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name John Lewis
Date of Birth Month 30 Day 1952
Place of Birth (State or foreign country) Indiana
Residence Address 1172 New Street Indianapolis Hendricks Co. Indiana
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
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) SS Chicago # 12-30-52-325
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Tommy Tom
Residence of father (if deceased so state) Indianapolis Indiana
Occupation of father unknown Race of father white
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Nancy Carolyn
Residence of mother (if deceased so state) 1209 W. 42nd St. Chicago
Occupation of mother Housewife Race of mother white
Birthplace of mother (State or foreign country) Indiana

State of Indiana, } ss: I depose and state the information in this application is true and correct.
County of HENDRICKS

Signed John Lewis Tom

New Address 215 W. Center

Subscribed and sworn to before me this 13 day of May 1971
John Pembroke Jr. Clerk HENDRICKS Co.

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Mother has legal custody of son due to divorce -

State of Indiana, } ss:
County of HENDRICKS

Signed Charles Attles

Signed Charles Attles

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk _____

FEMALE APPLICANT

Name Rose Etta Richardson
Date of Birth Month 7 Day 1953
Place of Birth (State or foreign country) Indiana
Residence Address 636 Roseway Indianapolis Hendricks Co. Indiana
Maiden Name if Different Smith
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) 1971
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) DOB 7-10-53 Marion Co Ind # 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 Elmer Clifton Smith
Residence of father (if deceased so state) Living as wife
Occupation of father Dept of Conting Race of father white
Birthplace of father (State or foreign country) Chicago Indiana
8. Full maiden name of mother Mary Louise Poland
Residence of mother (if deceased so state) same
Occupation of mother Ch - Ellison Race of mother white
Birthplace of mother (State or foreign country) Bridgeport Indiana

give my consent for

on _____ t.

Rydyck

May 19 71

Judge

Public

Commission Expires May 3 1973

Signed Mary E. Smith Mother

Subscribed and sworn to before me this 13 day of May 1971
John Pembroke Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____
HENDRICKS County _____ Court by written order issued _____
in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 17 day of May 1971 authorizing the joining together as husband and wife of John Lewis Tom and Rose Etta Richardson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harry H. Howell hereby certify that on the 18 day of May 1971 at Indianapolis County of Hendricks State of Indiana
one thousand nine hundred and seventy one of Hendricks County, State of Indiana
State of Indiana, Groom John Lewis Tom and, Bride Rose Etta Richardson were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 18 day of May 1971

Signed Harry H. Howell

Official Designation Deputy Minister

Signed John Pembroke Jr.

Signed John Pembroke Jr.

Filed and recorded in accordance with the laws of the State of Indiana this _____

HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 129
File Bk 32
Date of Application 5-13-71

MALE
Medical Examination Report Dated 5-11-71
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 5-11-71
Name of Physician Irving Cohen M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT
Name John Lewis Tom
Date of Birth 8 30 1952
Place of Birth (State or foreign country) Indiana
Residence Address 1172 New Street Indianapolis Indiana
Previous Marital Status: Never Married ☒ Divorce ☐ Annulment ☐
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) SS Certificate # 12-30-52-325
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input type="checkbox"/>		

11. Full name of father Johnny Tom
Residence of father _____
Occupation of father _____
Birthplace of father _____
12. Full maiden name of mother _____
Residence of mother _____
Occupation of mother _____
Birthplace of mother _____
State of Indiana, _____
County of, HENRICKS

New A
Subscribed and sworn to
John Tom
CONSENT OF PARENT
We, the parents, of this
signs, state facts which
Theresa
divorce

State of Indiana, _____
County of, HENDRICKS
Signed Consent Attended
Signed _____
Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT
Name Rose Etta Richardson
Date of Birth 7 13 1953
Place of Birth (State or foreign country) Indiana
Residence Address 626 Roseway Indianapolis Indiana
Maiden Name if Different Smith
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) Hendricks 1971
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) DOB # 7-10-53
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Elmer Clifton Smith
Residence of father (if deceased so state) Living as wife
Occupation of father Supt of County Jail Race of father White
Birthplace of father (State or foreign country) Chicago, Illinois
8. Full maiden name of mother Mary Louise Poland
Residence of mother (if deceased so state) Living
Occupation of mother Chl - Ellison Race of mother White
Birthplace of mother (State or foreign country) Bridgeport, Indiana

I, Nancy C. Lydick, hereby give my consent for
mv Don, John Lewis Tom
marry Rose Etta Richardson

Nancy C. Lydick
Subscribed and sworn to before me this 10 day of May, 1971

Louise Aldridge
Notary Public
My commission expires May 3 1973
Signed Mary L. Smith Mother
Subscribed and sworn to before me this 13 day of May, 1971
John Tom 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 May, 1971, authorizing the joining together as husband and wife
of John Lewis Tom and Rose Etta Richardson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Harry H. Howell, hereby certify that on the 18 day of May,
one thousand nine hundred and seventy one, at Indianapolis, County of Hendricks,
State of Indiana, Groom John Lewis Tom and Bride Rose Etta Richardson
were by me united 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 May, 1971
Signed Harry H. Howell
Official Designation Deputy Minister
Signed John Tom Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____
HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS CountyNo. 130
File Book 32
Date of Application May 13 1971MALE
Medical Examination Report Dated May 12 1971
Name of Physician Elmer E. KochFEMALE
Medical Examination Report Dated May 12 1971
Name of Physician Elmer E. 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 Russell W. Keck
Date of Birth August 24 1923
Place of Birth (State or foreign country) Indiana
Residence Address R R 1 Bainbridge Putnam Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify) _____Usual Occupation Aluminum
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Driver License
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addressesName Live with father Age _____ Address _____(b) Are you supporting or contributing to their 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 Addison Keck
Residence of father (if deceased so state) deceased
Occupation of father laborer Race of father W
Birthplace of father (State or foreign country) Madison Ky.
12. Full maiden name of mother Minnie Mae Bell
Residence of mother (if deceased so state) Roachdale Ind.
Occupation of mother Retired Race of mother W
Birthplace of mother (State or foreign country) IndianaState of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Russell W. Keck
New Address R R 1 Bainbridge Ind.
Subscribed and sworn to before me this 13 day of May, 1971.
John Gamble Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

Clerk

FEMALE APPLICANT

Name Margaret Eileen Sands
Date of Birth August 5 1921
Place of Birth (State or foreign country) Indiana
Residence Address 747 S. Walnut Danville Hend Ind
Maiden Name if Different Broyles
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 Assembler - RCA
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) _____1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐7. Full name of father David C. Broyles
Residence of father (if deceased so state) deceased
Occupation of father laborer Race of father W
Birthplace of father (State or foreign country) Park Co. Ind.
8. Full maiden name of mother Mary Black
Residence of mother (if deceased so state) Spencer R R 4 Ind.
Occupation of mother Retired Race of mother W
Birthplace of mother (State or foreign country) IllinoisState of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____Signed Margaret Eileen Sands
New Address R R 1 Bainbridge Ind.
Subscribed and sworn to before me this 13 day of May, 1971.
John Gamble Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.

ClerkCOMPLETE 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 May 13 1971 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of May, 1971, authorizing the joining together as husband and wife of Russell W. Keck and Margaret Eileen Sands.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James W. Bauer hereby certify that on the 15th day of May, one thousand nine hundred and 71 at Indianapolis, County of Marion, State of Indiana, Groom Russell W. Keck of Putnam County, State of Indiana and, Bride Margaret Eileen Sands of Owen County, State of Indiana were by me united 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 May, 1971.Signed James W. Bauer
Official Designation Justice of Peace
Signed John Gamble Jr. Clerk HENDRICKS Circuit Court
Filed and recorded in accordance with the laws of the State of Indiana this 19th day of August, 1971.

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 131
File Bk 52
Date of Application May 14, 1971

MALE

Medical Examination Report Dated 5-14-71
Name of Physician Carl L. Heister M.D.

FEMALE

Medical Examination Report Dated 5-14-71
Name of Physician Carl L. Heister M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)."

MALE APPLICANT

Name Chris Kershaw
Date of Birth 2 14 1932
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address P.O. Box 52 Danville Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Assembler
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. License 314-28-4394-09

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

(1) Angie Jean Kershaw 12 153 Sweet
(2) Elizabeth 10 Florida 68 Day
(3) Christopher 9 "

(b) Are you supporting or contributing to their support? Yes ☒ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father Victor Basil Kershaw
Residence of father (if deceased so state) R#1 Clayton
Occupation of father Retired Race of father W.
Birthplace of father (State or foreign country) Marion County
12. Full maiden name of mother Edna Jones
Residence of mother (if deceased so state) deceased
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Chris E. Kershaw
New Address R. R. #2 Box 102 Clayton Ind.
Subscribed and sworn to before me this 14 day of May, 1971.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

FEMALE APPLICANT

Name Betty J. Walters
Date of Birth 9 1 1943
Place of Birth (State or foreign country) Boone County Ind.
Residence Address R. R. Box 102 Clayton Ind.
Maiden Name if Different Don Chance
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Dr. License 506-44-6384

1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Clifford Chance
Residence of father (if deceased so state) Clayton, Indiana
Occupation of father Maintenance Race of father W.
Birthplace of father (State or foreign country) Morestown, Tenn.
8. Full maiden name of mother Anaize Bible
Residence of mother (if deceased so state) Clayton, Indiana
Occupation of mother Housewife Race of mother W.
Birthplace of mother (State or foreign country) Roseville, Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____
Signed Betty J. Walters
New Address R. R. #2 Box 102 Clayton Ind.
Subscribed and sworn to before me this 14 day of May, 1971.
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____
Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____.
Clerk _____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ and filed _____ Court by written order issued 3 day waiver
in Clerks Office _____ County HENDRICKS authorizes and directs the issuance of a marriage license to the above named parties. 3 day waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ County _____
of Indiana dated the 14th day of May, 1971, authorizing the joining together as husband and wife
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Purcell hereby certify that on the 15 day of May, 1971,
at Bellefonte, County of Hendricks, State of Indiana,
of Hendricks County, State of Indiana,
and, Bride Betty J. Walters of _____ County, State of _____
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____ County.
Dated this 15 day of May, 1971.
Signed Keith Purcell
Official Designation Justice of the Peace
Signed John Samuelson Clerk

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____.

Signed _____ Clerk
Clerk HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 132
File Book 32
May 14, 1971
Date of Application

MALE
Medical Examination Report Dated May 5, 1971
Name of Physician J. B. Warriner

FEMALE
Medical Examination Report Dated May 5, 1971
Name of Physician _____

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name James Edward Perkins
Date of Birth Month 12 Day 29 Year 48
Place of Birth (State or foreign country) Indianapolis, Ind. - Marion
Residence Address R.R. #2 Box 128, Plainfield, Hend. Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Railroad

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Reg. Card 12-30-48-423

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Full name of father Joe Perkins
Residence of father (if deceased so state) Indianapolis
Occupation of father Dr. - Bell Race of father W.
Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Betty Lou Perkins
Residence of mother (if deceased so state) Deceased
Occupation of mother _____ Race of mother _____
Birthplace of mother (State or foreign country) Monrovia, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed James Edward Perkins
New Address R.R. #2 Box 128, Plainfield, Ind.
Subscribed and sworn to before me this May day of 1971
John Gambell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Cathie Ann Wroblewski
Date of Birth Month July Day 22 Year 51
Place of Birth (State or foreign country) Coleman Hospital, Indianapolis, Ind.
Residence Address 4 Bingham Ct., Indianapolis, Ind.
Maiden Name if Different _____

Previous Marital Status: Never Married ☒ Number of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) _____

Usual Occupation Sect.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Robert Paul Wroblewski
Residence of father (if deceased so state) Deceased
Occupation of father _____ Race of father _____
Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Francis Deloris Sheehan
Residence of mother (if deceased so state) 4 Bingham Ct. Indianapolis
Occupation of mother Sec. Race of mother W.
Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of _____

Signed Cathie Ann Wroblewski
New Address R.R. #2 Box 128 Plainfield, Ind.

Subscribed and sworn to before me this 14 day of May, 1971
John Gambell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:
County of _____

Signed _____ Father
Signed _____ Mother
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____
HENDRICKS County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____
of Indiana dated the 18th day of May, 1971, authorizing the joining together as husband and wife
of James Edward Perkins and Cathie Ann Wroblewski
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham, hereby certify that on the 22nd day of May,
one thousand nine hundred and seventy-one at Danville, County of Hendricks,
State of Indiana, Groom James Edward Perkins of Hendricks County, State of Indiana
and, Bride Cathie Ann Wroblewski of Marion County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County.
Dated this 22nd day of May, 1971.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of May, 1971

Signed Fred N. Graham
Official Designation Justice of the Peace
Signed John Gambell Jr. Clerk HENDRICKS Circuit Court

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 133

File Book 32

May 14 1971
Date of Application

MALE

Medical Examination Report Dated 4-19-71

Name of Physician J. M. Cooper M.D.

FEMALE

Medical Examination Report Dated 5-3-71

Name of Physician J. M. Cooper M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name First Robert Middle Dean Last Elgin
Date of Birth Month March Day 20 Year 1949
Place of Birth (State or foreign country) Fort Wayne
Residence Address Street or R. R. 0 City Allen State Ind.
R.R. 204 Lafayette Tippecanoe Ind.
Previous 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 - ID Card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father Holland Hubert Elgin
Residence of father (if deceased so state) Same
Occupation of father Gen Mgr Corp Race of father W
Birthplace of father (State or foreign country) Wash Co Ind
12. Full maiden name of mother Helen Laura Ann Gard
Residence of mother (if deceased so state) Same
Occupation of mother Clerk Race of mother W
Birthplace of mother (State or foreign country) Ind Co Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Robert D. Elgin

New Address 4481 Colerain Ave Cincinnati

Subscribed and sworn to before me this 14 day of May, 1971.
John Gausbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

FEMALE APPLICANT

Name First Regina Middle Rae Last Riddle
Date of Birth Month April Day 6 Year 1949
Place of Birth (State or foreign country) Marion
Residence Address Street or R. R. 0 City Hendricks State Ind.
1409 E. Main Plainfield Hend Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Dr Lic ID Card

- Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☒ Yes ☐
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Charles Oakley Riddle
Residence of father (if deceased so state) Same
Occupation of father Auditing-Allisons Race of father W
Birthplace of father (State or foreign country) Iowa
8. Full maiden name of mother Jean Rely
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Hend Co Ind

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.
County of

Signed Regina Rae Riddle

New Address 4481 Colerain Ave Cincinnati

Subscribed and sworn to before me this 14 day of May, 1971.
John Gausbold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, HENDRICKS } ss:
County of

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued _____ and filed _____

HENDRICKS County _____ authorizes and directs the issuance of a marriage license to the above named parties.
in _____

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the _____ Circuit Court of Indiana dated the 2nd day of June, 1971, authorizing the joining together as husband and wife of _____ and _____

Be it further remembered, the following marriage certificate was filed in my office, to-wit: _____
I, Robert F. DeLong, hereby certify that on the 12th day of June, 1971, at Plainfield, _____ County, State of _____

one thousand nine hundred and 71, _____ of _____ County, State of _____
State of Indiana, Groom Robert Dean Elgin _____
and, Bride Regina Rae Riddle _____

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of _____
County _____

Dated this 12th day of June, 1971.
Signed Robert F. DeLong
Official Designation _____, 1971.

Signed John Gausbold Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this _____ day of _____, 19____

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKSNo. 134
File Book 32
Date of Application May 14 1971

MALE

Medical Examination Report Dated 5-8-71
Name of Physician Albert J. Miller MD

FEMALE

Medical Examination Report Dated 5-8-71
Name of Physician Albert J. Miller MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Bert Middle D. Last Sperry
Date of Birth Month June Day 9 Year 1947
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address 2308 77th Street City Brownsburg 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 Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) I.D. card - Sel. Serv. 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 addressesName Age Address
11. Full name of father: Ralph A. Sperry
Residence of father (if deceased so state): Same
Occupation of father: Farmer Race of father: W
Birthplace of father (State or foreign country): Connecticut
12. Full maiden name of mother: Margaret Dwyer
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): IndianaState of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed: Bert D. Sperry
New Address: 1120 N. 9th St. Lafayette Ind.
Subscribed and sworn to before me this 14 day of May, 1971.
John Gambold Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

FEMALE APPLICANT

Name First S. Middle Joy Last Jaguillard
Date of Birth Month December Day 3 Year 1949
Place of Birth (State or foreign country) Detroit Mich.
Residence Address 27600 Lathrup Village Oakland Mich.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☒ Negro ☐ Other ☐ (specify)Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License - 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 afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: George Edward Jaguillard
Residence of father (if deceased so state): Same
Occupation of father: Info. Rep. Race of father: W
Birthplace of father (State or foreign country): New York
8. Full maiden name of mother: Susan Jane Saunders
Residence of mother (if deceased so state): Same
Occupation of mother: Housewife Race of mother: W
Birthplace of mother (State or foreign country): MichiganState of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.
County of: Signed: S. Joy Jaguillard
New Address: 1120 N. 9th St. Lafayette Ind.Subscribed and sworn to before me this 14 day of May, 1971.
John Gambold Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, Hendricks } ss:
County of: Signed: Father
Signed: Mother
Subscribed and sworn to before me this day of 1971.
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19th day of May, 1971, authorizing the joining together as husband and wife of Bert D. Sperry and S. Joy Jaguillard.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles A. Bell, hereby certify that on the 22nd day of May, 1971, at Brownsburg, Hendricks County, State of Indiana, Groom Bert D. Sperry and, Bride Susan Joy Jaguillard of Oakland, Michigan, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 19 day of May, 1971.Filed and recorded in accordance with the laws of the State of Indiana this 27 day of May, 1971.
Signed: Rev. Charles A. Bell
Official Designation: Catholic Priest
Signed: John Gambold Jr. Clerk Hendricks Circuit Court