

Form 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 33  
7 April 1972  
Date of Application

MALE  
Medical Examination Report Dated 31 March 1972  
Name of Physician S. Thos. Vienna MD

FEMALE  
Medical Examination Report Dated 31 March 1972  
Name of Physician S. Thos. Vienna 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  
Ralph Spurrier  
Date of Birth Month Day Year  
December 9 1951  
Place of Birth (State or foreign country)  
Pennington Gap, Va.  
Residence Address Street or R.R. City County State  
55 E. High St., Mooreville, Morgan Co., W. Va.  
Previous 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 Empl. Auto Am

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) 2d ss. 446851 222

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

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

Name	Age	Address
James "M" Spurrier	20	Pennington Gap, Va.
Cora Lee Collins	12	Pennington Gap, Va.

(b) Are you 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: James "M" Spurrier  
Residence of father (if deceased so state): Pennington Gap, Va.  
Occupation of father: Dr. Race of father: white  
Birthplace of father (State or foreign country): Pennington Gap, Va.  
Full maiden name of mother: Cora Lee Collins  
Residence of mother (if deceased so state): H/W Same Va.  
Occupation of mother: H/W Race of mother: white  
Birthplace of mother (State or foreign country): Pennington Gap, Va.

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

Signed: Ralph Spurrier  
New Address: 55 E. High St. Mooreville, W. Va.  
Subscribed and sworn to before me this 7th day of April, 1972

Clerk: \_\_\_\_\_ HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Parents not present consents  
22 January 1972

I, \_\_\_\_\_ of \_\_\_\_\_, Indiana, } ss:

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

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

Subscribed and sworn to before me this 7th day of April, 1972

Clerk: \_\_\_\_\_ HENDRICKS Circuit Court

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 11th day of April, 1972, 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 15th day of April, 1972, at \_\_\_\_\_, County of Putnam, State of Indiana, Groom \_\_\_\_\_ and \_\_\_\_\_, County, State of Indiana, were by me united 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 April, 1972.

Signed: \_\_\_\_\_ Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th day of April, 1972

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. 100  
File Book 33  
7 April 1972  
Date of Application

MALE  
Medical Examination Report Dated 31 March 1972  
Name of Physician S. Thos. Vienna MD

FEMALE  
Medical Examination Report Dated 31 March 1972  
Name of Physician S. Thos. Vienna 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  
Ralph Spurrier  
Date of Birth Month Day Year  
December 1951  
Place of Birth (State or foreign country)  
Pennington Gap, Va.  
Residence Address Street or R.R. City County State  
55 E. High St., Maconville, Morgan Co., Va.  
Previous 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 Empl. Auto Ann  
Date of birth verified by: Birth Cert. ☒ Judicial Decree ☐  
Other (Specify) 222

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

FEMALE APPLICANT  
Name First Middle Last  
Loretta Ann Bungardner  
Date of Birth Month Day Year  
April 1936  
Place of Birth (State or foreign country)  
Somerset, Ky.  
Residence Address Street or R.R. City County State  
Rt 1 Stilleville, Harlan 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 Unemployed  
Date of birth verified by: Birth Cert. ☒ Judicial Decree ☐  
Other (Specify) 291

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

We Cora Lea and James M. Spurrier  
Give our Consent for our son  
Ralph Spurrier To marry or wed.

Mother: Cora Lea Spurrier

Father: James M. Spurrier

FILED

APR - 7 1972

John Gambold Jr.  
CLERK HENDRICKS

State of Virginia, County of Lee  
Subscribed and Sworn before me  
this 22 day of Jan. 1972  
My term expires 8-20 1972  
Claude B. Ely. N.P.

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of April, 1972, authorizing the joining together as husband and wife of Ralph Spurrier and Loretta Ann Bungardner.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Doyle S. Hofferbert, hereby certify that on the 15th day of April, 1972, at Greencastle, County of Putnam, State of Indiana, Groom, Ralph Spurrier, of Morgan County, State of Indiana, and, Bride, Loretta Ann 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 15th day of April, 1972.

Signed Doyle S. Hofferbert

Official Designation Minister  
27 day of April, 1972

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 April, 1972



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 101

File Book 33

Date of Application 7 April 1972

MALE

Medical Examination Report Dated 20 March 1972

Name of Physician Elmer L. Koch M.D.

FEMALE

Medical Examination Report Dated 24 March 1972

Name of Physician Elmer L. Koch M.D.

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)".

MALE APPLICANT

Name Timothy C. Cole  
Date of Birth January 10 1951  
Place of Birth Indianapolis, Ind.  
Residence Address 1513 N. 16th St., Indianapolis, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐  
Usual Occupation Maker of Prints of Checks  
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? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

(b) Are you supporting or contributing to their support? Yes ☐ No ☒  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒  
11. Full name of father James Phillip Cole  
Residence of father (if deceased so state) San Francisco, Cal.  
Occupation of father Farmer  
Birthplace of father (State or foreign country) Kentucky  
12. Full maiden name of mother Margie Ann Heath  
Residence of mother (if deceased so state) San Francisco, Cal.  
Occupation of mother H/W.  
Birthplace of mother (State or foreign country) Houston, Tex.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of Hendricks  
Signed Timothy C. Cole  
New Address 1513 N. 16th St., Indianapolis, Ind.  
Subscribed and sworn to before me this 7th day of April, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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. Lloyd  
Date of Birth October 13 1953  
Place of Birth Beach, Texas  
Residence Address 1130 Aderonack Ct., Indianapolis, Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐  
Usual Occupation Assembler

- 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 Norman Elmer Lloyd  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father White  
Birthplace of father (State or foreign country) Mahanoy, Pa.  
8. Full maiden name of mother Audrey Esther Crank  
Residence of mother (if deceased so state) San Francisco, Cal.  
Occupation of mother H/W.  
Birthplace of mother (State or foreign country) Arab, Ala.

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. Lloyd  
New Address Same  
Subscribed and sworn to before me this 7th day of April, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 11th day of April, 1972, authorizing the joining together as husband and wife  
of Timothy C. Cole and Deborah A. Lloyd  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Sberman Essex, hereby certify that on the 16 day of April  
one thousand nine hundred and 72 at Pittsboro, County of Hendricks  
State of Indiana, Groom Timothy C. Cole of Hendricks County, State of Indiana  
and, Bride Deborah A. Lloyd of Hendricks County, State of Indiana  
were by me united 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 April, 1972  
Signed Sberman Essex  
Official Designation Minister  
Subscribed and sworn to before me this 18 day of April, 1972  
Signed John Zambold Jr.  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of April, 1972  
Clerk John Zambold 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. 102  
File Book 33  
April 10, 1972  
Date of Application

MALE  
Medical Examination Report Dated 4-3-72  
Name of Physician James L. Harrison

FEMALE  
Medical Examination Report Dated 4-5-72  
Name of Physician Joseph C. Terlin, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 A Last Heller  
Date of Birth Month 6 Day 26 Year 1945  
Place of Birth (State or foreign country) Hancock County  
Residence Address R #2 Greenfield, Ind. City Hancock County State Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1970  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Hancock  
Color or Race White ☐ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Telephone repairman - Indiana Bell  
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

☒ Other (Specify) Selective Service - 12-28-45-105

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county, asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one 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 Frederick Heller		R #2 Greenfield, 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 Frederick Heller  
Residence of father (if deceased so state) R #2 Greenfield, Ind.  
Occupation of father Farmer Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Hancock County  
12. Full maiden name of mother Margaret Janice Smith  
Residence of mother (if deceased so state) R #2 Greenfield, Ind.  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Hancock County

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

Signed Ronald A. Heller  
New Address Apt. R. William Dr. Brownburg

Subscribed and sworn to before me this 10th day of April, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Geneva Middle Nacola Last Basham  
Date of Birth Month 9 Day 27 Year 1943  
Place of Birth (State or foreign country) Edmondson, Kentucky  
Residence Address R #1 North Salem, Ind. City Hancock County State Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

☐ Other (Specify) \_\_\_\_\_

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

7. Full name of father Fred Norman Basham  
Residence of father (if deceased so state) R #1 North Salem  
Occupation of father Lumber Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Edmondson Ky.  
8. Full maiden name of mother Blanche May White  
Residence of mother (if deceased so state) R #1 North Salem  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Edmondson Ky.

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

Signed Geneva Basham  
New Address Apt. R. William Dr. Brownburg

Subscribed and sworn to before me this 10th day of April, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of April, 1972, authorizing the joining together as husband and wife of Ronald J. Heller and Geneva Nacola Basham.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Raymond L. Rader hereby certify that on the 15th day of April, 1972, at 2:30 P.M. at 1st Baptist Church, Logansport, County of Hendricks, State of Indiana, Groom Ronald J. Heller and, Bride Geneva Nacola Basham of Hancock County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14th day of April, 1972.

Signed Rev. Raymond L. Rader  
Official Designation Pastor, 1st Baptist Church, Logansport, Ind.

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of April, 1972.  
Signed John Gambold Jr. Clerk HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 103  
File # 33  
Date of Application April 12, 1972

MALE  
Medical Examination Report Dated 4/10/72  
Name of Physician Irving Chen

FEMALE  
Medical Examination Report Dated 4/10/72  
Name of Physician Irving Chen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Deennis Whitson  
Date of Birth June 10 1951  
Place of Birth (State or foreign country) Spauls, Tennessee  
Residence Address 316 Holiday Dr. 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 Salvage Truck Post  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Selection Service Card

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

(a) List their full names, ages and addresses

Name	Age	Address

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

11. Full name of father Coner Whitson  
Residence of father (if deceased so state) Spauls, Tennessee  
Occupation of father factory worker Race of father W  
Birthplace of father (State or foreign country) Spauls, Tennessee  
12. Full maiden name of mother Betty Jean Selby  
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) Spauls, Tenn.

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

Signed James Deennis Whitson

New Address 316 Holiday Drive, Plainfield, Ind.

Subscribed and sworn to before me this 12 day of April, 1972  
John Hambell Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Mrs. Betty Jean Whitson Mother

Subscribed and sworn to before me this 12 day of April, 1972  
John Hambell 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 12 1972 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 12th day of April, 1972, authorizing the joining together as husband and wife of James Deennis Whitson and Jo Anne Allen

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

I, M. D. Crawley hereby certify that on the 13th day of April, County of Hendricks

one thousand nine hundred and 72 at Plainfield County, State of Indiana

State of Indiana, Groom James Deennis Whitson of Hendricks County, State of Indiana

and, Bride Jo Anne Allen of Hendricks County, State of Indiana

were by me united 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 April, 1972. Signed M. D. Crawley Official Designation Justice of the Peace, 1972

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of April, 1972. Signed John Hambell Jr. Clerk HENDRICKS Circuit Court

## FEMALE APPLICANT

Name Jo Anne Allen  
Date of Birth June 16 1948  
Place of Birth (State or foreign country) Spauls, Tennessee  
Residence Address 316 Holiday Dr. Plainfield Ind.  
Maiden Name if Different Jo Anne (Dunn) Allen is Maiden Name  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Unemployed  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_

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

7. Full name of father Joe S. Allen  
Residence of father (if deceased so state) Spauls, Tennessee  
Occupation of father factory worker Race of father W  
Birthplace of father (State or foreign country) Tennessee  
8. Full maiden name of mother Basin Frances Hodge  
Residence of mother (if deceased so state) Spauls, Tenn.  
Occupation of mother housewife Race of mother W  
Birthplace of mother (State or foreign country) Spauls, Tennessee

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

Signed Jo Anne Allen

New Address 316 Holiday Dr. Plainfield Ind.

Subscribed and sworn to before me this 12 day of April, 1972  
John Hambell Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Allen is maiden name (had it restored)

State of Indiana, HENDRICKS ss:

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

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

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 104  
File Book 33  
April 14, 1972  
Date of Application

MALE

Medical Examination Report Dated 4-3-72  
Name of Physician John Ellett Jr. M.D.

FEMALE

Medical Examination Report Dated 4-3-72  
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 Donald Lee Heaven  
Date of Birth May 8th 1953  
Place of Birth (State or foreign country) Breencastle, Ind.  
Residence Address R.P. #2 Coatesville City Hend. County Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Truck Lift Driver

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

☐ Other (Specify) 40532-B

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

Name Age Address  
Nilus Dale Heaven  
Residence of father (if deceased so state) R.P. #2 Coatesville, Ind.  
Occupation of father Farmer Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Putnam Co. Coatesville, Ind.  
Full maiden name of mother Doris Elizabeth Spillman  
Residence of mother (if deceased so state) R.P. #2 Coatesville, Ind.  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
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 Lee Heaven  
New Address R.P. #2 Coatesville, Ind.  
Subscribed and sworn to before me this 14th day of April, 1972  
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 Nilus Dale Heaven Father  
Signed Doris Elizabeth Heaven Mother  
Subscribed and sworn to before me this 14th day of April, 1972  
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

Be It Remembered there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20 day of April, 1972, authorizing the joining together as husband and wife of Donald Lee Heaven and Ann Marie Gregg  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, David S. Lindsay hereby certify that on the 22 day of April, 1972, at Coatesville, County of Hendricks, State of Indiana, Groom Donald Lee Heaven of Hendricks County, State of Indiana and, Bride Ann Marie Gregg of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 22 day of April, 1972.

Signed David S. Lindsay  
Official Designation Clerk  
Filed and recorded in accordance with the laws of the State of Indiana this 25 day of April, 1972  
Signed John Hambold Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Ann Marie Gregg  
Date of Birth December 31st 1953  
Place of Birth (State or foreign country) East St. Louis, Michigan  
Residence Address R.P. #2 Coatesville City Hend. County Ind.  
Maiden Name if Different \_\_\_\_\_

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation None

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

☐ Other (Specify) 65-159

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Kenneth Gregg  
Residence of father (if deceased so state) Michigan  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Michigan  
Full maiden name of mother Audreyetta Irene Booth  
Residence of mother (if deceased so state) Miami Florida  
Occupation of mother Nurse Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Detroit Michigan

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

Signed Ann Marie Gregg  
New Address R.P. #2 Coatesville, Ind.  
Subscribed and sworn to before me this 14th day of April, 1972  
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



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 105

File Book 33

Apr 14 1972  
Date of Application

MALE

Medical Examination Report Dated 4-14-72

Name of Physician Carl Heinlein

FEMALE

Medical Examination Report Dated 4-14-72

Name of Physician Carl Heinlein

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

## MALE APPLICANT

Name First Larry Middle Allen Last Borer  
Date of Birth Month Sept Day 28 Year 1952  
Place of Birth (State or foreign country) Methodist Hosp  
Residence Address 154 E. Rd. 200 S. City Danville 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 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 William Edward Borer  
Residence of father (if deceased so state) Same  
Occupation of father Engines Race of father W  
Birthplace of father (State or foreign country) Ind  
12. Full maiden name of mother Mavis Von Behrens  
Residence of mother (if deceased so state) Same  
Occupation of mother Michigan Race of mother W  
Birthplace of mother (State or foreign country) Ind

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

Signed Larry Allen Borer

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

Subscribed and sworn to before me this 14 day of April, 1972  
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.

attached

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

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

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

## FEMALE APPLICANT

Name First Sandra Middle Ann Last Kemp  
Date of Birth Month Dec Day 9 Year 1952  
Place of Birth (State or foreign country) Ind  
Residence Address 284 1/2 N. Belknap City Marion County Ind State Ind  
Maiden Name if Different Pl Judges Marion Ind  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Unemployed  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

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

7. Full name of father Russell Benjamin Kemp  
Residence of father (if deceased so state) Kentucky  
Occupation of father Truck Driver Race of father W  
Birthplace of father (State or foreign country) Kentucky  
8. Full maiden name of mother Beverly Ellen Whiting  
Residence of mother (if deceased so state) Same  
Occupation of mother Unemployed Race of mother W  
Birthplace of mother (State or foreign country) Utah N.Y.

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

Signed Sandra Ann Kemp

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

Subscribed and sworn to before me this 14 day of April, 1972  
John Gaulbold Jr Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Superior Court by written order issued Apr 14 1972 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 14 day of April, 1972, authorizing the joining together as husband and wife  
of Larry Allen Borer and Sandra Ann Kemp

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins hereby certify that on the 14th day of April,  
at Marion County of Indiana  
one thousand nine hundred and 72 County, State of Indiana  
State of Indiana, Groom Larry Allen Borer of Marion County, State of Indiana  
and, Bride Sandra Ann Kemp 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 14th day of April, 1972 Signed Warren A. Robbins  
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17th day of April, 1972  
Signed John Gaulbold Jr Clerk HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 105

File Book 33

Apr 14 1972  
Date of Application

## MALE

Medical Examination Report Dated 4-14-72

Name of Physician Carl Heinlein

## FEMALE

Medical Examination Report Dated 4-14-72

Name of Physician Carl Heinlein

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

## MALE APPLICANT

Name First Larry Middle Allen Last Borer  
Date of Birth Month Sept Day 28 Year 1952  
Place of Birth (State or foreign country) Methodist Hosp  
Residence Address 154 E. Rd. 200 S. City Danville 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 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

- (b) Are you supporting or contributing to their 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 Edward Borer  
Residence of father (if deceased so state) Same  
Occupation of father Engines Race of father W  
Birthplace of father (State or foreign country) Ind  
12. Full maiden name of mother Mavis Von Behrens  
Residence of mother (if deceased so state) Same  
Occupation of mother Michigan Race of mother W  
Birthplace of mother (State or foreign country) Ind

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

## FEMALE APPLICANT

Name First Sandra Middle Ann Last Kemp  
Date of Birth Month Dec Day 9 Year 1952  
Place of Birth (State or foreign country) Ind  
Residence Address 284 1/2 N. Bellemore Pl City Marion County Ind State 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 Unemployed  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Russell Benjamin Kemp  
Residence of father (if deceased so state) Kentucky  
Occupation of father Truck Driver Race of father W  
Birthplace of father (State or foreign country) Kentucky  
8. Full maiden name of mother Beverly Ellen Whiting  
Residence of mother (if deceased so state) Same  
Occupation of mother Unemployed Race of mother W  
Birthplace of mother (State or foreign country) Ithaca N.Y.

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

Signed Sandra Ann Kemp

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

Subscribed and sworn to before me this 14 day of April, 1972  
John Gauld Jr Clerk HENDRICKS Circuit Court

## OR GUARDIAN

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

ss: \_\_\_\_\_  
Father \_\_\_\_\_  
Mother \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_  
en refused to the above named parties, the \_\_\_\_\_  
Apr 14 1972 and filed \_\_\_\_\_  
amed 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 14 day of April, 1972, authorizing the joining together as husband and wife of Larry Allen Borer and Sandra Ann Kemp.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins hereby certify that on the 14th day of April, 1972, at Danville Plainfield, County of Hendricks, State of Indiana, Groom Larry Allen Borer of Hendricks County, State of Indiana, and, Bride Sandra Ann Kemp 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 14th day of April, 1972. Signed Warren A. Robbins  
Official Designation Christian Minister, 1972  
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. 106

File April 13 Book 33

April 14 1972  
Date of Application

**MALE**  
Medical Examination Report Dated 4-5-72  
Name of Physician Robert W. Kirtley

**FEMALE**  
Medical Examination Report Dated 4-5-72  
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  
Chris Edward Wynn  
Date of Birth Month Day Year  
August 19 1952  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. City County State  
3320 Lehman Rd. Cincinnati Ohio  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Student  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) F.D. card

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

Name Age Address

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

11. Full name of father Frank E. Wynn  
Residence of father (if deceased so state) 302 W. Main Danville  
Occupation of father Construction Race of father W  
Birthplace of father (State or foreign country) Danville Va.

12. Full maiden name of mother Lucille Lane  
Residence of mother (if deceased so state) Same  
Occupation of mother Office mgr. Race of mother W  
Birthplace of mother (State or foreign country) Danville Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of Signed x Chris Edward Wynn  
New Address Same as above

Subscribed and sworn to before me this 14 day of April, 1972.  
John Gambel Jr. Clerk HENDRICKS Circuit Court

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

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

**LET 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 18th day of April, 1972, authorizing the joining together as husband and wife of Chris Edward Wynn and Carol Lynn Norton.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Peter Ford, hereby certify that on the 22nd day of April, 1972, at Danville, Hendricks County, State of Indiana, Groom Chris Edward Wynn of Hendricks County, State of Indiana, and, Bride Carol Lynn Norton of Hendricks County, State of Indiana, were by me united 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 April, 1972.

Signed Peter Ford  
Official Designation Minister, Danville Free Will Ch.  
28 day of April, 1972  
Signed John Gambel 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  
Carol Lynn Norton  
Date of Birth Month Day Year  
Sept 28 1953  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. City County State  
330 W. Clinton Danville Hend. Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Bank

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Prudential Ins.  
☐ Other (Specify) Life Insurance Policy - 056-181404

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

7. Full name of father Glenn B. Norton  
Residence of father (if deceased so state) Same  
Occupation of father Retired Race of father W  
Birthplace of father (State or foreign country) Franklin Ind.

8. Full maiden name of mother Elsie Finn  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife 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 x Carol Lynn Norton  
New Address 3320 Lehman Road

Subscribed and sworn to before me this 14 day of April, 1972.  
John Gambel Jr. Clerk HENDRICKS Circuit Court

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

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

**LET 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 18th day of April, 1972, authorizing the joining together as husband and wife of Chris Edward Wynn and Carol Lynn Norton.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Peter Ford, hereby certify that on the 22nd day of April, 1972, at Danville, Hendricks County, State of Indiana, Groom Chris Edward Wynn of Hendricks County, State of Indiana, and, Bride Carol Lynn Norton of Hendricks County, State of Indiana, were by me united 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 April, 1972.

Signed Peter Ford  
Official Designation Minister, Danville Free Will Ch.  
28 day of April, 1972  
Signed John Gambel 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. 106

File April 13 1972

April 14 1972  
Date of Application

MALE  
Medical Examination Report Dated 4-5-72  
Name of Physician Robert W. Kirtley

FEMALE  
Medical Examination Report Dated 4-5-72  
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  
Chris Edward Wynn  
Date of Birth Month Day Year  
August 19 1952  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. City County State  
3320 Lehman Rd. Cincinnati Ohio  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Student  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) F.D. card

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

Name	Age	Address

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

11. Full name of father: Frank E. Wynn  
Residence of father (if deceased so state): 302 Main Danville  
Occupation of father: Construction Race of father: W  
Birthplace of father (State or foreign country): Danville Va.  
12. Full maiden name of mother: Lucille Lamb  
Residence of mother (if deceased so state): Same  
Occupation of mother: Office mgr. Race of mother: W  
Birthplace of mother (State or foreign country): Danville Va.

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

FEMALE APPLICANT

Name First Middle Last  
Carol Linn Norton  
Date of Birth Month Day Year  
Sept 28 1953  
Place of Birth (State or foreign country) Ind.  
Residence Address Street or R. R. City County State  
330 W. Clinton Danville Hend. Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Bank

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Prudential Ins.  
☐ Other (Specify) Life Insurance Policy - 056-181404

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

7. Full name of father: Glenn B. Norton  
Residence of father (if deceased so state): Same  
Occupation of father: Retired Race of father: W  
Birthplace of father (State or foreign country): Franklin Ind.  
8. Full maiden name of mother: Elsie Finn  
Residence of mother (if deceased so state): Same  
Occupation of mother: House wife 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  
County of in this application is true and correct.

Signed x Carol Linn Norton  
New Address: 3320 Lehman Road

Subscribed and sworn to before me this 14 day of April, 1972

John Gambel Jr. Clerk HENDRICKS Circuit Court

XXX We Frank E. Wynn & Lucille Wynn

our XX CHRIS E. WYNN  
CAROL LINN NORTON

Lucille Wynn Frank E. Wynn

Subscribed and sworn to before me this 14 day of April 1972

John Gambel Jr.  
Notary Public

MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of April, 1972, authorizing the joining together as husband and wife of Chris Edward Wynn and Carol Linn Norton.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Peter Ford hereby certify that on the 22nd day of April, one thousand nine hundred and 72 at Danville, County of Hendricks, State of Indiana, Groom Chris Edward Wynn of Hendricks County, State of Indiana, and, Bride Carol Linn Norton of Hendricks County, State of Indiana, were by me united 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 April, 1972

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

Signed Peter Ford  
Official Designation Minister, Danville French Mtg.  
28 day of April, 1972  
Signed John Gambel Jr. Clerk  
HENDRICKS Circuit Court



# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 127  
File Bunk 33  
Date of Application 4-14-72

MALE  
Medical Examination Report Dated 3-29-72  
Name of Physician Wm. D. Province M.D.

FEMALE  
Medical Examination Report Dated 3-29-72  
Name of Physician Wm. D. Province M.D.

ALL QUESTIONS 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  
Steven Gerald DeWeese  
Date of Birth Month Day Year  
March 13 1948  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. City County State  
R 4 Box 605B 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 Installer Western Electric  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

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

11. Full name of father: Robin G. DeWeese  
Residence of father (if deceased so state): Same  
Occupation of father: Foreman Allison Race of father: W  
Birthplace of father (State or foreign country): Indiana  
12. Full maiden name of mother: Ruby Bray  
Residence of mother (if deceased so state): Same  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Parke Co. Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed: Steven Gerald DeWeese  
New Address: 2317 A Tamarack Indianapolis

Subscribed and sworn to before me this 14 day of April, 1972.  
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 First Middle Last  
Kyle Anne Snelling  
Date of Birth Month Day Year  
May 4 1951  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. City County State  
R R 2 Box 114 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 Ticket Agent

- Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 C. Snelling  
Residence of father (if deceased so state): Same  
Occupation of father: Paper Handler Race of father: W  
Birthplace of father (State or foreign country): Clinton Ind.

8. Full maiden name of mother: Vera M. Gelpin  
Residence of mother (if deceased so state): Same  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Dupes Ind

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

Signed: Kyle Anne Snelling  
New Address: 2317 A Tamarack

Subscribed and sworn to before me this 14 day of April, 1972.  
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 Court by written order issued \_\_\_\_\_ and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 April, 1972, authorizing the joining together as husband and wife  
of Steven Gerald DeWeese and Kyle Anne Snelling

Be it further remembered the following marriage certificate was filed in my office, to-wit:  
I, C. Luther Bestrom hereby certify that on the 6th day of May  
at Plainfield, County of Hendricks, State of Indiana  
one thousand nine hundred and 72 of Hendricks County, State of Indiana  
State of Indiana, Groom Steven Gerald DeWeese  
and, Bride Kyle Anne Snelling 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 6th day of May, 1972.

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of May, 1972.  
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. 108  
File # 33  
April 18, 1972  
Date of Application

MALE  
Medical Examination Report Dated 4-10-72  
Name of Physician Mark Folkering

FEMALE  
Medical Examination Report Dated 4-10-72  
Name of Physician Mark Folkering

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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  
Thomas Carl Dick  
Date of Birth Month Day Year  
9 14 1949  
Place of Birth (State or foreign country)  
Indianapolis, Indiana  
Residence Address Street or R. R. City County State  
114 N. Vine 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 Construction Worker  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 8716

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

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

11. Full name of father: Arvine Carl Dick  
Residence of father (if deceased so state): Clayton, Indiana  
Occupation of father: Plant Foreman Race of father: W  
Birthplace of father (State or foreign country): Indianapolis, Ind.  
12. Full maiden name of mother: Barbara Jean Helms  
Residence of mother (if deceased so state): Clayton, Indiana  
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: Thomas E. Dick  
New Address: 114 N. Vine Plainfield  
Subscribed and sworn to before me this 24th day of April, 1972.  
Clerk: HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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  
Deanna L. Bayse  
Date of Birth Month Day Year  
9 20 1949  
Place of Birth (State or foreign country)  
Indianapolis, Indiana  
Residence Address Street or R. R. City County State  
112 South St. 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 System Educator  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 8963

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

7. Full name of father: Arvine Carl Dick  
Residence of father (if deceased so state): Cartersburg, Ind.  
Occupation of father: Carpenter Race of father: W  
Birthplace of father (State or foreign country): Robinson, Illinois  
8. Full maiden name of mother: Dorothy May Crowe  
Residence of mother (if deceased so state): Cartersburg, Ind.  
Occupation of mother: Housewife Race of mother: W  
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: Deanna L. Bayse  
New Address: 114 N. Vine Plainfield  
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 24th day of April, 1972, authorizing the joining together as husband and wife of Thomas Carl Dick and Deanna L. Bayse.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Paul Hopwood, hereby certify that on the twenty-ninth day of April, 1972, at Cartersburg Community Church, Hendricks County, State of Indiana, Groom: Thomas E. Dick and, Bride: Deanna L. Bayse, of Hendricks County, State of Indiana, were by me united 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 April, 1972.

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of May, 1972.  
Signed: John S. Bantole Jr. Clerk  
HENDRICKS Circuit Court



# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 109  
File Book 33  
Date of Application April 18, 1972

MALE  
Medical Examination Report Dated 4-14-72  
Name of Physician David B. Haggard

FEMALE  
Medical Examination Report Dated 4-14-72  
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 Ref Middle A. Last Wisehart  
Date of Birth Month 2 Day 4 Year 1948  
Place of Birth (State or foreign country) Elkhart Ind.  
Residence Address P.O. Box 15814, Phoenix, Arizona  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1 1971  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) Arizona  
Usual Occupation Stock Broker  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Selective Service - 12-30-48-416

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

Name Age Address

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

11. Full name of father Charles L. Wisehart  
Residence of father (if deceased so state) 825 Brookside Ln. Plfd.  
Occupation of father Grade School Principal Race of father  
Birthplace of father (State or foreign country) Pendleton, Ind.  
12. Full maiden name of mother Catherine Beam  
Residence of mother (if deceased so state) 825 Brookside Ln. Plfd.  
Occupation of mother Housewife Race of mother  
Birthplace of mother (State or foreign country) Interville, Ind.

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

Signed Ref A. Wisehart

New Address P.O. Box 15814 Phoenix, Arizona

Subscribed and sworn to before me this 18th day of April, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Deborah Middle Jo Last Turner  
Date of Birth Month 4 Day 19 Year 1950  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 505 St. Luke 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 \_\_\_\_\_

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

☐ Other (Specify) 10697

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

Residence of father (if deceased so state) 505 St. Luke Dr. Plfd Ind.

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

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

8. Full maiden name of mother Jean Hoopingarner

Residence of mother (if deceased so state) 505 St. Luke Dr. Plfd Ind.

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

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

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

Signed Deborah J. Turner

New Address P.O. Box 15814 Phoenix, Arizona

Subscribed and sworn to before me this 18th day of April, 1972

John Gambold Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

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

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS \_\_\_\_\_ Circuit Court of Indiana dated the 22nd day of April, 1972, authorizing the joining together as husband and wife of Ref A. Wisehart and Deborah J. Turner  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Maurice E. Brockman, hereby certify that on the 22 day of April, \_\_\_\_\_, County of Hendricks, State of Indiana, Groom Ref Allen Wisehart of Hendricks County, State of Indiana, and, Bride Deborah J. Turner of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS \_\_\_\_\_ County.

Dated this 22 day of April, 1972.

Signed Maurice E. Brockman

Official Designation Minister

25th day of April, 1972.

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. 110

File B w/c 33

4-18-72  
Date of Application

MALE  
Medical Examination Report Dated 4-12-72  
Name of Physician Donald D. Cheeseman

FEMALE  
Medical Examination Report Dated 4-12-72  
Name of Physician Donald D. Cheeseman

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

## MALE APPLICANT

Name First Middle Last  
Frank H. Knight  
Date of Birth Month Day Year  
August 7 1917  
Place of Birth (State or foreign country)  
Morgan town Morgan Ind  
Residence Address Street or R. R. City County State  
P.O. Box 142 Brownsburg Hend Ind  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)

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

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <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 Smith Knight	
Residence of father (if deceased so state)	Deceased	
Occupation of father	Labourer	
Birthplace of father (State or foreign country)	Morgan town Ind	
12. Full maiden name of mother	May Ann Setters	
Residence of mother (if deceased so state)	Deceased	
Occupation of mother		
Birthplace of mother (State or foreign country)		

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of. Signed Frank H. Knight  
New Address Same

Subscribed and sworn to before me this 18 day of April, 1972  
John Gambold Jr Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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  
Eva Pearl Banks  
Date of Birth Month Day Year  
May 29 1922  
Place of Birth (State or foreign country)  
Ludels Madison Ind  
Residence Address Street or R. R. City County State  
P.O. Box 142 Brownsburg Hend Ind  
Maiden Name if Different Minor  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation House wife  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Hiram Caven Minor  
Residence of father (if deceased so state) Deceased  
Occupation of father Hiram Caven Minor Race of father W  
Birthplace of father (State or foreign country) Tenn  
8. Full maiden name of mother Mollie Jane Cummins  
Residence of mother (if deceased so state) Same  
Occupation of mother Retired 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 Eva P. Banks  
New Address Same

Subscribed and sworn to before me this 18 day of April, 1972  
John Gambold Jr Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 day of April, 1972, authorizing the joining together as husband and wife of Frank H. Knight and Eva Pearl Banks.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jerry R. Nash hereby certify that on the 22 day of April, 1972, at Brownsburg, County of Hendricks, State of Indiana, Groom Frank H. Knight and, Bride Eva Pearl Banks of Hendricks County, State of Indiana were by me united 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 April, 1972.

Signed Jerry R. Nash  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of April, 1972.  
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. 111  
File Book 33  
Date of Application 4-21-72

## MALE

Medical Examination Report Dated March 28 1972  
Name of Physician Lloyd Terry

## FEMALE

Medical Examination Report Dated 3-28-72  
Name of Physician Lloyd Terry MD

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

## MALE APPLICANT

Name First Stephen Middle Ray Last Wells  
Date of Birth Month February Day 4 Year 1948  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 5401 North Salem City Indianapolis State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Probation Officer

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

☐ Other (Specify) ID Card 12 30 48 45

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Marvin Lowell Wiles  
Residence of father (if deceased so state) deceased  
Occupation of father Def. Supt. Race of father W  
Birthplace of father (State or foreign country) Pittsboro Ind  
12. Full maiden name of mother Marie Elizabeth Nagel  
Residence of mother (if deceased so state) RR 3 Brownsburg  
Occupation of mother Ind. Bell Race of mother W  
Birthplace of mother (State or foreign country) Juds Ind

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

Signed X Stephen Wells

New Address Same

Subscribed and sworn to before me this 21 day of Apr, 1972  
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: I depose and state the information given in this application is true and correct.

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

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

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

## FEMALE APPLICANT

Name First Mary Middle Jean Schermerhorn Last  
Date of Birth Month October Day 22 Year 1950  
Place of Birth (State or foreign country) Kendallville Ind.  
Residence Address 421 University Street or R. R. City W. Lafayette 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 - Teacher

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

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father John Herman Schermerhorn  
Residence of father (if deceased so state) R.R. 1 Wawaka  
Occupation of father Farmer Race of father W  
Birthplace of father (State or foreign country) Kendallville Ind

8. Full maiden name of mother Mary Amelia Gilbert  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Cassopolis Mich

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

Signed Mary Jean Schermerhorn

New Address Same

Subscribed and sworn to before me this 21 day of April, 1972  
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: I depose and state the information given in this application is true and correct.

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

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

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

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

HENDRICKS County Circuit

Court by written order issued April 21 1972 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 21 day of April, 1972, authorizing the joining together as husband and wife

of Stephen Ray Wells and Mary Jean Schermerhorn

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

I, J. Philip Kellogg hereby certify that on the 22 day of April, 1972, at St. Andrew United Methodist Church, County of Hendricks, State of Indiana, Groom Stephen Ray Wells and, Bride Mary Jean Schermerhorn of Noble County, State of Indiana, were by me united 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 April, 1972.

Signed J. Philip Kellogg

Official Designation Minister, 1972

Signed John G. Ambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of April, 1972.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 112

File BL #33

22 April 1972  
Date of Application

HENDRICKS County

MALE

Medical Examination Report Dated 20 April 1972

Name of Physician Emanuel Klemm

FEMALE

Medical Examination Report Dated 20 April 1972

Name of Physician Emanuel Klemm

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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  
I. Charles Flowers  
Date of Birth Month Day Year  
April 23 1951  
Place of Birth (State or foreign country)  
South Bend, Ind.  
Residence Address Street or R. R. City County State  
At 6714 S. Farview Bloomington, Ind.

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

Name	Age	Address
Irvin Clem Flowers	Deceased	
Anne Mary Nemeth	Deceased	
S. Ben, white		

- 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: Irvin Clem Flowers  
Residence of father (if deceased so state): Deceased  
Occupation of father: Deceased  
Race of father: white  
Birthplace of father (State or foreign country): South Bend, Ind.  
12. Full maiden name of mother: Anne Mary Nemeth  
Residence of mother (if deceased so state): Deceased  
Occupation of mother: Deceased  
Race of mother: white  
Birthplace of mother (State or foreign country): S. Ben, 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 Flowers  
New Address: 409 E. 10th  
Subscribed and sworn to before me this 22nd day of April, 1972  
Clerk: HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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  
Debra Rae Schenck  
Date of Birth Month Day Year  
July 22 1952  
Place of Birth (State or foreign country)  
Lebanon, Ind.  
Residence Address Street or R. R. City County State  
BX 73 Pittsboro, Ind.

Previous Marital Status: Never Married ☒ Number of Previous MarriagesLast 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 ☐
- Full name of father: John Russell Schenck

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

Occupation of father: Farmer

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

8. Full maiden name of mother: Genevieve Rae Brady

Residence of mother (if deceased so state): Same

Occupation of mother: BK CLK: Pittsboro

Race of mother: white

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

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

Signed: Debra Rae Schenck  
New Address: Same

Subscribed and sworn to before me this 22nd day of April, 1972  
Clerk: HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26th day of April, 1972, 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. Ben H. Strassner hereby certify that on the 6th day of May, one thousand nine hundred and 72, at Pittsboro, County of Hendricks, State of Indiana, Groom: I. Charles Flowers of Monroe County, State of Indiana, and, Bride: Debra Kay Schenck of Hendricks County, State of Indiana, were by me united 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 April, 1972

Signed: Rev. Ben H. Strassner

Official Designation: Minister of Pittsboro Christian Ch

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of May, 1972

Signed: John Gaudin  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

497

No. 113  
File Book 33  
April 24 1972  
Date of Application

MALE  
Medical Examination Report Dated 4-19-72  
Name of Physician Floyd Terry MD

FEMALE  
Medical Examination Report Dated 4-19-72  
Name of Physician Floyd Terry MD

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

MALE APPLICANT

Name First Thomas Middle Edgar Last Roush  
Date of Birth Month August Day 22 Year 1936  
Place of Birth (State or foreign country) Vermillion Co.  
Residence Address 47 W. Columbia Danville Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Gardner - Allison  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address  
Angela Lee 5 1/2 Danville  
Brenda Kay 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 Charles Conley Roush  
Residence of father (if deceased so state) deceased  
Occupation of father Railroader Race of father W  
Birthplace of father (State or foreign country) Gas City Ind  
12. Full maiden name of mother Maude Morgan  
Residence of mother (if deceased so state) deceased  
Occupation of mother Race of mother W  
Birthplace of mother (State or foreign country) Gas City Ind

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

Signed Thomas Edgar Roush  
New Address 1026 W. Lynchburg Danville  
Subscribed and sworn to before me this 24 day of April, 1972  
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 1972  
Clerk

FEMALE APPLICANT

Name First Mickey Middle Lee Last Coffman  
Date of Birth Month June Day 11 Year 1944  
Place of Birth (State or foreign country) Ind.  
Residence Address 9807 W. 10th 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 Secretary  
Date of birth verified by: ☐ Birth Cert. ☒ Judicial Decree

- ☐ Other (Specify) GE Life Ins Plan # 500-13-45
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 Sam H. Coffman  
Residence of father (if deceased so state) deceased  
Occupation of father Air Force - career Race of father W  
Birthplace of father (State or foreign country) Danville Ind

8. Full maiden name of mother Frances Laurene Butler  
Residence of mother (if deceased so state) 2649 Vinewood Dr Speedway  
Occupation of mother House wife Race of mother W  
Birthplace of mother (State or foreign country) Danville Ind

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

Signed Mickey Lee Coffman  
New Address 1026 W. Lynchburg Danville  
Subscribed and sworn to before me this 24 day of April, 1972  
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 1972  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 28th day of April, 1972, authorizing the joining together as husband and wife of Thomas Edgar Roush and Mickey Lee Coffman.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Peter Ford hereby certify that on the 28th day of April, 1972, at Danville, County of Hendricks, State of Indiana, Groom Thomas Edgar Roush of Hendricks County, State of Indiana, and, Bride Mickey Lee Coffman of Hendricks County, State of Indiana, were by me united 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 April, 1972.

Signed Peter Ford  
Official Designation Minister, Danville Friends Mtg.  
2nd day of May, 1972  
Signed John Gamble Jr Clerk Hendricks Circuit Court

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 114

File Book 33

4-26-72  
Date of Application

MALE  
Medical Examination Report Dated 4-17-72  
Name of Physician David B. Haggard

FEMALE  
Medical Examination Report Dated 4-17-72  
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 Marvin Middle L. Last Jones  
Date of Birth Month March Day 11 Year 1930  
Place of Birth (State or foreign country) Indiana  
Residence Address Glendale Street or R. R. Box 227 City Indigo County Hend 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 309-36-5117  
☒ Other (Specify) Driver's License (Chauff.)

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

New Address same

Subscribed and sworn to before me this 26 day of April, 1972  
John Gamble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

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

FEMALE APPLICANT

Name First Denise Middle Ann Last Taylor  
Date of Birth Month November Day 21 Year 1953  
Place of Birth (State or foreign country) Indiana  
Residence Address Box 227 Street or R. R. Indigo City Marion County Ind  
Maiden Name if Different \_\_\_\_\_

Previous Marital Status: Never Married ☒ Divorced ☐ Annulment ☐ Number of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Waitress

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

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

7. Full name of father Charles H. Taylor  
Residence of father (if deceased so state) 837 Tenth Street Ind  
Occupation of father Truck Driver Race of father W  
Birthplace of father (State or foreign country) Indigo Ind  
8. Full maiden name of mother Patricia A. Couch  
Residence of mother (if deceased so state) 634 Belmont Ind  
Occupation of mother Cook Race of mother W  
Birthplace of mother (State or foreign country) Indigo Ind

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

Signed Denise Ann Taylor

New Address same

Subscribed and sworn to before me this 26 day of April, 1972  
John Gamble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of May, 1972, authorizing the joining together as husband and wife Marvin L. Jones and Denise Ann Taylor  
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 \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_ 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. 115  
File # 33 Book  
4-27-72  
Date of Application

MALE  
Medical Examination Report Dated 4-25-72  
Name of Physician John Elliott, Jr.

FEMALE  
Medical Examination Report Dated 4-25-72  
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, 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 Spray + Shine (Wash Trailers)  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Selective Service 12-30-49-142

- 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

- 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 Tracy Luke Stanton  
Residence of father (if deceased so state) Same  
Occupation of father Foreman Race of father W  
Birthplace of father (State or foreign country) Virginia  
12. Full maiden name of mother Veda Fay Allen  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
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 Gary B. Stanton  
New Address R.R. 2 Catesville Ind.  
Subscribed and sworn to before me this 27th day of April, 1972  
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 Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Russell Shoemaker  
Residence of father (if deceased so state) Same  
Occupation of father Unemployed Race of father W  
Birthplace of father (State or foreign country) Greencastle, Ind.
- Full maiden name of mother Elsie Marie Overhise  
Residence of mother (if deceased so state) Same  
Occupation of mother Waitress Race of mother W  
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. Shoemaker  
New Address R.R. 2 Catesville

Subscribed and sworn to before me this 27 day of April, 1972  
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 Superior Court by written order issued April 27, 1972 and filed  
in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3 day Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court  
of Indiana dated the 27th day of April, 1972, 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. Jack Hambold, hereby certify that on the 29th day of April

at Greencastle, County of Putnam,  
one thousand nine hundred and 72, of Hendricks County, State of Indiana,

Groom Larry G. Stanton  
and, Bride Linda L. Shoemaker of Putnam County, State of Indiana,

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

Dated this 29th day of April, 1972  
Signed Rev. Jack Hambold  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of May, 1972  
Signed John Hambold, Jr. Clerk HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #116

File #33

April 28, 1972  
Date of Application

MALE

Medical Examination Report Dated 4-21-72

Name of Physician Glenn W. Baker

FEMALE

Medical Examination Report Dated 4-21-72

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 First Daniel Middle F Last Stayt  
Date of Birth Month October Day 8 Year 1950  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 215 East Ave City Plainfield Ind County Indian State Indiana  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) Other  
Usual Occupation Student  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input 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 Ronald Daniel Stayt  
Residence of father (if deceased so state) Same  
Occupation of father Sec. of the Ind. Committee of the Arts Race of father W  
Birthplace of father (State or foreign country) Indianapolis, Ind.  
12. Full maiden name of mother Wilma Frances Oldham  
Residence of mother (if deceased so state) Same  
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.  
County of \_\_\_\_\_

Signed X Daniel F. Stayt

New Address X 829 Hardin Blvd. Apt. B, Indpls.

Subscribed and sworn to before me this 28 day of April, 1972.  
John Campbell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

FEMALE APPLICANT

Name First Earlene Middle S Last Harris  
Date of Birth Month August Day 30 Year 1949  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 440 N. Winona #517 City Indpls County Marion State Ind  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation 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 Earl Richard Harris  
Residence of father (if deceased so state) Large Sheds  
Occupation of father Retired Race of father W  
Birthplace of father (State or foreign country) Middleton, Ill.  
8. Full maiden name of mother Jane Elmer Peterson  
Residence of mother (if deceased so state) Large Sheds  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Marion, Minnesota

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

Signed X Earlene S. Harris

New Address X 829 Hardin Blvd. Apt. B, Indpls.

Subscribed and sworn to before me this 28 day of April, 1972.  
John Campbell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

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

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, 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, C. David Hancock hereby certify that, on the 19 day of May,  
one thousand nine hundred and 72 at Plainfield County of Hendricks

State of Indiana, Groom Daniel F. Stayt of Hendricks County, State of Indiana  
and, Bride Earlene S. Harris of Marion County, State of Indiana

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

Dated this 4th day of May, 1972.

Signed C. David Hancock

Official Designation Pastor of the Methodist Church of Plainfield  
23 day of May, 1972

Signed John Campbell, 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 83 vol 33  
4-28-72  
Date of Application

MALE  
Medical Examination Report Dated 4-20-72  
Name of Physician James V. Cortese MD

FEMALE  
Medical Examination Report Dated 4-20-72  
Name of Physician James V. Cortese MD

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

MALE APPLICANT

Name First Middle Last  
Michael Ray Werts  
Date of Birth Month Day Year  
August 28 1951  
Place of Birth (State or foreign country)  
U.S. Naval Hosp. Great Lakes Ill.  
Residence Address Street or R. R. City County State  
R.R. 1 Box 608 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 med. Tech.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address

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

11. Full name of father Kenneth William Werts  
Residence of father (if deceased so state) same  
Occupation of father Systems Analyst of father W  
Birthplace of father (State or foreign country) Flat Rock Ind.  
12. Full maiden name of mother Darlene N. McIntyre  
Residence of mother (if deceased so state) same  
Occupation of mother Secretary Race of mother W  
Birthplace of mother (State or foreign country) Shelbyville Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Michael Ray Werts  
New Address  
Subscribed and sworn to before me this 28 day of April, 1972  
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 att ached Father  
Signed Mother  
Subscribed and sworn to before me this day of 1972  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Deborah Lynn Lauderdale  
Date of Birth Month Day Year  
July 8 1952  
Place of Birth (State or foreign country)  
Safayette Ind.  
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  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 Otis Sherman Lauderdale  
Residence of father (if deceased so state) Lafayette Ind.  
Occupation of father machinist Race of father W  
Birthplace of father (State or foreign country) Alabama  
8. Full maiden name of mother Mary Elizabeth Rhine  
Residence of mother (if deceased so state) same  
Occupation of mother house wife Race of mother W  
Birthplace of mother (State or foreign country) Deephil Indiana

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

Subscribed and sworn to before me this 28 day of April, 1972  
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  
Signed  
Subscribed and sworn to before me this day of 1972  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1972, authorizing the joining together as husband and wife of Michael Ray Werts and Deborah Lynn Lauderdale  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev O. S. Williams hereby certify that on the 6th day of May, one thousand nine hundred and 72, at Lafayette, County of Hendricks, State of Indiana, Groom Michael Ray Werts and, Bride Deborah Lynn Lauderdale of Hendricks County, State of Indiana, were by me united 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 May, 1972.  
Signed O. S. Williams  
Official Designation Minister, 1972  
Signed John Gauld 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 83 wife 33  
4-28-72  
Date of Application

MALE  
Medical Examination Report Dated 4-20-72  
Name of Physician James V. Cortice MD

FEMALE  
Medical Examination Report Dated 4-20-72  
Name of Physician James V. Cortice 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 First Michael Middle Ray Last Wertz  
Date of Birth August 28 1951  
Place of Birth (State or foreign country) U.S. Naval Inst. Great Lakes  
Residence Address R.R. 1 Box 608 Plainfield Ind. 46160  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation med. Tech.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address

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

11. Full name of father Kenneth William Wertz  
Residence of father (if deceased so state) same  
Occupation of father Systems Analyst of father W  
Birthplace of father (State or foreign country) Bluff Rock Ind.  
12. Full maiden name of mother Darlene M. McIntyre  
Residence of mother (if deceased so state) same  
Occupation of mother Secretary Race of mother W  
Birthplace of mother (State or foreign country) Shelbyville Ind.

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

Subscribed and sworn to before me this 28 day of April, 1972  
John Gumbard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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  
I, Kenneth W. Wertz & Darlene A. Wertz, hereby give our consent for our son, Michael R. Wertz, to marry Miss Deborah Lauderdale.

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

Subscribed and sworn to before me this 28 day of April, 1972  
John Gumbard Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Deborah Middle Lynn Last Lauderdale  
Date of Birth July 8 1952  
Place of Birth (State or foreign country) U.S. Naval Inst. Great Lakes  
Residence Address R.R. 1 Box 608 Plainfield Ind. 46160  
Previous 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)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 Otis Sherman Lauderdale  
Residence of father (if deceased so state) Lafayette Ind.  
Occupation of father machinist Race of father W  
Birthplace of father (State or foreign country) Alabama  
8. Full maiden name of mother Mary Elizabeth Rhine  
Residence of mother (if deceased so state) same  
Occupation of mother house wife Race of mother W  
Birthplace of mother (State or foreign country) Delphi Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given  
County of in this application is true and correct.  
Signed Deborah Lynn Lauderdale  
New Address

Subscribed and sworn to before me this 28 day of April, 1972  
John Gumbard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby 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  
I, Kenneth W. Wertz & Darlene A. Wertz, hereby give our consent for our son, Michael R. Wertz, to marry Miss Deborah Lauderdale.

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

Subscribed and sworn to before me this 28 day of April, 1972  
John Gumbard Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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. 118

File Bk # 33

4-28-72

Date of Application

MALE

Medical Examination Report Dated 4-24-72

Name of Physician David B. Haggard

FEMALE

Medical Examination Report Dated 4-24-72

Name of Physician David Haggard

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

MALE APPLICANT

Name First Middle Last  
Matthew E. Manship  
Date of Birth Month Day Year  
August 29 1952  
Place of Birth (State or foreign country)  
San Diego Calif.  
Residence Address Street or R. R. City County State  
R. # 2 Box 202 B. 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 Army  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

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

11. Full name of father Elzie Manship  
Residence of father (if deceased so state) Same  
Occupation of father Manager Race of father W  
Birthplace of father (State or foreign country) Park Hill Oklahoma  
12. Full maiden name of mother Frances Elsie Bunge  
Residence of mother (if deceased so state) Same  
Occupation of mother Program Race of mother W  
Birthplace of mother (State or foreign country) Arkansas

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

Signed X Matthew E. Manship

New Address X R. # 2 Box 202 B. Plainfield Ind.

Subscribed and sworn to before me this 28 day of April, 1972  
John Sambell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

Signed X Elzie Manship Father

Signed X Frances Elsie Bunge Mother

Subscribed and sworn to before me this 28 day of April, 1972  
John Sambell, 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 3rd day of May, 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Matthew E. Manship and Patricia M. Hooten

one thousand nine hundred and 72 hereby certify that on the 5 day of May, 1972, at Avon, Indiana, County of Hendricks, State of Indiana, Groom Matthew Manship of Hendricks County, State of Indiana, and, Bride Patricia Hooten of Hendricks County, State of Indiana, were by me united 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 May, 1972.

Signed Robert L. Norton  
Official Designation Minister  
12 day of May, 1972

Signed John Sambell, Jr. Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of May, 1972

Signed John Sambell, Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 119  
File Book 33  
Date of Application April 29, 1972

MALE  
Medical Examination Report Dated 4-24-72  
Name of Physician David B. Haggard

FEMALE  
Medical Examination Report Dated 4-24-72  
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 Phillip Middle A. Last Nysenwander  
Date of Birth Oct. 7 1951  
Place of Birth (State or foreign country) Methodist Hospital  
Residence Address R. # 4 Box 281 Mooresville, Ind.  
Previous 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) 10395

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Joseph H. Kalk Nysenwander  
Residence of father (if deceased so state) R. # 4 Box 281 Mooresville, Ind.  
Occupation of father Farmer Race of father  
Birthplace of father (State or foreign country) Morgan County  
12. Full maiden name of mother Katherine Johnson  
Residence of mother (if deceased so state) R. # 4 Box 281 Mooresville, Ind.  
Occupation of mother Housewife Race of mother  
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.

Signed Phillip D. Nysenwander

New Address 235 Kain St. Plainfield, Ind.

Subscribed and sworn to before me this 29th day of April, 1972  
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 Joseph H. Kalk Nysenwander Father

Signed Katherine Johnson Mother

Subscribed and sworn to before me this 29th day of April, 1972  
John Hambold Jr. Clerk

FEMALE APPLICANT

Name First Joyce Middle J. Last Bowman  
Date of Birth Oct. 14 1951  
Place of Birth (State or foreign country) Scott County  
Residence Address 235 Kain St. 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 Bookkeeper

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

☐ Other (Specify) 1941-1957 Page 135

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Conley Bowman  
Residence of father (if deceased so state) 922 Lenoir St. Louisville, Miss.  
Occupation of father Computer School Race of father  
Birthplace of father (State or foreign country) Kentucky

8. Full maiden name of mother Bertha May Catepp  
Residence of mother (if deceased so state) 922 Lenoir St. Louisville, Mo.  
Occupation of mother Housewife Race of mother  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Joyce J. Bowman

New Address 235 Kain St. Plainfield, Ind.

Subscribed and sworn to before me this 29th day of April, 1972  
John Hambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS \_\_\_\_\_ Circuit Court of Indiana, dated the \_\_\_\_\_ day of \_\_\_\_\_, 1972, authorizing the joining together as husband and wife of Phillip A. Nysenwander and Joyce J. Bowman.  
Be it further remembered, the following marriage certificate was filed in my office, to wit:  
I, C. David Hancock, hereby certify that on the 13th day of May, 1972, at Plainfield, HENDRICKS County, State of Indiana, Groom Phillip A. Nysenwander of HENDRICKS County, State of Indiana, and, Bride Joyce J. Bowman of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 8th day of May, 1972.

Signed C. David Hancock

Official Designation Pastor Plainfield U. Meth. Church

19th day of May, 1972

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. 120  
File Book 33  
April 29, 1912.  
Date of Application

MALE  
Medical Examination Report Dated 4-19-12  
Name of Physician John Ellett Jr.

FEMALE  
Medical Examination Report Dated 4-19-12  
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 Glenn Middle Chew Last Stewart  
Date of Birth Month May Day 30 Year 1923  
Place of Birth (State or foreign country) Marion County  
Residence Address Street or R. R. City County State  
30 Maxwell Rd. Indianapolis, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1969  
Marion Co.

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

☐ Other (Specify) Driver's License 303-20-01080

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

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

Signed Glenn Chew  
New Address 30 Maxwell Rd.

Subscribed and sworn to before me this 29th day of April, 1912  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Virginia Middle M. Last Stewart  
Date of Birth Month Sept. Day 13 Year 1929  
Place of Birth (State or foreign country) Delaware Ohio  
Residence Address Street or R. R. City County State  
Ind. Ind.  
Maiden Name if Different Virginia M. Froke  
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) 4289

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

7. Full name of father Thomas Paine Froke  
Residence of father (if deceased so state) Deceased

Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) London England

8. Full maiden name of mother Clifford Ludd  
Residence of mother (if deceased so state) Indianapolis, Ind.

Occupation of mother Retired Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Marion Co., Ind.

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

Signed Virginia M. Stewart  
New Address 30 Maxwell Rd.

Subscribed and sworn to before me this 29th day of April, 1912  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 3rd day of May, 1912, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1, Wallace Jaffe hereby certify that on the 5th day of May, one thousand nine hundred and 72 at Indianapolis, County of Marion, State of Indiana, Groom Glenn Chew of Marion County, State of Indiana, and, Bride Virginia M. Stewart of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of May, 1972

Signed Wallace Jaffe  
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1972

Signed John Gambold Jr. Clerk HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 121  
File Baule 33  
Date of Application 4-29-72

**MALE**Medical Examination Report Dated 4-17-72Name of Physician M O Scamahorn MD**FEMALE**Medical Examination Report Dated 4-17-72Name of Physician M O Scamahorn MD

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

**MALE APPLICANT**

Name Edgar W. Thomas  
Date of Birth April 24 1947  
Place of Birth (State or foreign country) Cassey Co. Ky.  
Residence Address 821 Lexington Hend Ind  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Self Indust. Coatings  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Self Serv 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 James Woodrow Thomas Sr.  
Residence of father (if deceased so state) same  
Occupation of father Am. Art Clay Race of father W  
Birthplace of father (State or foreign country) Cassey Co. Ky.  
12. Full maiden name of mother Julia May Emerson  
Residence of mother (if deceased so state) same  
Occupation of mother Frank + Mary's - Duke's Race of mother W  
Birthplace of mother (State or foreign country) Cassey Co. Ky.

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

Signed X Edgar W. ThomasNew Address Lexington Ind.

Subscribed and sworn to before me this 29 day of April, 1972  
John Gaudreault Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 9th day of May, 1972, authorizing the joining together as husband and wife

of Edgar W. Thomas and Sheila L. Alvin  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

1. Rev. Raymond L. Rader hereby certify that on the 13th day of May, 1972, at 1st Baptist Church Lexington, County of Hendricks

one thousand nine hundred and 72 of Hendricks County, State of Indiana

State of Indiana, Groom Edgar W. Thomas of Hendricks County, State of Indiana

and, Bride Sheila L. Alvin of Hendricks County, State of Indiana

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 May, 1972. Signed Rev. Raymond L. Rader  
Official Designation Pastor - 1st Baptist Church Lexington Ind.

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of May, 1972. Signed John Gaudreault Clerk  
HENDRICKS Circuit Court



Form 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 April 29, 1972  
Bk # 33  
Date of Application

MALE  
Medical Examination Report Dated 4-8-72  
Name of Physician Thomas Walker

FEMALE  
Medical Examination Report Dated 4-8-72  
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 Joe Middle Willard Last Johnson Jr  
Date of Birth January Month 1 Day 1951 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 6153 Linda Lane City Indianapolis County Marietta 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 Refinishing Cabinets  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to 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 Joe Willard Johnson Jr  
Residence of father (if deceased so state) Same  
Occupation of father Truck Driver Race of father W  
Birthplace of father (State or foreign country) Tennessee  
12. Full maiden name of mother Ernestine Faye Holt  
Residence of mother (if deceased so state) Same  
Occupation of mother Homemaker 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 Joe Willard Johnson Jr  
New Address 1217 S. Reiser

Subscribed and sworn to before me this 29th day of April, 1972  
John Amble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, 1972, authorizing the joining together as husband and wife

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

I, Ruane Landreth hereby certify that on the 5th day of May, one thousand nine hundred and 72 at Indianapolis, County of Marietta, State of Indiana, Groom Joe Willard Johnson Jr of Marietta County, State of Indiana and, Bride Kathy Ann Holland of Hendricks County, State of Indiana were by me united 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 May, 1972  
Signed Ruane Landreth  
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of May, 1972  
Signed John Amble Jr Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. # 123  
File Book 33  
Date of Application April 29, 1972

HENDRICKS County

MALE

Medical Examination Report Dated 4-19-72  
Name of Physician Edgar Kourany M.D.

FEMALE

Medical Examination Report Dated 4-19-72  
Name of Physician Edgar Kourany M.D.

ALL QUESTIONS 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 Ronald Middle Lee Last Blair  
Date of Birth Month 11 Day 11 Year 1942  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address R.R. #1 Box 82 B. Conby, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ April 1972  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Truck Driver  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Selective Service 12-51-42-286

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor 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 Alfred Roy Blair  
Residence of father (if deceased so state) Glenda  
Occupation of father Carpenter Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Indianapolis  
12. Full maiden name of mother Virginia Jean Branker  
Residence of mother (if deceased so state) Indianapolis  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
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 Ronald Lee Blair  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 29 day of April, 1972  
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 Velma Middle Lois Last Duncan  
Date of Birth Month 11 Day 11 Year 1950  
Place of Birth (State or foreign country) Mitchell, Ind.  
Residence Address 262 Aron Ave. Plainfield, Ind.  
Maiden Name if Different Velma Lois Sanders  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ April 1972  
Color or Race White ☐ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation \_\_\_\_\_  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) #50

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 James Sanders  
Residence of father (if deceased so state) P.O. #2 Orleans, Ind.  
Occupation of father Truck Driver Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Mitchell, Ind.

8. Full maiden name of mother Eddie Louise Starrett  
Residence of mother (if deceased so state) P.O. #2 Orleans, Ind.  
Occupation of mother M. J. Lines & Sons Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Mitchell, Ind.

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

Subscribed and sworn to before me this 29th day of April, 1972  
John Hambold Jr. Clerk HENDRICKS Circuit Court

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
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 5th day of May, 1972, authorizing the joining together as husband and wife  
of Ronald Lee Blair and Velma Lois Duncan  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, William L. Fisher, hereby certify that on the 8th day of May, 1972, at Indianapolis, County of Marion, State of Indiana, Groom Ronald Lee Blair of Hendricks County, State of Indiana, and, Bride Velma Lois Duncan of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County.  
Dated this 8th day of May, 1972.  
Signed William L. Fisher  
Official Designation Justice of the Peace, 1972  
Signed John Hambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1972.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 124  
File Book 33  
29 April 1972  
Date of Application

MALE

Medical Examination Report Dated 25 April 1972  
Name of Physician Wm B. Kriel, MD.

FEMALE

Medical Examination Report Dated 25 April 1972  
Name of Physician Wm B. Kriel, MD.

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

MALE APPLICANT

Name First Marvin W. Middle Berry Last  
Date of Birth Month December 5 Year 1925  
Place of Birth (State or foreign country) Parke Co. Ind.  
Residence Address 1035 1st St. Bx 156 Drift, 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 Retired logger

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

☐ Other (Specify) Car lic 366-28-7709-10

- 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one 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 Paxton Berry  
Residence of father (if deceased so state): Deceased  
Occupation of father: Race of father: White  
Birthplace of father (State or foreign country): Rockville, Ind.  
12. Full maiden name of mother: Cora Mary Snow  
Residence of mother (if deceased so state): Deceased  
Occupation of mother: Race of mother: White  
Birthplace of mother (State or foreign country): Parke Co., Ind.

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

Signed Marvin W. Berry

New Address: Truster T.C. Rockville, Ind.

Subscribed and sworn to before me this 29th day of April, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Roswitha Middle Thomas Last  
Date of Birth Month August 3 Year 1945  
Place of Birth (State or foreign country) Augsburg, Germany  
Residence Address 1035 1st St. Bx 156 Drift, Hend, Ind.  
Maiden Name if different: Roswitha Cukernik

Previous 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 Ad. Drift, Hend, Ind.

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

☐ Other (Specify) 227

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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: Johannes Kurt Cukernik  
Residence of father (if deceased so state):  
Occupation of father: Government emp. Race of father: White  
Birthplace of father (State or foreign country): Augsburg, German

8. Full maiden name of mother: Franciske Diplinger  
Residence of mother (if deceased so state):  
Occupation of mother: H/W. Race of mother: White  
Birthplace of mother (State or foreign country): Augsburg, Germany

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

Signed Roswitha Thomas

New Address: Same

Subscribed and sworn to before me this 29th day of April, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 2nd day of May, 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Leon K. Weatherman, hereby certify that on the 4th day of May, 1972, at Brencastle R.R., County of Putnam, State of Indiana, Groom Marvin W. Berry, of Hendricks County, State of Indiana, and, Bride Roswitha Thomas, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 4th day of May, 1972  
Signed Leon K. Weatherman  
Official Designation Christian Minister  
Signed John Samford Jr. Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of May, 1972



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 125  
File Book 33  
5-1-72  
Date of Application

## MALE

Medical Examination Report Dated 4-27-72

Name of Physician J. Thomas Uiera MD

## FEMALE

Medical Examination Report Dated 4-27-72

Name of Physician J. Thomas Uiera

ALL QUESTIONS 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 Luther Middle Michael Last Neelley  
Date of Birth Month September Day 7 Year 1950  
Place of Birth (State or foreign country) Indiana  
Residence Address Box 167 Street or R. R. Judges City Clayton 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 Equipment Installer

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

☒ Other (Specify) Active Service - 12-30-50-302

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 C. Neelley  
Residence of father (if deceased so state) same  
Occupation of father Truck Driver Race of father W  
Birthplace of father (State or foreign country) Plainfield Ind  
12. Full maiden name of mother Sally Maxine Johnston  
Residence of mother (if deceased so state) same  
Occupation of mother Postal Clerk Race of mother W  
Birthplace of mother (State or foreign country) Dayton Ohio

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

County of \_\_\_\_\_  
Signed X Luther Michael Neelley  
New Address 59 Elm Dr Plainfield

Subscribed and sworn to before me this 1st day of May, 1972  
John Gaubold Jr Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 5th day of May, 1972, authorizing the joining together as husband and wife of Luther Michael Neelley and Laura Lynn Jones

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Sharon R. Ramsey Jr hereby certify that on the 6th day of May, \_\_\_\_\_ County of Hendricks, State of Indiana

one thousand nine hundred and \_\_\_\_\_ at Clayton County, State of Indiana

State of Indiana, Groom Luther Michael Neelley of Hendricks County, State of Indiana

and, Bride Laura Lynn Jones of Hendricks County, State of Indiana

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

Dated this 6th day of May, 1972. Signed Sharon R. Ramsey Jr  
Official Designation Presbyterian Minister, 1972  
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of May, 1972  
Signed John Gaubold Jr HENDRICKS Circuit Court

FRONT



Form 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 33  
Date of Application 2 May 1971

MALE  
Medical Examination Report Dated Apr 28 1972  
Name of Physician Richard M. Peter

FEMALE  
Medical Examination Report Dated 26 April 1971  
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 Chester D. Ginn  
Date of Birth July 28 1952  
Place of Birth Seymour Ind.  
Residence Address R.R. 2 Box 331 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 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
(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: Virgil Eugene Ginn  
Residence of father (if deceased so state): Same  
Occupation of father: Bell Telephone Race of father: W  
Birthplace of father (State or foreign country): Newton Co. Indiana  
12. Full maiden name of mother: Doris Ellen Mowery  
Residence of mother (if deceased so state): Same  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Green Co. Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: Signed: Chester D. Ginn  
New Address: 913 Calhoun St. Biloxi Miss

Subscribed and sworn to before me this 12 day of May, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:  
County of: Signed: Virgil Eugene Ginn Father  
Signed: Doris Ellen Ginn Mother  
Subscribed and sworn to before me this 12 day of May, 1972  
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 12th day of May, 1972, authorizing the joining together as husband and wife of Chester D. Ginn and Linda J. Newby.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Robert L. Norton hereby certify that on the 12 day of May, 1972, at Avon, Indiana, County of Hendricks, State of Indiana, Groom: Chester D. Ginn and, Bride: Linda J. Newby, of Hendricks County, State of Indiana, were by me united 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 May, 1972.

Signed: Robert L. Norton  
Official Designation: Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 15 day of May, 1972.  
Signed: John Gambold Jr. Clerk HENDRICKS Circuit Court

FEMALE APPLICANT  
Name Linda J. Newby  
Date of Birth December 31 1951  
Place of Birth R2 Box 16 Plainfield Ind.  
Residence Address R2 Box 16 Plainfield Ind.  
Maiden Name if different: Linda J. Newby  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Babysitter  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-51-098320

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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: Glenn Earl Newby  
Residence of father (if deceased so state): Same  
Occupation of father: Appliance Repair Race of father: white  
Birthplace of father (State or foreign country): New Co. Ind.  
8. Full maiden name of mother: Evelyn Marie Mass  
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. Co. Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: Signed: Linda J. Newby  
New Address: Same  
Subscribed and sworn to before me this 2nd day of May, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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. 127  
File Book 33  
Date of Application May 5 1972

MALE  
Medical Examination Report Dated 4-29-72  
Name of Physician Thomas M. Walker

FEMALE  
Medical Examination Report Dated 4-29-72  
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, representa-

MALE APPLICANT  
Name John First Purvis Middle David Last  
Date of Birth March 30, 1944 Month March Day 30 Year 1944  
Place of Birth (State or foreign country) Indiana  
Residence Address 809 South Casey Urbana City Urbana County Dec. State Ill.

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

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

Usual Occupation Minister

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

☒ Other (Specify) S.S. Card # 12-208-44-160

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one 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 Jacker Tellis Purvis  
Residence of father (if deceased so state) 6126 E. 245th, Indianapolis  
Occupation of father Carpenter Race of father W  
Birthplace of father (State or foreign country) Greenwood, Indiana

12. Full maiden name of mother Mary Hanna Joyce  
Residence of mother (if deceased so state) Bane  
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 John D. Purvis  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 5th day of May, 1972  
John Zambella, Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, that \_\_\_\_\_ was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court

of Indiana, dated the 9th day of May, 1972, 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. Summers, hereby certify that on the 20 day of May, 1972, at Brownsville, County of Hendricks, State of Indiana, Groom John David Purvis, of Hendricks County, State of Indiana, and, Bride Ruth Lynn 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 20 day of May, 1972. Signed Robert L. Summers  
Official Designation Baptist Clergyman, 1972  
Signed John Zambella, 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 Ruth First Lynn Middle Summers Last  
Date of Birth April 13, 1946 Month April Day 13 Year 1946  
Place of Birth (State or foreign country) Indiana  
Residence Address 99 Jennifer Lane Brownsburg, Ind. City Brownsburg 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 Secretary

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

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Robert Leslie Summers  
Residence of father (if deceased so state) 99  
Occupation of father Minister Race of father W  
Birthplace of father (State or foreign country) New York (Newark)

8. Full maiden name of mother Orpha Mingo  
Residence of mother (if deceased so state) \_\_\_\_\_  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Kansas (Topeka)

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

Subscribed and sworn to before me this 5th day of May, 1972  
John Zambella, Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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. 127  
File Book 33  
Date of Application May 5 1972

MALE  
Medical Examination Report Dated 4-29-72  
Name of Physician Thomas M. Walker

FEMALE  
Medical Examination Report Dated 4-29-72  
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, representa-

MALE APPLICANT  
Name John First Purvis Middle David Last  
Date of Birth March 30, 1944 Month March Day 30 Year 1944  
Place of Birth (State or foreign country) Ill.  
Residence Address 809 South Basey Urbana City Urbana County Ill. State Ill.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) S.S. Card # 12-208-44-160

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one 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 Jasper Tellis Purvis  
Residence of father (if deceased so state) 6126 E. 245th Indianapolis  
Occupation of father Carpenter Race of father W

FEMALE APPLICANT  
Name Ruth First Summer Middle Lynn Last  
Date of Birth April 13, 1946 Month April Day 13 Year 1946  
Place of Birth (State or foreign country) Ill.  
Residence Address 99 Jennifer Lane Brownsburg City Brownsburg County Ind. State Ind.  
Maiden Name if different Robert Leslie Summer

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

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

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

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father Robert Leslie Summer  
Residence of father (if deceased so state) 99  
Occupation of father Minister Race of father W  
Birthplace of father (State or foreign country) New York (Hornick)

8. Full maiden name of mother Orpha Minger  
Residence of mother (if deceased so state) 99  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Kansas (Brookside)

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

Lynn Summer  
day of May, 1972  
Clerk HENDRICKS Circuit Court

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

Father  
Mother  
day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

used to the above named parties, the parties.

HENDRICKS Circuit Court  
joining together as husband and wife  
day of May, 1972  
County of Hendricks  
County, State of Indiana  
County, State of Indiana  
Court of HENDRICKS

Lynn Summer  
day of May, 1972  
Clerk

Signed John Purvis HENDRICKS Circuit Court

We, the parents of Victor Marion Reffett (age 19) do hereby give our consent for him to marry Rita Esther Reed (age 20).

Signed by:

FILED Father Warren Reffett

MAY - 5 1972

Signed before me this 27th day of April, 1972  
Mother Doris Reffett

Signed before me this 27th day of April, 1972

Warren L. Anderson

My Commission Expires 10/3/73



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 128

File Book 33

May 5 1972

Date of Application

MALE  
Medical Examination Report Dated 5-5-72

Name of Physician Maurice V. Kohler

FEMALE  
Medical Examination Report Dated 4-24-72

Name of Physician Mark H. J. Koenig 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 Victor Middle Marion Last Reffett  
Date of Birth Month September Day 1 Year 1952

Place of Birth (State or foreign country) Delano

Residence Address Street or R. R. 804 S. Taft City Kennesaw County Georgia State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Armed Services

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

☐ Other (Specify).....

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: Warren Leon Reffett

Residence of father (if deceased so state): Same

Occupation of father: Fueling Station Race of father: W

Birthplace of father (State or foreign country): Indiana

12. Full maiden name of mother: Doris Imogene Hysengrove

Residence of mother (if deceased so state): Same

Occupation of mother: Nursing Home Attendant Race of mother: W

Birthplace of mother (State or foreign country): Missouri

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

County of HENDRICKS

Signed: X Victor Marion Reffett

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

Subscribed and sworn to before me this 5 day of May, 1972

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: attached

County of HENDRICKS

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

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

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

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

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

HENDRICKS County Superior Court by written order issued May 5 1972 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 5 day of May, 1972, authorizing the joining together as husband and wife

Victor Marion Reffett and Rita Esther Reed

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

I, Reginald B. Mullins hereby certify that on the 7th day of May

one thousand nine hundred and 72 at Indianapolis, County of Marion

State of Indiana, Groom Victor Marion Reffett of Marion County, State of Indiana

and, Bride Rita Esther 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 7th day of May, 1972

Signed Reginald B. Mullins

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of May, 1972

Signed John Gauld Jr. Clerk

HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

513

HENDRICKS County

No. 129  
File Book 33  
May 5 1972  
Date of Application

MALE

Medical Examination Report Dated 5-2-72

Name of Physician Euclid T. Gaddy MD

FEMALE

Medical Examination Report Dated 5-2-72

Name of Physician Euclid T. Gaddy 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 First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Correctional Officer  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

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

Name Age Address

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

11. Full name of father Jewel C. Cunningham  
Residence of father (if deceased so state) Turggo Co Ky  
Occupation of father Retired Race of father W  
Birthplace of father (State or foreign country) Turggo Co Ky  
12. Full maiden name of mother Mary Washington Gentry  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Turggo Co Ky

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

Signed x Adrian E. Cunningham

New Address 125 Welcome Way Dr

Subscribed and sworn to before me this 5 day of May, 1972.  
John Gaudelot Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

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

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

FEMALE APPLICANT

Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Maiden Name if Different  
Previous Marital Status: Never Married ☐ Divorced ☐ Annulment ☐ Number of Previous Marriages 3  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Nurse Aid  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's License

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

7. Full name of father Woody R. Miller  
Residence of father (if deceased so state) deceased  
Occupation of father millwright Race of father W  
Birthplace of father (State or foreign country) Harrison Tenn.  
8. Full maiden name of mother Emma May Jones  
Residence of mother (if deceased so state) 2nd Masonic Home  
Occupation of mother \_\_\_\_\_ Race of mother W  
Birthplace of mother (State or foreign country) Birmingham Ala.

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

Signed x Imo Gene Woodward

New Address same

Subscribed and sworn to before me this 5 day of May, 1972.  
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 \_\_\_\_\_ 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 9th day of May, 1972, authorizing the joining together as husband and wife

of \_\_\_\_\_ and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Marvin L. Hayhurst, hereby certify that on the 12th day of May, 1972, at 125 Welcome Way Dr, County of Hendricks, State of Indiana, Groom \_\_\_\_\_ and, Bride \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County.

Dated this 9th day of May, 1972. Signed \_\_\_\_\_ Minister

Official Designation \_\_\_\_\_ Clerk

Signed \_\_\_\_\_ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 15th day of May, 1972.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 130  
File Book 33  
Date of Application May 5, 1972

MALE  
Medical Examination Report Dated 4/28/72  
Name of Physician A. M. Scudder

FEMALE  
Medical Examination Report Dated 4-28-72  
Name of Physician A. M. 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 C. Sharkey  
Date of Birth June 19, 1945  
Place of Birth (State or foreign country) Beech Grove, Ind.  
Residence Address Box 85, Brownsburg, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ 1972 Marion Co.  
Color or Race White ☐ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Electrician  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Electrician Service 12-226-45-894

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one 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>Dawn Marie</u>	<u>4</u>	<u>Box 54 Clayton</u>
<u>Doni Ann</u>	<u>3</u>	<u>" " "</u>
<u>Jeana Michelle</u>	<u>1</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 Clyde Francis Sharkey  
Residence of father (if deceased so state) Greenwood, Ind.  
Occupation of father Elect. Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Indianapolis

12. Full maiden name of mother Jean (Mrs.) Sharkey  
Residence of mother (if deceased so state) Beech Grove, Ind.  
Occupation of mother Ec. Race of mother \_\_\_\_\_  
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 John C. Sharkey  
New Address 209 1/2 East Main Brownsburg  
Subscribed and sworn to before me this 5 day of May, 19 72  
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 Margaret Newby  
Date of Birth Aug 7, 1946  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 209 1/2 East Main St. 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 Sec.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 6311

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Lee Newby  
Residence of father (if deceased so state) Lewis Lakes Estates Brownsburg  
Occupation of father Self Employed Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) North Dakota
- Full maiden name of mother Mildred Lee Leacock  
Residence of mother (if deceased so state) Lewis Lakes Estates Brownsburg  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Franklin, Ind.

State of Indiana, \_\_\_\_\_ } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Margaret Newby  
New Address 209 1/2 East Main, Brownsburg  
Subscribed and sworn to before me this 5th day of May, 19 72  
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, \_\_\_\_\_ } 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 9th day of May, 19 72, authorizing the joining together as husband and wife of John C. Sharkey and Margaret Newby.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, S. Howard Davidson, hereby certify that on the 23 day of May, 19 72, at Brownsburg, County of Hendricks, State of Indiana, Groom John C. Sharkey of Hendricks County, State of Indiana and, Bride Margaret Newby of Hendricks County, State of Indiana were by me united 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 May, 19 72.  
Signed S. Howard Davidson  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 23 day of May, 19 72.  
Signed John Hambold Jr. Clerk HENDRICKS Circuit Court



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 131

File Book 33

May 5, 1972  
Date of Application

MALE

Medical Examination Report Dated 5/1/72

Name of Physician Eric D. Clark

FEMALE

Medical Examination Report Dated 5-1-72

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 Larry Middle K. Last Roberts  
Date of Birth Month July Day 6 Year 1944  
Place of Birth (State or foreign country) Greencastle, Ind.  
Residence Address Street or R. R. 3136 Elizabeth St. City Clermont County Ind. State Ind.  
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 Operating Eng.

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

☐ Other (Specify) 44-638860

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one 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>Larry Roberts</u>	<u>7</u>	<u>Clermont</u>
<u>Light Roberts</u>	<u>5</u>	<u>Clermont</u>
<u>Robert Roberts</u>	<u>4</u>	<u>Clermont</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 Russell Ova Roberts  
Residence of father (if deceased so state) deceased  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Illinois

12. Full maiden name of mother Margaret West  
Residence of mother (if deceased so state) unknown  
Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Indiana

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

County of \_\_\_\_\_ Signed Larry K Roberts  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 5th day of May, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 5th day of May, 1972, authorizing the joining together as husband and wife of Larry K Roberts and Patricia Ann Waughtel  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, James Allen Williams, hereby certify that on the 12th day of May, 1972, at Brownsville, County of Hendricks, State of Indiana, one thousand nine hundred and 72, of Marion County, State of Indiana, and, Bride Patricia Ann Waughtel of Hendricks County, State of Indiana, 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 May, 1972  
Signed James Allen Williams  
Official Designation Justice of the Peace, 1972  
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\_\_\_\_

## FEMALE APPLICANT

Name First Patricia Middle Ann Last Waughtel  
Date of Birth Month May Day 27 Year 1940  
Place of Birth (State or foreign country) Crawfordsville, Ind.  
Residence Address Street or R. R. 225 N. Center City Plainfield County Ind. State Ind.  
Maiden Name if Different Patricia Ann Lynch  
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 P.B.X.

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

☐ Other (Specify) 113-40-024640

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

7. Full name of father Hubert J. Lynch  
Residence of father (if deceased so state) Plainfield, Ind.  
Occupation of father Retired Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Crawfordsville, Ind.

8. Full maiden name of mother Mary J. Weliver  
Residence of mother (if deceased so state) 225 N. Center, Plainfield  
Occupation of mother Nurse Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Crawfordsville

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

County of \_\_\_\_\_ Signed Patricia Ann Waughtel  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 5th day of May, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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. 132

File Book 33

May 7, 1972  
Date of Application

MALE  
Medical Examination Report Dated 5/6/72  
Name of Physician A. M. Scudder M.D.

FEMALE  
Medical Examination Report Dated 5/6/72  
Name of Physician A. M. Scudder

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

### MALE APPLICANT

Name First David Middle A. Last Monico  
Date of Birth Month 9 Day 5 Year 1949  
Place of Birth (State or foreign country) Cleveland, Ohio  
Residence Address Street or R. R. City County State  
216 Buena Vista Drive Akron Ohio  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Accountant  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Selective Service 33-67-47-1220  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
(b) Are you supporting or contributing to their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
(c) Are you complying with any court order or orders issued for their support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Full name of father Ralph Peter Monico		
Residence of father (if deceased so state) Deceased		
Occupation of father		
Birthplace of father (State or foreign country) Cleveland Ohio		
12. Full maiden name of mother Mary Pasquale Concubello		
Residence of mother (if deceased so state) 216 Buena Vista Drive		
Occupation of mother Bank Teller		
Birthplace of mother (State or foreign country) Cleveland Ohio		

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed David Alexander Monico  
New Address Apt. 28 Shoreline Willoughby Ohio  
Subscribed and sworn to before me this 7th day of May, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Rose Middle Anna Last Storm  
Date of Birth Month 2 Day 8 Year 1951  
Place of Birth (State or foreign country) Lebanon Ind.  
Residence Address Street or R. R. City County State  
R.R. #1 Box 109, Ligon Kentucky 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) William 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 afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the 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 Joseph Storm

Residence of father (if deceased so state) R.R. #1 Box 109, Ligon Ind.  
Occupation of father Coal Team Supervisor  
Birthplace of father (State or foreign country) Indianapolis Ind.  
8. Full maiden name of mother Concubello  
Residence of mother (if deceased so state) R.R. #1 Box 109, Ligon Ind.  
Occupation of mother Ann Lep.  
Birthplace of mother (State or foreign country) Naples, Italy

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

Signed Rose Anna Storm  
New Address Apt. 28 Shoreline Willoughby Ohio  
Subscribed and sworn to before me this 7th day of May, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 12th day of May, 1972, authorizing the joining together as husband and wife of David A. Monico and Rose Anna Storm.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Charles Hall, hereby certify that on the 17th day of June, one thousand nine hundred and 72, at Brownsburg, Indiana, County of Hendricks, State of Indiana, Groom David A. Monico of Brownsburg, Indiana, County of Hendricks, State of Indiana, and, Bride Rose Anna Storm of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 12th day of May, 1972.

Signed Rev. Charles Hall  
Official Designation Catholic Priest  
21 day of June, 1972  
Signed John Gambold Jr. Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 133  
File Book 33  
May 8, 1972  
Date of Application

MALE  
Medical Examination Report Dated 5-3-72  
Name of Physician David Hadley

FEMALE  
Medical Examination Report Dated 5-3-72  
Name of Physician David Hadley

ALL QUESTIONS 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 2

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)

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

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 Venus

Residence of father (if deceased so state) 306 N. East St. Lebanon, Ind.

Occupation of father maintenance man Race of father W

Birthplace of father (State or foreign country) Indiana Boone Co.

12. Full maiden name of mother Della Pearl Robinson

Residence of mother (if deceased so state) 306 N. East St. Lebanon, Ind.

Occupation of mother Housewife Race of mother W

Birthplace of mother (State or foreign country) Indiana Boone Co.

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

County of HENDRICKS

Signed Danny Venus

New Address Brownburg, Ind.

Subscribed and sworn to before me this 8 day of May, 1972

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 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 Harry Clayton Hall

Residence of father (if deceased so state) P.O. Box 59 - Clayton, Ind.

Occupation of father Assembly work Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Maryori Maxine Page

Residence of mother (if deceased so state) 2884 Halliburton Dr. Indianapolis, Ind.

Occupation of mother Nurses Aid 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 Marcia A. Hall

New Address Brownburg, Ind.

Subscribed and sworn to before me this 8 day of May, 1972

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 May, 1972, authorizing the joining together as husband and wife

and of Danny J. Venus and Marcia A. Hall

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

1, Ronald C. Labbard hereby certify that on the 13 day of May

at Clayton, County of Hendricks

one thousand nine hundred and 72, County, State of Indiana

State of Indiana, Groom Danny J. Venus of Hendricks County, State of Indiana

and, Bride Marcia A. Hall of Hendricks County, State of Indiana

were by me united 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 May, 1972.

Signed Ronald C. Labbard

Official Designation Ordained Minister, 1972

Signed John D. Labbard Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of May, 1972



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 134  
File Book 33  
8 May 1972  
Date of Application

MALE  
Medical Examination Report Dated 24 April 1972  
Name of Physician Mark N. Folkenring

FEMALE  
Medical Examination Report Dated 24 April 1972  
Name of Physician Mark N. Folkenring

ALL QUESTIONS 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 Kenneth H. white  
Date of Birth May 15 1921  
Place of Birth Logan, Ind.  
Residence 537 1/2 Dugas Ave, Indianapolis, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  
Color or Race White  
Usual Occupation order: Geo. Rae.  
Date of birth verified by: Birth Cert. Judicial Decree

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

(a) List their full names, ages and addresses  
Name Age Address  
Robin Dale 14 R25x45 Ind.  
Allen Sand

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

11. Full name of father Harrison white  
Residence of father (if deceased so state) Deceased  
Occupation of father  
Birthplace of father (State or foreign country) Logan, Ind.  
12. Full maiden name of mother Oma R. Petersen  
Residence of mother (if deceased so state) H/w. R. Petersen  
Occupation of mother  
Birthplace of mother (State or foreign country) Logan, Ind.

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

Signed Kenneth H. white  
New Address R2 8x45 Ind. (Shrum)  
Subscribed and sworn to before me this 8th day of May, 1972  
Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:  
County of

Signed Father  
Signed Mother

Subscribed and sworn to before me this day of 1972  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1972, 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. L. Burbrink hereby certify that on the 12 day of May, 1972, at 446 Stuart Ave, County of Hendricks, State of Indiana, Groom Kenneth H. white and, Bride Lois M. white of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of May, 1972

Signed Rev. Bill L. Burbrink  
Official Designation Minister - Country Lane Bapt. Church

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of May, 1972

Signed John Hendricks Jr. Clerk  
HENDRICKS Circuit Court

FEMALE APPLICANT  
Name Doris M. white  
Date of Birth June 28 1923  
Place of Birth Princeton, Ind.  
Residence 132 Bx45 Ind. Hwy. Ind.  
Maiden Name if Different Doris Marie Clark  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death  
Color or Race White  
Usual Occupation Bookkeeper Secy State Ind.  
Date of birth verified by: Birth Cert. Judicial Decree  
Other (Specify) BK5 782  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No Yes  
Of Unsound Mind? No Yes  
2. Are you under guardianship as a person of unsound mind? No Yes  
3. Are you afflicted with a transmissible disease? No Yes  
4. Are you related to the groom closer than second cousin? No Yes  
5. Are you now under the 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 Edward Clark  
Residence of father (if deceased so state) Deceased  
Occupation of father  
Birthplace of father (State or foreign country) Danville, Ill.  
8. Full maiden name of mother Bertha Catherine Clark  
Residence of mother (if deceased so state) Deceased  
Occupation of mother  
Birthplace of mother (State or foreign country) Champaign, Ill.

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

Signed Doris M. white  
New Address same  
Subscribed and sworn to before me this 8th day of May, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1972  
Clerk



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 135

File Book 33

May 9 1972  
Date of Application**MALE**

Medical Examination Report Dated May 5 1972

Name of Physician Irving Cohen

**FEMALE**

Medical Examination Report Dated May 5 1972

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 First Robert Middle Stuart Last Coulter  
Date of Birth Month January Day 20 Year 1950  
Place of Birth (State or foreign country) Indiana  
Residence Address 427 Avon Ave Street or R. R. Plainfield City Ind. County Ind. State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_Usual Occupation Electronic DesignerDate of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) FD Card 28 Sep 12 30 50 26

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Franklin McCray Coulter  
Residence of father (if deceased so state) same deceased  
Occupation of father Mech Eng Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Janet Irene Miller  
Residence of mother (if deceased so state) 427 Avon  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Salem Ind.

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

Signed Robert Stuart CoulterNew Address 444 Pickett PlainfieldSubscribed and sworn to before me this 9 day of May, 1972  
John Gaudelot Jr Clerk HENDRICKS Circuit Court**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

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

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

Clerk

**FEMALE APPLICANT**

Name First Nancy Middle Lee Last Goodman  
Date of Birth Month February Day 17 Year 1950  
Place of Birth (State or foreign country) Putnam Co.  
Residence Address 631 Raymond St Street or R. R. Greencastle City Ind. County Ind. State Ind.  
Maiden Name if Different Raymond St Plainfield Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages 0Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_Usual Occupation StudentDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Floyd Warren Goodman  
Residence of father (if deceased so state) same  
Occupation of father Ind Bell Tech Race of father W  
Birthplace of father (State or foreign country) Greencastle Ind  
8. Full maiden name of mother Dorothy May Thomas  
Residence of mother (if deceased so state) same  
Occupation of mother Teacher Race of mother W  
Birthplace of mother (State or foreign country) Bridgeton Ind

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

Signed Nancy Lee GoodmanNew Address 444 Pickett PlainfieldSubscribed and sworn to before me this 9 day of May, 1972  
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 \_\_\_\_\_ 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 15 day of May, 1972, authorizing the joining together as husband and wife

of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, and \_\_\_\_\_ Nancy Lee Goodman  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren Robbins, hereby certify that on the twentieth day of May, 1972, at Plainfield, County of Hendricks, State of Indiana, Groom Robert Stuart Coulter of Hendricks County, State of Indiana, and, Bride Nancy Lee Goodman of Hendricks County, State of Indiana.

one thousand nine hundred and seventy-two were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County.

Dated this twentieth day of May, 1972 Signed Warren A Robbins

Official Designation Christian Minister \_\_\_\_\_, 1972  
24 day of May

Signed John Gaudelot 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. 136

File Book 33

May 9, 1972  
Date of Application

MALE

Medical Examination Report Dated 5-8-72

Name of Physician George O. Avery M.D.

FEMALE

Medical Examination Report Dated 5-8-72

Name of Physician George O. Avery M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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  
Curtis O. Rogers  
Date of Birth Month Day Year  
Nov. 19, 1949  
Place of Birth (State or foreign country)  
347 S. Edgemoor, Indianapolis, Ind.  
Residence Address Street or R. R. City County State  
La Jollette, Tenn.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Assembly work - Bryant Mfg. Co.

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

☐ Other (Specify).....

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

Name Age Address

- 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: Huston Rogers  
Residence of father (if deceased so state).....  
Occupation of father..... Race of father: W  
Birthplace of father (State or foreign country): Campbell Co. Tenn.  
12. Full maiden name of mother: Hilda Russell  
Residence of mother (if deceased so state): 347 S. Edgemoor, Ind.  
Occupation of mother: Sales Clerk Race of mother: W  
Birthplace of mother (State or foreign country): Covert, Pa.

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

Signed X Curtis O. Rogers

New Address: 1020 Harrison - Indianapolis, Ind.

Subscribed and sworn to before me this 9 day of May, 1972  
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:

Signed..... Father

Signed..... Mother

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

..... Clerk

FEMALE APPLICANT

Name First Middle Last  
Marcia A. Cox  
Date of Birth Month Day Year  
Aug. 21, 1953  
Place of Birth (State or foreign country)  
P.O. Box 187, Castersburg, Herd, Ind.  
Residence Address Street or R. R. City County State  
Greencastle, Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Nurse's Aid

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

☐ Other (Specify).....

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

7. Full name of father: Wayne D. Cox  
Residence of father (if deceased so state): Batesville, Ind.  
Occupation of father: Factory Worker Race of father: W  
Birthplace of father (State or foreign country): Putnam Co. Ind.  
8. Full maiden name of mother: Evelyn May Hurst  
Residence of mother (if deceased so state): Batesville, Ind.  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Putnam Co. Ind.

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

Signed X Marcia A. Cox

New Address: 1020 Harrison - Indianapolis, Ind.

Subscribed and sworn to before me this 9 day of May, 1972  
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:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day 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 May 9, 1972 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3 da Ward

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of May, 1972, 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 12th day of May, 1972, at Indianapolis, County of Marion, State of Indiana, Groom: Curtis O. Rogers of Campbell County, State of Tennessee and, Bride: Marcia A. Cox of Putnam County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 12 day of May, 1972.

Signed James W. Bauer

Official Designation Justice of the Peace

Signed John Sanford Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of May, 1972.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 137

File Book 33

5-6-72

Date of Application

MALE  
Medical Examination Report Dated 5-1-72  
Name of Physician David M. Hadley

FEMALE  
Medical Examination Report Dated 5-1-72  
Name of Physician David M. Hadley

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

MALE APPLICANT

Name First Stanley Middle M. Last Willis  
Date of Birth Month Oct Day 24 Year 1953  
Place of Birth (State or foreign country) Danville Illinois  
Residence Address Street or R. R. 1620 Hawthorne City Plainfield State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Stock Clerk  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
Clarence M. Willis		

(b) Are you supporting or contributing to their 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 M. Willis  
Residence of father (if deceased so state): Same  
Occupation of father: Road Driver Race of father: W  
Birthplace of father (State or foreign country): Danville Ind.  
12. Full maiden name of mother: ~~Marie Willis~~  
Residence of mother (if deceased so state): Same  
Occupation of mother: Cashier - Hoke Race of mother: W  
Birthplace of mother (State or foreign country): Danville Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: HENDRICKS  
Signed: Stanley M. Willis  
New Address: Apt 3, Duffy St. Plainfield  
Subscribed and sworn to before me this 6 day of May, 1972.  
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: Clarence M. Willis Father  
Signed: Marie Willis Mother  
Subscribed and sworn to before me this 6 day of May, 1972.  
John Gansbold Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued in 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 12 day of May, 1972, authorizing the joining together as husband and wife of Stanley M. Willis and Ginnie J. White.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robb, hereby certify that on the 20th day of May, 1972, at Plainfield, County of Hendricks, State of Indiana, Groom Stanley M. Willis and, Bride Ginnie J. White of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 20th day of May, 1972.  
Signed: Warren A. Robb  
Official Designation: Christian Minister  
24th day of May, 1972  
Signed: John Gansbold 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. 139

File Book 33

May 10, 1972  
Date of Application

MALE

Medical Examination Report Dated 4-19-72

Name of Physician James M. Black MD

FEMALE

Medical Examination Report Dated 4-19-72

Name of Physician James M. Black MD

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

MALE APPLICANT

Name First Johnny Middle His Last Bolton  
Date of Birth Month August Day 26 Year 1952  
Place of Birth (State or foreign country) Charleston  
Residence Address Street or R. R. 2890 D Cooley St. City Portage 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 Steel Worker  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) D Card 12 65 52 506

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 B. H. Bolton  
Residence of father (if deceased) Same  
Occupation of father St. Worker  
Birthplace of father (State or foreign country) Foreign country  
12. Full maiden name of mother Bessie Ramsey  
Residence of mother (if deceased) Same  
Occupation of mother H. Worker  
Birthplace of mother (State or foreign country) Foreign country  
State of Indiana, HENDRICK  
County of

Signed  
New Address

Subscribed and sworn to before

John G. Bolton

CONSENT OF PARENTS, PAI

We, the parents, of this appli-

signs, state facts which render

State of Indiana, HENDRICK

County of

Signed

Signed

Subscribed and sworn to before

May 8, 1972

WE THE UNDERSIGNED, FATHER AND MOTHER OF JOHN H. BOLTON, JR.,  
DO HEREBY GIVE OUR CONSENT TO HIS MARRIAGE TO RITA GOODMAN.

Bennie Bolton  
Bennie Bolton

Myrt Bolton  
Myrt Bolton

State of Indiana  
County of Porter

Signed and Sealed this 8th. day of May 1972

Agnes N. Fowler  
Agnes N. Fowler Notary Public

My Comm. Exp. 7/19/72

COMPLETE IF MARRIAGE LICENSE ISSUED BY  
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 May, 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. Joseph R. Wilson hereby certify that on the 10th day of June

one thousand nine hundred and 72 at Brownsburg, County of Hendricks

State of Indiana, Groom John H. Bolton of Hendricks County, State of Indiana

and, Bride Rita Kay Goodman of Hendricks County, State of Indiana

were by me united 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 June, 1972

Signed Joseph R. Wilson

Official Designation Minister of the Church of Christ

Signed John H. Bolton

Signed Rita Kay Goodman

Signed HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 1972



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 140

File Book 33

May 10, 1972  
Date of Application

MALE  
Medical Examination Report Dated 5-8-72  
Name of Physician David B. Haggard, M.D.

FEMALE  
Medical Examination Report Dated 5-8-72  
Name of Physician David B. Haggard, M.D.

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

MALE APPLICANT

Name First Roger Middle Male Last Johnson  
Date of Birth Month Nov. Day 26 Year 1953  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address Street or R. R. City County State  
933 Harding St. 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 Walto's Dodge

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

☒ Other (Specify) Selective Service 12-233-53-440

- 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
W. L. Johnson		

- (b) Are you 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 W. L. Johnson  
Residence of father (if deceased so state) 1332 S. Whitcomb, Indpls. Ind.  
Occupation of father Machine Operator Race of father  
Birthplace of father (State or foreign country) Scottdale, Ga.  
Full maiden name of mother Elsie Maxine Long Kern  
Residence of mother (if deceased so state) 1332 S. Whitcomb, Indpls. Ind.  
Occupation of mother R.C.A. Race of mother  
Birthplace of mother (State or foreign country) Morgan Town, Ky.

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

Signed Roger Dale Johnson

New Address P.O. Box 138 Plainfield, Ind.

Subscribed and sworn to before me this 10th day of May, 1972  
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.

Age requirement waived by order of Court

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 Jo Last Myers  
Date of Birth Month Oct Day 5 Year 1953  
Place of Birth (State or foreign country) Washington, Ind.  
Residence Address Street or R. R. City County State  
933 Harding St. 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

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

☐ Other (Specify) 64256

- 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 Billy Ray Myers  
Residence of father (if deceased so state) 933 Harding St. Plfld. Ind.  
Occupation of father Public Service Race of father  
Birthplace of father (State or foreign country) Washington, Ind.  
Full maiden name of mother Patty Lou Whinner  
Residence of mother (if deceased so state) 933 Harding St.  
Occupation of mother Housewife Race of mother  
Birthplace of mother (State or foreign country) Plainfield, Ind.

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

Signed Diana Jo Myers

New Address P.O. Box 138 Plainfield, Ind.

Subscribed and sworn to before me this 10th day of May, 1972  
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 Superior Court by written order issued May 10, 1972 and filed  
in Clerk 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 11th day of May, 1972, authorizing the joining together as husband and wife  
Roger Dale Johnson and Diana Jo Myers

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

I, Warren A. Robbins hereby certify that on the 14 day of May, 1972  
at Plainfield, County of Hendricks  
one thousand nine hundred and 72  
State of Indiana, Groom Roger Dale Johnson of Hendricks County, State of Indiana  
and, Bride Diana Jo Myers of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS  
County.

Dated this 14 day of May, 1972

Signed Warren A. Robbins

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of May, 1972

Signed John Hambold Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 141  
File Book 33  
Date of Application 11 May 1972

MALE  
Medical Examination Report Dated 8 May 1972  
Name of Physician W.F. Bastnager MD

FEMALE  
Medical Examination Report Dated 8 May 1972  
Name of Physician W.F. Bastnager 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  
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 3  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Retired  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) ex lre

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

Name Age Address

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

11. Full name of father Harvey Hazziah Hurin  
Residence of father (if deceased so state) Deceased  
Occupation of father — Race of father White  
Birthplace of father (State or foreign country) Hend Co., Ind.  
12. Full maiden name of mother Martha Clementine Sumner  
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 Virgil W. Hurin  
New Address 1303 E Main St, Apt. 11th day of May 1972  
Subscribed and sworn to before me this day of May 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this day of 1972  
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 Secy: Retail Credit Co.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) ex lre 312-22-8199

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father Walter Lloyd Dille  
Residence of father (if deceased so state) Deceased  
Occupation of father — Race of father White  
Birthplace of father (State or foreign country) Decatur Co., Ind.  
8. Full maiden name of mother Danna Zara Harrison  
Residence of mother (if deceased so state) Deceased  
Occupation of mother — Race of mother White  
Birthplace of mother (State or foreign country) Decatur Co., Ind.

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

Signed Thelma D. Barnes  
New Address Same  
Subscribed and sworn to before me this day of March 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this day of 1972  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 11 May 1972 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 30a 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 11th day of May 1972, authorizing the joining together as husband and wife of Virgil W. Hurin and Thelma D. Barnes

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Grant O. Jennings, hereby certify that on the 14th day of May 1972, at Indianapolis, County of Hendricks, State of Indiana, Groom Virgil W. Hurin and, Bride Thelma D. Barnes were by me united 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 May 1972  
Signed Grant O. Jennings  
Official Designation Clerk  
Subscribed and sworn to before me this day of May 1972  
Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 19th day of May 1972  
Signed John H. Campbell  
Clerk HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 142  
File Book 33  
12 May 1972  
Date of Application

MALE  
Medical Examination Report Dated 8 May 1972  
Name of Physician Irving Cohen MD.

FEMALE  
Medical Examination Report Dated 8 May 1972  
Name of Physician Irving Cohen MD.

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

MALE APPLICANT

Name First David A. Last Guy  
Date of Birth Month October Day 21 Year 1953  
Place of Birth (State or foreign country) Marion Co., Ind.  
Residence Address 412 Wabash St., Ellettsville, Ind.

Previous 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 Sta. Attendant, Bethesda, Md.

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

☐ Other (Specify) 315 60 0192

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

Name Age Address

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

11. Full name of father: Arthur Floyd Guy  
Residence of father (if deceased so state): Deceased  
Occupation of father:   
Race of father: white  
Birthplace of father (State or foreign country): Marion Co., Ind.  
12. Full maiden name of mother: Ida Mae Thompson  
Residence of mother (if deceased so state): H/W Sam Pitts Ind.  
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 David A. Guy

New Address: 17 E. High St., Mooresville

Subscribed and sworn to before me this 12th day of May, 1972  
John J. Judd Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 26 May 1968  
Mother the same full consent

State of Indiana, HENDRICKS } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this 12th day of May, 1972  
John J. Judd Clerk

FEMALE APPLICANT

Name First Janice C. Middle W. Last Martin  
Date of Birth Month September Day 9 Year 1953  
Place of Birth (State or foreign country) Marion Co., Ind.  
Residence Address 61 Bx 261 Camby Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Bookkeeper - City of Mooresville

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

☐ Other (Specify) 9550

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Hubert Glenn McMartin  
Residence of father (if deceased so state): Same Camby, Ind.  
Occupation of father: Entomologist Race of father: white  
Birthplace of father (State or foreign country): Decorah, Iowa

8. Full maiden name of mother: Carol Maxine Johnson  
Residence of mother (if deceased so state): Same  
Occupation of mother: Sales. Kroger 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 Janice C. McMartin

New Address: Same

Subscribed and sworn to before me this 12th day of May, 1972  
John J. Judd Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of 1972  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued May 12, 1972 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 12 day of May, 1972, 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. Ralph P. Wade hereby certify that on the 13 day of May, 1972, at Friendswood, Indiana, County of Marion

State of Indiana, Groom David A. Guy of Hendricks County, State of Indiana

and, Bride Janice C. McMartin of Hendricks County, State of Indiana

were by me united 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 May, 1972

Signed Rev. Ralph P. Wade

Official Designation Pastor - Friendswood Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of May, 1972

Signed John J. Judd Clerk

HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 143  
File Book 33  
Date of Application May 12, 1972

MALE  
Medical Examination Report Dated 5-3-72  
Name of Physician David M. Hadley M.D.

FEMALE  
Medical Examination Report Dated 5-3-72  
Name of Physician David M. Hadley M.D.

ALL QUESTIONS 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 Keith Middle Allen Last Galloway  
Date of Birth Month Oct Day 10 Year 1944  
Place of Birth (State or foreign country) Spencer, Ind.  
Residence Address 18 Beverage St. Greencastle, Ind.  
Previous Marital Status: Never Married ☐ Divorce ☐ Annulment ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Putnam  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Construction  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Selective Service 12-67-44-109

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

Name Age Address  
David Allen Galloway 10 406 W Liberty  
Teresa Galloway 7 Greencastle

- (b) Are you supporting or contributing to their 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 Galloway  
Residence of father (if deceased so state) Deceased  
Occupation of father Race of father  
Birthplace of father (State or foreign country) Owen County

12. Full maiden name of mother Goldie Hill  
Residence of mother (if deceased so state) 18 Beverage St Greencastle  
Occupation of mother Nursing Home Race of mother  
Birthplace of mother (State or foreign country) Owen County

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 R.R. #2 Box 152A Danville, Ind.  
Subscribed and sworn to before me this 12 day of May, 1972  
John Hambold Jr. Clerk HENDRICKS Circuit Court

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
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 16 day of May, 1972, authorizing the joining together as husband and wife of Keith Allen Galloway and Peggy Sue Clearwater.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Keith Purcell, hereby certify that on the 19 day of May, 1972, at Belleville, Putnam County, State of Indiana, one thousand nine hundred and Seventy Two, Keith Allen Galloway of Putnam County, State of Indiana, Groom, and, Bride, Peggy Sue Clearwater of Hendricks County, State of Indiana, were by me united 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, 1972.

Signed Keith Purcell  
Official Designation Justice of the Peace  
Subscribed and sworn to before me this 24 day of May, 1972  
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. 144  
File 33  
Date of Application May 12, 1972

MALE  
Medical Examination Report Dated May 12, 1972  
Name of Physician Elmer L. Koch, M.D.

FEMALE  
Medical Examination Report Dated May 12, 1972  
Name of Physician Elmer L. Koch, M.D.

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

MALE APPLICANT

Name James A. Akins  
Date of Birth June 16, 1930  
Place of Birth (State or foreign country) Putnam County, Indiana  
Residence Address 6143 Minnesota, Indianapolis, Indiana  
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 2  
Last Marriage Ended By: Divorce  
Color or Race White  
Usual Occupation Truck Driver - Allison's - Indph.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
James Stephen Akins	16	Greencastle, Ind.
Barbara Ellen Akins	12	Greencastle, Ind.
James Allen Akins	10	Greencastle, Ind.

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

11. Full name of father Virgil D. Akins  
Residence of father (if deceased so state) Deceased  
Occupation of father Machine Operator Race of father W  
Birthplace of father (State or foreign country) Cloverdale, Ind.  
12. Full maiden name of mother Grace M. Reynolds  
Residence of mother (if deceased so state) 30 Jackson Blvd, Greencastle  
Occupation of mother Elementary Teacher Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed James A. Akins  
New Address P.O. Box 36, Danville, Ind.  
Subscribed and sworn to before me this 12 day of May, 1972  
John B. Babbitt Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Reoloma Sue Griner  
Date of Birth Sept. 12, 1934  
Place of Birth (State or foreign country) Illinois  
Residence Address R.R. 2, Box 36, Danville, Ind.  
Maiden Name if Different Reoloma Sue Clegg  
Previous Marital Status: Never Married ☐ Divorce ☒ Annulment ☐ Number of Previous Marriages 2  
Last Marriage Ended By: Divorce  
Color or Race White  
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 Melvin L. Clegg  
Residence of father (if deceased so state) P.O. Box 37, Danville  
Occupation of father Medicinal Business Race of father W  
Birthplace of father (State or foreign country) Madison, Ind.  
8. Full maiden name of mother Carolyn Bruce  
Residence of mother (if deceased so state) P.O. Box 37, Danville  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Texas City, Saline Co., Ill.

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

Signed Reoloma Sue Griner  
New Address P.O. Box 36, Danville, Ind.  
Subscribed and sworn to before me this 12 day of May, 1972  
John B. Babbitt Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_ and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Edw. W. Waver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1972, authorizing the joining together as husband and wife of James A. Akins and Reoloma Sue Griner.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, James O. Housdale hereby certify that on the 13 day of May, one thousand nine hundred and 72 at New Winchester, County of Hendricks, State of Indiana, Groom James A. Akins of Madison County, State of Indiana and, Bride Reoloma Sue Griner of Hendricks County, State of Indiana were by me united 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 May, 1972.

Signed James O. Housdale  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 26 day of May, 1972.  
Signed John B. Babbitt Jr. Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 145  
File 33  
Date of Application May 12, 1972

HENDRICKS County

MALE  
Medical Examination Report Dated May 5, 1972  
Name of Physician M. O. Scanlon, M.D.

FEMALE  
Medical Examination Report Dated May 4, 1972  
Name of Physician Jack Porter, M.D.

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

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

MALE APPLICANT

Name Steven L. Richwine  
Date of Birth June 16, 1948  
Place of Birth Marion County, Indiana  
Residence Address 8825 Center St. Clermont Marion Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Student (Dentist)  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

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

11. Full name of father Norman Albert Richwine  
Residence of father (if deceased so state) Same  
Occupation of father Post Master Race of father W  
Birthplace of father (State or foreign country) Indianapolis Ind.  
12. Full maiden name of mother Northy Jane Marshall  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Clermont, Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
X Signed Steven L. Richwine  
New Address 5595 W. 43rd St. Indianapolis

Subscribed and sworn to before me this 12 day of May, 1972  
John Sandell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Lorene K. Strawmeyer  
Date of Birth December 3, 1950  
Place of Birth Seaborn Boone Co. Indiana  
Residence Address R.R. 4, Box 5, 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 Underwriter - Insurance Co.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

8. Full maiden name of mother Phyllis Rader  
Residence of mother (if deceased so state) R.R. 4, Box 5 Brownsburg  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Seaborn, Indiana

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

X Signed Lorene K. Strawmeyer  
New Address 5595 W. 43rd St. Indianapolis

Subscribed and sworn to before me this 12 day of May, 1972  
John Sandell Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 18 day of May, 1972, authorizing the joining together as husband and wife of Steven L. Richwine and Lorene K. Strawmeyer  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Howard Davidson hereby certify that on the 20 day of May, 1972, at Brownsburg, County of Hendricks, one thousand nine hundred and 72, \_\_\_\_\_ County, State of Indiana, Groom Steven L. Richwine of Hendricks County, State of Indiana, and, Bride Lorene K. Strawmeyer of Hendricks County, State of Indiana 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 May, 1972. Signed Howard Davidson  
Official Designation Minister \_\_\_\_\_, 1972  
Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of May, 1972.  
Signed John Sandell 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. 146  
File 33  
Date of Application May 12, 1972

MALE  
Medical Examination Report Dated May 5, 1972  
Name of Physician Mark N. Falkenberg, M.D.

FEMALE  
Medical Examination Report Dated May 6, 1972  
Name of Physician Karl Isenberger, M.D.

ALL QUESTIONS 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 Basel J. Masterson, Jr.  
Date of Birth October 10, 1931  
Place of Birth Marion County, Indiana  
Residence Address Rt. 2 - Box 223 Plainfield Ind. Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Clayton Point Ind.  
Color or Race: White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Telephone Repairman  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address  
Busan Dean Masterson 11 Rt. 2 Box 223 Plainfield  
Howard Thomas Masterson 9 - Rt. 2 Box 223 Plainfield

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

11. Full name of father Basel Joseph Masterson Sr.  
Residence of father (if deceased so state) Indianapolis, Ind.  
Occupation of father Retired Race of father W  
Birthplace of father (State or foreign country) New Hope, Ky.  
12. Full maiden name of mother Letta Marie Masterson  
Residence of mother (if deceased so state) Indianapolis, Ind.  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Marion Co. Ind.

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
X Signed Basel J. Masterson Jr.  
New Address Rt. 2 Box 223 Plainfield Ind.

Subscribed and sworn to before me this 12 day of May, 1972  
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 Jay N. Grahm  
Date of Birth August 25, 1935  
Place of Birth Marion County, Indiana  
Residence Address 9117 Rushmore Blvd Indianapolis, Ind.  
Maiden Name if Different Jay Marie Kuykendall  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Dane Co. Wisc.  
Color or Race: White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Life Insurance Correspondent  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree City of mail -  
cert copy of birth record city clerk, Wisc.

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 Milton Charles Kuykendall  
Residence of father (if deceased so state) Brunswick, Maine  
Occupation of father Bldg. Contractor Race of father W  
Birthplace of father (State or foreign country) New York  
8. Full maiden name of mother M. Josephine Havens  
Residence of mother (if deceased so state) Brunswick, Maine  
Occupation of mother Hospital Registrar Race of mother W  
Birthplace of mother (State or foreign country) Rochester, New York

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
X Signed Jay N. Grahm  
New Address Rt. 2 Box 223 Plainfield Ind.  
Subscribed and sworn to before me this 12 day of May, 1972  
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 \_\_\_\_\_  
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 May, 1972, authorizing the joining together as husband and wife  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John M. Christy hereby certify that on the 19th day of May  
one thousand nine hundred and 72 at Carmel, County of Indiana  
State of Indiana, Groom Basel J. Masterson Jr. of Hendricks County, State of Indiana  
and, Bride Jay N. Grahm 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 May, 1972  
Signed John M. Christy  
Official Designation Judge of the Peace  
Filed and recorded in accordance with the laws of the State of Indiana this 24th day of May, 1972  
Signed John Sanford Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 147  
File 42 Bl # 33  
Date of Application May 15 1972

MALE  
Medical Examination Report Dated 5/8/72  
Name of Physician Thomas Walker

FEMALE  
Medical Examination Report Dated 4-21-72  
Name of Physician L. H. Ellis

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

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

MALE APPLICANT

Name Frank Holt  
Date of Birth November 8 1952  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 2 #1 Box 246 Ligon 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 Post Manager - Post Office

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

☒ Other (Specify) selective service 12-30-52-457

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Harlan Ford Holt  
Residence of father (if deceased so state) same  
Occupation of father Metal Compressor Operator Race of father W  
Birthplace of father (State or foreign country) Liberty, Kentucky  
12. Full maiden name of mother Doris Marie Ruten  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Brownsville, Ind.

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

Signed X Frank R Holt

New Address X R.R. 1 Box 102 A Rushville, Ind

Subscribed and sworn to before me this 15 day of May, 1972  
John Gambrell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

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

FEMALE APPLICANT

Name Diane Hodson  
Date of Birth December 2 1953  
Place of Birth (State or foreign country) Crawfordsville, Ind.  
Residence Address 2 #1 Box 246 Ligon Ind. Ind.  
Maiden Name if Different North John Holt 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 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 Clarence Keith Hodson  
Residence of father (if deceased so state) same  
Occupation of father Auto Equip Supply Race of father W  
Birthplace of father (State or foreign country) New Ross, Ind  
8. Full maiden name of mother Ruby Lohell Eggers  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Putnam County

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

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

Signed X Diane Hodson

New Address X P.O. 1 Rushville, Indiana

Subscribed and sworn to before me this 15 day of May, 1972  
John Gambrell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

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

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 May, 1972, authorizing the joining together as husband and wife of Frank R. Holt and Diane L. Hodson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Glen Foster hereby certify that on the 3 day of June, 1972, at R.R. 2, Rushville, Ind. County of Putnam, State of Indiana, Groom Frank R. Holt of Hendricks County, State of Indiana, and, Bride Diane L. Hodson of Hendricks County, State of Indiana, 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 June, 1972.

Signed Glen Foster  
John Gambrell Jr Clerk HENDRICKS Circuit Court

Official Designation Pastor

Signed John Gambrell Jr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 147

File 42 Bk # 33

May 15 1972  
Date of Application

MALE

Medical Examination Report Dated 5/8/72

Name of Physician Thomas Walker

FEMALE

Medical Examination Report Dated 4-21-72

Name of Physician L. H. Ellis

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

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

## MALE APPLICANT

Name First Frank Middle R Last Holt  
Date of Birth Month November Day 8 Year 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address 241 E. 24th City Dayton County Madison 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 Post Manager - Hannan, Ind.Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree☒ Other (Specify) Selection Service 12-30-52-457

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Harlan Galt Holt  
Residence of father (if deceased so state) Same  
Occupation of father Metal Compress Operator of father W  
Birthplace of father (State or foreign country) Liberty Kentucky  
12. Full maiden name of mother Doris Marie Hyster

Residence of mother (if deceased so state) Same  
Occupation of mother W  
Birthplace of mother (State or foreign country) Putnam County

State of Indiana, HENDRICKS  
County of HENDRICKS

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972.

CONSENT OF PARENTS, PARENTS OF THE APPLICANTS

We, the parents, of this applicant, do hereby give my consent for \_\_\_\_\_

signs, state facts which render \_\_\_\_\_

State of Indiana, HENDRICKS

County of HENDRICKS

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972.

Clerk \_\_\_\_\_

## FEMALE APPLICANT

Name First Diane Middle L Last Hodson  
Date of Birth Month December Day 2 Year 1953  
Place of Birth (State or foreign country) Indiana  
Residence Address Crawfordsville City Dayton County Madison State Ind.  
Maiden Name if Different North John Holt 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 CashierDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) \_\_\_\_\_

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

7. Full name of father Clarence Keith Hodson  
Residence of father (if deceased so state) Same  
Occupation of father Equip. Supply Race of father W  
Birthplace of father (State or foreign country) New Ross Ind.  
8. Full maiden name of mother Ruby L. Lohr Eggers  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Putnam County

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

Diane Hodson

Doris Holt

son, Frank R Holt

Diane Hodson

Doris M. Holt

Subscribed and sworn to before me this 15 day of May 1972

William R. Lott

Notary Public  
My Comm. Expires 12/29/1972

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 19th day of May, 1972, 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 3 day of June, 1972, at \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, one thousand nine hundred and 72 \_\_\_\_\_ 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 3 day of June, 1972. Signed \_\_\_\_\_ Official Designation \_\_\_\_\_ Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of June, 1972. Signed \_\_\_\_\_ Clerk

\_\_\_\_\_ Circuit Court

\_\_\_\_\_ Circuit Court

\_\_\_\_\_ Circuit Court

\_\_\_\_\_ Circuit Court

\_\_\_\_\_ Circuit Court

\_\_\_\_\_ Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 147  
File 42 Bk # 33  
Date of Application May 15, 1972

MALE  
Medical Examination Report Dated 5/8/72  
Name of Physician Thomas Walker

FEMALE  
Medical Examination Report Dated 4-21-72  
Name of Physician L. H. Ellis

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

MALE APPLICANT

Name First Frank Middle R Last Halt  
Date of Birth Month November Day 8 Year 1952  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address R #1 Box 246 City Layton 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 Best Manager - Manager, Ind.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Selective Service 12-30-52-457

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

Name Age Address

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

11. Full name of father Harlan J. Halt  
Residence of father (if deceased so state) Same  
Occupation of father Metal Compress Operator Race of father W  
Birthplace of father (State or foreign country) Liberty, Kentucky

12. Full maiden name of mother  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife  
Birthplace of mother (State or foreign country) Putnam County

State of Indiana, HENDRICKS  
County of

Signed

New Address

Subscribed and sworn to before

CONSENT OF PARENTS, PA

We, the parents, of this application, state facts which render

State of Indiana, HENDRICKS

County of

Signed

Signed

Subscribed and sworn to before me this

I, Harlan Halt

my son Frank R. Halt  
marry Diane Hodson

Harlan Halt

subscribed and sworn to before me this

William R. Papp

My Comm Exp. Sept 29, 1972

FRONT

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, 1972, authorizing the joining together as husband and wife  
of Indiana dated the 19th day of May, and Diane L. Hodson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Glen Foster, hereby certify that on the 3 day of June  
at R.R. Beachdale, County of Putnam,  
one thousand nine hundred and 72, of Hendricks County, State of Indiana,  
State of Indiana, Groom Frank R. Halt, of Hendricks County, State of Indiana,  
and, Bride Diane Hodson, of Hendricks County, State of Indiana,  
were by me united 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 June, 1972. Signed Glen Foster  
Official Designation Pastor  
16 day of June, 1972. Signed John Gansel  
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. 148  
File Book 33  
Date of Application 15 May 1972

MALE

Medical Examination Report Dated 9 May 1972

Name of Physician Theo. F. Helman MD

FEMALE

Medical Examination Report Dated 9 May 1972

Name of Physician E. Horan 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 S. McHugh  
Date of Birth March 7 1948  
Place of Birth Ind. W. 7  
Residence Address 1228 Bx 193E P.O. Box, Ind.  
Previous Marital Status: Never Married Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Meat cutter App. Monty

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

☐ Other (Specify)

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

Name Age Address

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

11. Full name of father Harry McHugh  
Residence of father (if deceased so state) Ind. W. 7  
Occupation of father Ind. W. 7  
Birthplace of father (State or foreign country) Machinist: F.M.C.  
12. Full maiden name of mother Irene Mae Miles  
Residence of mother (if deceased so state) Sano  
Occupation of mother Bx: HCH. white  
Birthplace of mother (State or foreign country) Washington, Ind.

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

Signed

New Address

Subscribed and sworn to before me this 15th day of May, 1972  
John J. Gault Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 1972  
Clerk

FEMALE APPLICANT

Name Kathleen Moran  
Date of Birth November 27 1948  
Place of Birth (State or foreign country) Ind.  
Residence Address 30 W. Vermont B'burg Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Resp. Therp. Ind. Med. Center

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

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Michael Wm Moran  
Residence of father (if deceased so state) Sano, B'burg Ind.  
Occupation of father Shipping. All. Race of father white  
Birthplace of father (State or foreign country) B'burg, Ind.  
8. Full maiden name of mother Cecelia Regina Schlemmer  
Residence of mother (if deceased so state) Sano  
Occupation of mother Tele. opr. Junc. white  
Birthplace of mother (State or foreign country) Lawrenceville, 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

Subscribed and sworn to before me this 15th day of May, 1972  
John J. Gault Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 1972  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, that was filed in my office a marriage license issued by the Clerk of the HENDRICKS Circuit Court of Indiana dated the 15th day of May, 1972, authorizing the joining together as husband and wife of Robert S. McHugh and Kathleen Moran.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1, Rev. Charles Hall hereby certify that on the 20th day of May, one thousand nine hundred and 72 at Brownsburg, County of Hendricks, State of Indiana, Groom Robert S. McHugh of Hendricks County, State of Indiana, and, Bride Kathleen Moran of Hendricks County, State of Indiana, were by me united 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 May, 1972.

Signed Rev. Charles Hall  
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of May, 1972

Signed John J. Gault Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 149  
File Book 33  
Date of Application May 16, 1972

MALE  
Medical Examination Report Dated May 8, 1972  
Name of Physician Irving Cohen

FEMALE  
Medical Examination Report Dated May 8, 1972  
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 First Harold Middle Edward Last Reed.  
Date of Birth Month August Day 26 Year 1952  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address R.R. #1 Box 174 Clayton Hend. Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Buger Chef.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Selective Service -12-30-52-326

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Curtis Reed.  
Residence of father (if deceased so state) R.R. #1 Box 174 Clayton Ind.  
Occupation of father Truck Driver Race of father  
Birthplace of father (State or foreign country) London, Ind.  
12. Full maiden name of mother Elsie Myrtle Brige.  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother  
Birthplace of mother (State or foreign country) Kentucky

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

Signed x Harold E. Reed  
New Address 624 North Mill St. Pelf. Ind.

Subscribed and sworn to before me this 16th day of May, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Dee Middle Anne Last Williams  
Date of Birth Month Oct Day 5 Year 1952  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 19 Elm Drive, 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 Proof Reader

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

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 David Orrville G. Williams  
Residence of father (if deceased so state) Indianapolis  
Occupation of father Janitor Race of father  
Birthplace of father (State or foreign country) Indianapolis, Ind.  
8. Full maiden name of mother Barbara Dee Preston  
Residence of mother (if deceased so state) R.R. #2 Avila, Ind.  
Occupation of mother Teacher Race of mother  
Birthplace of mother (State or foreign country) Avila, Ind.

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

Signed x DeAnne Williams  
New Address 624 North Mill St. Pelf.

Subscribed and sworn to before me this 16 day of May, 1972

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_, 1972, authorizing the joining together as husband and wife

of Indiana dated the 22nd day of May and De Anne Williams  
Harold Edward Reed

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Maurice E. Brockman hereby certify that on the 24th day of May

one thousand nine hundred and 72 at Plainfield  
State of Indiana, Groom Harold Edward Reed County of Hendricks  
and, Bride De Anne Williams of Hendricks County, State of Indiana

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

Dated this 24th day of May, 1972 Signed Maurice E. Brockman  
Official Designation Minister, United Methodist

30 day of May, 1972 Clerk  
Signed John Gambold Jr. HENDRICKS Circuit Court

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



# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 149

File Book 33

May 16, 1972  
Date of Application

MALE  
Medical Examination Report Dated May 8, 1972  
Name of Physician Irving Cohen

FEMALE  
Medical Examination Report Dated May 8, 1972  
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 First Harold Middle Edward Last Reed  
Date of Birth Month August Day 26 Year 1952  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address R.P. #1 Box 174 Clayton City 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 Bugle Chief

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

☒ Other (Specify) Elective Service - 12-30-52-326

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

Name	Age	Address
Walter Curtis Reed		R.P. #1 Box 174 Clayton, 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 Walter Curtis Reed  
Residence of father (if deceased so state) R.P. #1 Box 174 Clayton, Ind.  
Occupation of father Truck Driver Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) London, Ind.  
12. Full maiden name of mother Elsie Myrtle Brige  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Kentucky

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

Signed Harold E. Reed

## FEMALE APPLICANT

Name First Dee Middle Anne Last Williams  
Date of Birth Month Oct Day 5 Year 1952  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 19 Elm Drive, Plainfield City Hend. State Ind.  
Maiden Name if Different \_\_\_\_\_

Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Proof Reader

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

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 David Orrville C. Williams  
Residence of father (if deceased so state) Indianapolis  
Occupation of father Printer Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Indianapolis, Ind.  
8. Full maiden name of mother Barbara Dee Preston  
Residence of mother (if deceased so state) R.P. #2 Avon, Ind.  
Occupation of mother Teacher Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Avon, Ind.

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

Signed Dee Anne Williams

New Address 624 Rock Mill St. Pkft.

Subscribed and sworn to before me this 16 day of May, 19 72

John Sanford Jr. Clerk HENDRICKS Circuit Court

New

Subscribed and sworn

CONSENT OF PARENTS

We, the parents, of the

signs, state facts which

State of Indiana,

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

Signature

Signature

Subscribed and sworn

COMPLETE IF MARRIED

HENDRICKS

in \_\_\_\_\_

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 19 72, authorizing the joining together as husband and wife

of Indiana dated the 22nd day of May and Dee Anne Williams

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

I, Maurice E. Brockman hereby certify that on the 24th day of May

at Plainfield County of Hendricks

one thousand nine hundred and 72 of Hendricks County, State of Indiana

State of Indiana, Groom Harold Edward Reed of Hendricks County, State of Indiana

and, Bride Dee Anne Williams of Hendricks County, State of Indiana

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

County, \_\_\_\_\_

Dated this 24th day of May, 19 72 Signed Maurice E. Brockman

Official Designation Minister, United Methodist 19 72

Signed John Sanford Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of May, 19 72



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 150

File Book 33

May 16, 1972  
Date of Application

MALE

Medical Examination Report Dated May 8, 1972

Name of Physician Dr. William P. Wolf

FEMALE

Medical Examination Report Dated May 8, 1972

Name of Physician Dr. William P. Wolf

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

MALE APPLICANT

Name First Danny Middle Ray Last Melton  
Date of Birth Month March Day 17 Year 1958

Place of Birth (State or foreign country) Mountain Grove, Missouri

Residence Address Street or R. R. R.R. #1 Box 155A City Clayton County Ind. State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Junior Accountant

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

☐ Other (Specify) 124-53-01985

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one 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 Allen Edwin Melton  
Residence of father (if deceased so state) R.R. #1 Box 155A Clayton  
Occupation of father Wry Wall Contractor Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Mountain Grove, Missouri

12. Full maiden name of mother Christine Lodema Brock  
Residence of mother (if deceased so state) R.R. #1 Box 155A Clayton  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Douglas Co. Missouri

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

Signed Danny Melton

New Address Appt 205A Gray Manor Indpls Ind

Subscribed and sworn to before me this 16th day of May, 1972

John Hambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:

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

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

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

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

NOTE 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 22nd day of May, 1972, authorizing the joining together as husband and wife of Danny Ray Melton and Marie Evelyn Russell

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

I, Rev. Sterling Brock hereby certify that on the 27 day of May, 1972, at Plainfield, County of Hendricks, State of Indiana, Groom Danny Ray Melton of Hendricks County, State of Indiana and, Bride Marie Evelyn Russell of Hendricks County, State of Indiana were by me united 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 May, 1972.

Signed Rev. Sterling Brock

Official Designation Minister

Subscribed and sworn to before me this 6th day of June, 1972

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. 150  
File Book 33  
Date of Application May 16, 1972

MALE

Medical Examination Report Dated May 8, 1972  
Name of Physician Dr. William V. Wolf

FEMALE

Medical Examination Report Dated May 8, 1972  
Name of Physician Dr. William V. Wolf

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

MALE APPLICANT

Name First Nanny Middle Ray Last Melton  
Date of Birth Month March Day 17 Year 1958  
Place of Birth (State or foreign country) Mountain Grove Missouri  
Residence Address R.R. #1 Box 155A Clayton Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Junior Accountant

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

☐ Other (Specify) 124-53-019985

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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 Glenon Edwin Melton  
Residence of father (if deceased so state) R.R. #1 Box 155A Clayton  
Occupation of father Wry Wall Contractor Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Mountain Grove Missouri  
12. Full maiden name of mother Christine Rodema Brock  
Residence of mother (if deceased so state) R.R. #1 Box 155A Clayton  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Douglas Co. Missouri

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

Signed Danny Melton  
New Address Box 205A Troy Manor Indpls Ind.

FEMALE APPLICANT

Name First Marie Middle Evelyn Last Russell  
Date of Birth Month Sept Day 7 Year 1954  
Place of Birth (State or foreign country) Indianapolis  
Residence Address Township Line Road 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 Housewife

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

☐ Other (Specify) 9831

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Milton L. Russell  
Residence of father (if deceased so state) P.O. Box 594 Plfld. Ind.  
Occupation of father Machinist Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Indianapolis  
8. Full maiden name of mother Ola Mae Bates  
Residence of mother (if deceased so state) 3018 Center Plfd. Ind.  
Occupation of mother Phys Race of mother \_\_\_\_\_  
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 Marie E. Russell  
New Address Box 205A Troy Manor Indpls Ind.  
Subscribed and sworn to before me this 16th day of May, 1972

John Hambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

age. If only one parent

necessary.

We Milton and Ola Russell, hereby give our consent for  
our daughter Marie Evelyn Russell

to marry Danny Ray Melton

Milton L. Russell x Mrs Ola Russell

Subscribed and sworn to before me this 9th day of May, 1972

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 22nd day of May, 1972, authorizing the joining together as husband and wife of Nanny Ray Melton and Marie Evelyn Russell.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Sterling Brock, hereby certify that on the 27th day of May,  
one thousand nine hundred and 72, at Plainfield, County of Hendricks,  
State of Indiana, Groom Nanny Ray Melton of Hendricks County, State of Indiana  
and, Bride Marie Evelyn Russell of Hendricks County, State of Indiana  
were by me united 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 May, 1972.

Signed Rev. Sterling Brock

Official Designation Minister

Signed John Hambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1972.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 150  
File Book 33  
May 16, 1972  
Date of Application

MALE

Medical Examination Report Dated May 8, 1972  
Name of Physician Dr. William V. Wolf

FEMALE

Medical Examination Report Dated May 8, 1972  
Name of Physician Dr. William V. Wolf

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

MALE APPLICANT

Name First Nanny Middle Ray Last Melton  
Date of Birth Month March Day 17 Year 1958  
Place of Birth (State or foreign country) Mountain Grove Missouri  
Residence Address R.R. #1 Box 155A Clayton Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Junior Accountant

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

☐ Other (Specify) 124-53-019985

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Glen Edwin Melton  
Residence of father (if deceased so state) R.R. #1 Box 155A Clayton  
Occupation of father Wry Wall Contractor Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Mountain Grove Missouri

12. Full maiden name of mother Christine Madema Prock  
Residence of mother (if deceased so state) R.R. #1 Box 155A Clayton  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Douglas Co. Missouri

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

Signed Glen Melton

FEMALE APPLICANT

Name First Marie Middle Evelyn Last Russell  
Date of Birth Month Sept Day 7 Year 1954  
Place of Birth (State or foreign country) Indianapolis  
Residence Address Township Line Road 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 Housewife

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

☐ Other (Specify) 9831

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

7. Full name of father Milton L. Russell  
Residence of father (if deceased so state) P.O. Box 594 Plfld. Ind.  
Occupation of father Machinist Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Indianapolis

8. Full maiden name of mother Marjorie Bates  
Residence of mother (if deceased so state) 2018 Center Plfld. Ind.  
Occupation of mother Teacher Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Summit Ky.

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

Signed Marie E. Russell

New Address Appt 205 A Troy Manor Indpls Ind

Subscribed and sworn to before me this 16th day of May, 1972

John Hambold Jr. Clerk HENDRICKS Circuit Court

we, Glen Melton + Christine Melton, hereby give our consent for  
our Son, Danny Ray Melton to  
marry Marie Evelyn Russell.

Christine Melton Glen Melton

Subscribed and sworn to before me this 11th day of May, 1972

my Commission EXPIRES  
JULY 1, 1974

Zelman L. Sax  
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 22nd day of May, 1972, authorizing the joining together as husband and wife of Danny Ray Melton and Marie Evelyn Russell.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Sterling Prock, hereby certify that on the 27 day of May,  
one thousand nine hundred and 72, at Plainfield, County of Hendricks,  
State of Indiana, Groom Danny Ray Melton of Hendricks County, State of Indiana  
and, Bride Marie Evelyn Russell of Hendricks County, State of Indiana  
were by me united 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 May, 1972.

Signed Rev. Sterling Prock  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1972.

Signed John Hambold Jr. Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 151  
File Book 33  
Date of Application 17 May 1972

MALE

Medical Examination Report Dated 12 May 1972

Name of Physician D. M. Dersch MD

FEMALE

Medical Examination Report Dated 13 May 1972

Name of Physician D. M. Dersch MD

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

MALE APPLICANT

Name First Harry Middle George Last Booker  
Date of Birth May 29 1948  
Place of Birth (State or foreign country) Lebanon, Ind.  
Residence Address 1031 W. 9th St., 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: Ball State  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-48-030497

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 George Harold Booker  
Residence of father (if deceased so state) Same, Ellettsburg, Ind.  
Occupation of father Mechanical Tech. Det. Dept. Highway  
Birthplace of father (State or foreign country) Roachdale, Ind.  
12. Full maiden name of mother Opal Sewell Scott  
Residence of mother (if deceased so state) Same, Ellettsburg, Ind.  
Occupation of mother Inspector. Richardson White  
Birthplace of mother (State or foreign country) Selma, Tenn.

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

Signed [Signature] Clerk HENDRICKS Circuit Court  
Subscribed and sworn to before me this 17th day of May, 1972

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS

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

FEMALE APPLICANT

Name First Jean Middle Adele Last Newhouser  
Date of Birth July 27 1952  
Place of Birth (State or foreign country) Hammond, Ind.  
Residence Address 12009 W. 79th Pl., Dyer, Lake, Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Student: Ball State  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-52-05367

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Emil Newhouser  
Residence of father (if deceased so state) R1 Bx 125 Schererville, Ind.  
Occupation of father Oper. Engr. Local 150 Race of father white  
Birthplace of father (State or foreign country) Neb.

8. Full maiden name of mother Frances Evadna Parson  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ 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 HENDRICKS

Signed [Signature] Clerk HENDRICKS Circuit Court  
New Address Same  
Subscribed and sworn to before me this 17th day of May, 1972

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, 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 24 day of May, 1972, 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 3 day of June  
at Schererville, \_\_\_\_\_ County, State of Indiana  
one thousand nine hundred and 72 of \_\_\_\_\_ County, State of Indiana  
State of Indiana, Groom Harry George Booker  
and, Bride Jean Adele Newhouser  
were by me united 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 May, 1972.

Signed Allen L. Montgomery  
Official Designation Presbyterian Minister  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972  
Clerk  
Signed John [Signature] 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. 152  
File Book 33  
Date of Application May 17, 1972

MALE  
Medical Examination Report Dated April 24, 1972  
Name of Physician R. W. Kirtley

FEMALE  
Medical Examination Report Dated April 24, 1972  
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 Andy G. Sounders  
Date of Birth Feb 2 1954  
Place of Birth (State or foreign country) London Ky.  
Residence Address Rt 1 Box 428, Missouri  
Previous Marital 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) Selective Service 315602892

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

of father Robert Fred Sounders  
of father (if deceased so state) #2 Box 428, Indpls Ind.  
of father Mich Race of father \_\_\_\_\_  
of father (State or foreign country) Summerset Ky.  
name of mother Yelma Lymon Johnson  
of mother (if deceased so state) #2 Box 428, Indpls Ind.  
of mother Housewife Race of mother \_\_\_\_\_  
of mother (State or foreign country) hanger Ky.

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

Signed Andy G. Sounders

New Address Germany - 91 V.S. Army

sworn to before me this 17th day of May, 1972

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

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

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

STATE 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 24 day of May, 1972, authorizing the joining together as husband and wife

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

I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Indiana, Groom \_\_\_\_\_ and, Bride \_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

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. 152  
File Book 33  
Date of Application May 17, 1972

**MALE**  
Medical Examination Report Dated April 24, 1972  
Name of Physician R.W. Kirtley

**FEMALE**  
Medical Examination Report Dated April 24, 1972  
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 Andy Sounders  
Date of Birth Feb 2 1954  
Place of Birth (State or foreign country) London, Ky.  
Residence Address 8-11 East Leonard Wood, Missouri  
Previous Marital 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) Selective Service 315602892  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ 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 ☒

**FEMALE APPLICANT**

Name Cheryl Eubank  
Date of Birth Oct 28 1953  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 313 Arrow Ave. Pktd.  
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 Housewife  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) 12468 - Marion 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 William James Eubank  
Residence of father (if deceased so state) 313 Arrow Ave. Pktd.  
Occupation of father Disabled Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Springfield, Ill.  
8. Full maiden name of mother Donna Lee Conner  
Residence of mother (if deceased so state) P.O. Box 201 Gosport  
Occupation of mother Self Auditor Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Indianapolis, Ind.

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

Signed Cheryl L. Eubank  
New Address Germany - 90 V.I. Army  
Subscribed and sworn to before me this 17th day of May, 1972

HENDRICKS Circuit Court

Give my consent for \_\_\_\_\_

Sounders Father  
of May 1972 Mother  
Cheryl Eubank Clerk  
Public 4-2-73 named parties, the  
and filed  
age license to the above named parties.

**MARRIAGE CERTIFICATE**  
by the clerk of the HENDRICKS Circuit Court  
1972, authorizing the joining together as husband and wife  
Cheryl L. Eubank  
ify that on the \_\_\_\_\_ day of \_\_\_\_\_  
County of \_\_\_\_\_  
County, State of \_\_\_\_\_  
by the Clerk of the Circuit Court of HENDRICKS  
Signed \_\_\_\_\_  
ignation \_\_\_\_\_  
day of \_\_\_\_\_, 19\_\_\_\_  
Clerk  
HENDRICKS Circuit Court

Form T-14-3

**AFFIDAVIT**

STATE OF INDIANA

COUNTY OF Hendricks } SS:

NAME

ADDRESS

Deposes and says upon his (or her) oath that:

Andy & Sounders has my  
concent to marry  
Cheryl Eubank.

Gelma Sounders  
SIGNED

Subscribed and sworn to before me this 24 day of May

1972

Cheryl Clay  
NOTARY PUBLIC

My commission expires 11-6-73



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 152  
File Book 33  
Date of Application May 17, 1972

MALE  
Medical Examination Report Dated April 24, 1972  
Name of Physician R. W. Kistley

FEMALE  
Medical Examination Report Dated April 24, 1972  
Name of Physician R. W. Kistley

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

MALE APPLICANT

Name Andy S. Sounders  
Date of Birth Feb 2 1954  
Place of Birth (State or foreign country) London Ky.  
Residence Address 6-11 1st Leonard Wood, Missouri  
Previous Marital 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) Active Service 315602892

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

1. Full name of father Robert Fred Sounders  
Residence of father (if deceased so state) P.O. Box 428, Indpls Ind.  
Occupation of father Mech Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Summerset Ky.  
Full maiden name of mother Helma Lynn Johnson  
Residence of mother (if deceased so state) P.O. Box 428, Indpls Ind.  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Langdon Ky.

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

FEMALE APPLICANT

Name Cheryl L. Eubank  
Date of Birth Oct 28 1953  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address Street or R. R. City Indianapolis County Marion State Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☐ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation Housewife  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 12468 - Marion 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 William James Eubank  
Residence of father (if deceased so state) 393 Arrow Ave. Pld.  
Occupation of father Discharged Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Springfield, Ill.  
8. Full maiden name of mother Nora Lee Conner  
Residence of mother (if deceased so state) P.O. Box 211 Gosport  
Occupation of mother Self Auditor Race of mother \_\_\_\_\_  
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 Cheryl L. Eubank  
New Address Germany - 1st U.S. Army  
Subscribed and sworn to before me this 17th day of May, 1972

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

Robert F. Sounders, hereby give my consent for  
Andy Sounders  
Cheryl Eubank

Andy S. Sounders  
Cheryl L. Eubank

Subscribed and sworn to before me this 16 day of May, 1972

Leonard J. Loh  
Notary Public  
4-2-73

and filed

issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1972, authorizing the joining together as husband and wife

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

I, Andy S. Sounders and Cheryl L. Eubank  
hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of Indiana, Groom \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_ and, Bride \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_ were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

Signed \_\_\_\_\_ Official Designation \_\_\_\_\_

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

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



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. #153

File # Bk# 33

May 18, 1972  
Date of Application

MALE

Medical Examination Report Dated 5/12/72

Name of Physician Eric W. Clark

FEMALE

Medical Examination Report Dated 5/12/72

Name of Physician Eric W. Clark

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)".

MALE APPLICANT

Name First James Middle R. Last Juson  
Date of Birth Month August Day 3 Year 1947  
Place of Birth (State or foreign country) Danville, Illinois  
Residence Address RR#1 Coatesville, Hendricks Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation School Teacher  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Selective 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? (If yes, answer questions 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 Eugene Juson  
Residence of father (if deceased so state) Same  
Occupation of father School Teacher Race of father W  
Birthplace of father (State or foreign country) Sullivan County, Indiana  
12. Full maiden name of mother Martha Robinson  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Vermillion, County  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed James R. Juson  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 18 day of May, 1972.  
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 \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Linda Middle S. Last Lindley  
Date of Birth Month February Day 17 Year 1948  
Place of Birth (State or foreign country) Greencastle, Indiana  
Residence Address 245 North Vine St. Apt. 15 Plainfield 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 School Teacher  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father Laurin Elmer Lindley  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father W  
Birthplace of father (State or foreign country) Cheney, Indiana  
8. Full maiden name of mother Wanita Louise Greenholz  
Residence of mother (if deceased so state) RR#1 Box 700 Cheney, Ind.  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Lucas, Indiana

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

Signed Linda S. Lindley  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 18 day of May, 1972.  
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 \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ and filed \_\_\_\_\_  
in \_\_\_\_\_ Court by written order issued \_\_\_\_\_  
\_\_\_\_\_ 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 \_\_\_\_\_, 1972, authorizing the joining together as husband and wife  
of James R. Juson and Linda S. Lindley  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, J. Stanley Howell hereby certify that on the 28 day of May,  
at Plainfield County of Hendricks,  
one thousand nine hundred and 72 at \_\_\_\_\_ County, State of Indiana,  
State of Indiana, Groom James R. Juson of Danville County, State of Indiana  
and, Bride Linda S. Lindley of Plainfield County, State of Indiana  
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 May, 1972.  
Signed J. Stanley Howell  
Official Designation Minister, 1972.  
Clerk

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



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 154  
File Book 33  
Date of Application May 19, 1972

MALE

Medical Examination Report Dated 5/15/72  
Name of Physician Joseph C. Kerlin M.D.

FEMALE

Medical Examination Report Dated 5/15/72  
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 David N. Olson  
Date of Birth Oct 3 1945  
Place of Birth (State or foreign country) Jackson Minnesota  
Residence Address R #1 Box 134 Pittsburg 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 Human

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

☐ Other (Specify) Active Service 21-56-45-93

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Nils Alfred Olson  
Residence of father (if deceased so state) Jackson Minnesota  
Occupation of father Mason Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Norway  
12. Full maiden name of mother Clayda Ruth Allen Boden  
Residence of mother (if deceased so state) Jackson Minnesota  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
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 \_\_\_\_\_

Signed David N. Olson

New Address 467 Meadow Dr. Danville, Ind.

Subscribed and sworn to before me this 19th day of May, 1972  
John Sambolet Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 K. Verble  
Date of Birth June 11 1941  
Place of Birth (State or foreign country) Danville Ind.  
Residence Address 467 Meadow Dr. Danville, Ind.  
Maiden Name if Different Janet K. Duckberry  
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 Claim Supervisor

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

☐ Other (Specify) 113-41-029867

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Claude Duckberry  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Brownstown Ind.

8. Full maiden name of mother Mabel Evelyn Fisher  
Residence of mother (if deceased so state) P. #2 Salem, Ind.  
Occupation of mother Retired Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Salem, Ind.

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

Signed Janet K. Verble

New Address 467 Meadow Dr. Danville, Ind.

Subscribed and sworn to before me this 19th day of May, 1972  
John Sambolet Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 May, 1972 authorizing the joining together as husband and wife

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

I, Norman A. Weaver hereby certify that on the 26th day of May, 1972

one thousand nine hundred and 72 at Danville, County of Hendricks

State of Indiana, Groom David N. Olson of Hendricks County, State of Indiana

and, Bride Janet K. Verble of Hendricks County, State of Indiana

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

Dated this 23rd day of May, 1972

Signed Norman A. Weaver

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of May, 1972

Signed John Sambolet Jr. Clerk

HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #155

File #Bk 33

May 19, 1972  
Date of Application

MALE

Medical Examination Report Dated 5/17/72

Name of Physician Robert W. Kuntley

FEMALE

Medical Examination Report Dated 5/17/72

Name of Physician Robert W. Kuntley

ALL QUESTIONS 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 Vigil Middle Laurence Last Love  
Date of Birth Month August Day 9 Year 1947  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address R#2 Box 295 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 air force

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

☐ Other (Specify) 113-47-061052

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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 Vigil Miron Love  
Residence of father (if deceased so state) deceased  
Occupation of father \_\_\_\_\_ Race of father W  
Birthplace of father (State or foreign country) Morristown, Indiana  
12. Full maiden name of mother Dorothy Mae Blue  
Residence of mother (if deceased so state) Indpls, Indiana  
Occupation of mother Secretary 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 \_\_\_\_\_  
Signed Vigil M. Love  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 19 day of May, 1972  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Jessa Middle Maria Last Nicholson  
Date of Birth Month April Day 18 Year 1950  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address R#2 Box 295 City Danville 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 Student

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

☐ Other (Specify) 113-50-026184

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

Residence of father (if deceased so state) same

Occupation of father farmer Race of father W

Birthplace of father (State or foreign country) Angie Lou Parker

8. Full maiden name of mother Danville, Ind.

Residence of mother (if deceased so state) same

Occupation of mother Secretary Race of mother W

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

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

County of \_\_\_\_\_  
Signed Jessa M. Nicholson

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

Subscribed and sworn to before me this 19 day of May, 1972  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 \_\_\_\_\_, 1972, authorizing the joining together as husband and wife of Indiana dated the 23rd day of May and Jessa Marie Nicholson

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_  
I, Glen Ramsey, Jr. hereby certify that on the 28th day of May \_\_\_\_\_, County of Hendricks

at Danville, Indiana, State of Ind.  
one thousand nine hundred and 72 of Hendricks County, State of Ind.

State of Indiana, Groom Vigil Laurence Love of \_\_\_\_\_  
and, Bride Jessa Marie Nicholson 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 28th day of May, 1972.  
Signed Glen L. Ramsey, Jr.  
Official Designation Presbyterian Pastor \_\_\_\_\_, 1972

31st day of May  
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. 156  
File Book 33  
May 19, 1972  
Date of Application

## MALE

Medical Examination Report Dated May 10, 1972  
Name of Physician Fred E. Haggerty, M.D.

## FEMALE

Medical Examination Report Dated May 10, 1972  
Name of Physician Fred E. Haggerty, M.D.

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

## MALE APPLICANT

Name Arlando J. Lewis  
Date of Birth Sept. 25, 1924  
Place of Birth (State or foreign country) Urban-Champaign Co. Ill.  
Residence Address P.O. Box 50, Clayton-Hendricks, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Hendricks Co. Ind.  
Color or Race White ☒ Negro ☐ Other ☐ (specify) (P. 3 September)

Usual Occupation Plastic Equip Co. - Clayton, Ind.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree (C-4 473 037)  
☒ Other (Specify) V.A. Prosthetic Service Card

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

(a) List their full names, ages and addresses

Name	Age	Address
David Robert Lewis	19	Dallas, Texas
Archie Michael Lewis	15	Dallas, Texas
Herbert Kent Lewis	14	Dallas, Texas
Archie Lewis	11	Dallas, Texas
Harry Francis Lewis	9	Dallas, Texas

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

11. Full name of father Arlando J. Lewis  
Residence of father (if deceased so state) Deceased (Brenceastle)  
Occupation of father Shop Employee Race of father W  
Birthplace of father (State or foreign country) Texas (Hawke (Vigo))  
12. Full maiden name of mother Louise Ellen Chan  
Residence of mother (if deceased so state) Deceased  
Occupation of mother Housewife Race of mother Blackfoot  
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 Arlando F. Lewis  
New Address P.O. Box 50, Clayton Ind.

Subscribed and sworn to before me this 19 day of May, 1972  
John Sambold Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:  
County of HENDRICKS

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

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

## FEMALE APPLICANT

Name Janet Sue Cook  
Date of Birth Sept. 30, 1943  
Place of Birth (State or foreign country) Putnam Co. Ind.  
Residence Address Janet Sue Taylor  
Maiden Name if Different 205 Berry, Brenceastle Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Brenceastle Ind.

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

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

☐ Other (Specify) \_\_\_\_\_

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

Residence of father (if deceased so state) 205 Berry, Brenceastle

Occupation of father Warden Bakery - Ind. Race of father W

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

8. Full maiden name of mother Nitah Kathleen Taylor

Residence of mother (if deceased so state) Deceased

Occupation of mother Housewife Race of mother W

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

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

Signed Janet Sue Cook  
New Address P.O. Box 50, Clayton, Ind.

Subscribed and sworn to before me this 19 day of May, 1972  
John Sambold Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS ss:  
County of HENDRICKS

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1972, 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 23rd day of May, 1972, at Danville, County of Hendricks, State of Indiana, Groom Arlando J. Lewis of Hendricks County, State of Indiana, and, Bride Janet Sue Cook of Putnam County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 23rd day of May, 1972  
Signed Fred N. Graham  
Official Designation Justice of the Peace  
Signed John Sambold Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of May, 1972



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 157  
File Book 33  
Date of Application 19 May 1971

MALE  
Medical Examination Report Dated 18 May 1972  
Name of Physician S.E. Gillespie MD

FEMALE  
Medical Examination Report Dated 18 May 1972  
Name of Physician S.E. Gillespie MD

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

MALE APPLICANT

Name Calvin Alger  
Date of Birth June 2 1938  
Place of Birth (State or foreign country) W. Va.  
Residence Address Harpers Ferry Jefferson W. Va.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐  
Usual Occupation Carpenter  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 16603

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor 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  
Richard Lance 9 3 Upper Maryland  
Rickey 12 3 Upper Maryland  
(b) Are you supporting or contributing to their support? Yes ☒ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐  
11. Full name of father: Manuel Louis, Sr.  
Residence of father (if deceased so state): Deceased  
Occupation of father: Race of father: White  
Birthplace of father (State or foreign country): Orange, Va.  
12. Full maiden name of mother: Mamie Parmer  
Residence of mother (if deceased so state): Harpers Ferry W. Va.  
Occupation of mother: A/W. Race of mother: White  
Birthplace of mother (State or foreign country): Harpers Ferry W. Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: HENDRICKS  
Signed: Calvin Alger  
New Address: 101 1/2 S. Wash, Diville  
Subscribed and sworn to before me this 19th day of May, 1972  
John J. Jambolt Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 Janice May Barlow  
Date of Birth May 26 1937  
Place of Birth (State or foreign country) W. Va.  
Residence Address 101 1/2 S. Wash, Diville, W. Va.  
Maiden Name if different: \_\_\_\_\_  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐  
Usual Occupation Bookkeeper: Hartford, Ind.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 19825

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: Russell Hilden Barlow  
Residence of father (if deceased so state): R. Dunn Baden Hb. Front  
Occupation of father: Retired. Race of father: White  
Birthplace of father (State or foreign country): Plantfield, Ind.  
8. Full maiden name of mother: Esther Robert Trusty  
Residence of mother (if deceased so state): Same  
Occupation of mother: A/W. Race of mother: White  
Birthplace of mother (State or foreign country): Stonesville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: HENDRICKS  
Signed: Janice May Barlow  
New Address: Same  
Subscribed and sworn to before me this 19th day of May, 1972  
John J. Jambolt Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 3 day Waver 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 May, 1972, authorizing the joining together as husband and wife of Calvin Alger and Janice May Barlow.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frank Beun, hereby certify that on the 21st day of May, 1972, at Harpers Ferry, County of Jefferson, State of West Virginia, one thousand nine hundred and 72, Calvin Alger of Harpers Ferry, County of Jefferson, State of Indiana, Groom, and Janice May Barlow of Harpers Ferry, County of Jefferson, 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, Indiana.  
Dated this 19 day of May, 1972.  
Signed: Frank Beun  
Official Designation: Christian Minister  
30th day of May, 1972  
Signed: John Jambolt 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. 158  
File Book 33  
19 May 1972  
Date of Application

MALE  
Medical Examination Report Dated 8 May 1972  
Name of Physician D. B. Haggard

FEMALE  
Medical Examination Report Dated 8 May 1972  
Name of Physician D. 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 Rick Paul Richey  
Date of Birth May 11 1952  
Place of Birth Indpls, Ind.  
Residence Address Apt 5529 Portsmouth Ave, Indpls, Ind.  
Previous 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: Mark Mac Pro

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

☐ Other (Specify) 2259

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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: Horace Pershing Richey  
Residence of father (if deceased so state): 31 Ex H St, Indpls, Ind.  
Occupation of father: Foreman, Allison  
Birthplace of father (State or foreign country): Woodburn Ky.  
12. Full maiden name of mother: Doris Jane Kersley  
Residence of mother (if deceased so state): Same  
Occupation of mother: Housekeeper, 735  
Birthplace of mother (State or foreign country): Danville, Ind.

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

Signed Rick Paul Richey

New Address 5529 Portsmouth Ave Indpls.

Subscribed and sworn to before me this 19th day of May, 1972  
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 \_\_\_\_\_ Father

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

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

FEMALE APPLICANT

Name Madeline Roxanne Seifres  
Date of Birth May 17 1954  
Place of Birth Indpls, Ind.  
Residence Address 31 Ex 259D Camby Hwy, 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: Ace Am. P. & W.

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

☐ Other (Specify) 04716

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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: Dyane MacDonal Seifres  
Residence of father (if deceased so state): Same Camby Hwy, Ind.  
Occupation of father: Welder, Westinghouse, Indpls, Ind.  
Birthplace of father (State or foreign country): Indpls, Ind.  
8. Full maiden name of mother: Mary Belle Montgomery  
Residence of mother (if deceased so state): Same  
Occupation of mother: Housekeeper, 735  
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 Madeline Roxanne Seifres

New Address Same

Subscribed and sworn to before me this 19th day of May, 1972  
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 \_\_\_\_\_ Father

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

Subscribed and sworn to before me this \_\_\_\_\_ day 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 May, 1972, authorizing the joining together as husband and wife  
Rick Paul Richey and Madeline Roxanne Seifres  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Maurice E. Brockman hereby certify that on the 26th day of May, 1972  
one thousand nine hundred and 72 at Pleasantville, County of Hendricks  
State of Indiana, Groom: Rick Paul Richey of Hendricks County, State of Indiana  
and, Bride: Madeline Roxanne Seifres of Hendricks County, State of Indiana  
were by me united 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 May, 1972

Signed Maurice E. Brockman

Official Designation Minister, United Methodist

Subscribed and sworn to before me this 30th day of May, 1972  
John J. Jankowski Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of May, 1972



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 159  
File Book 33  
Date of Application 19 May 1972

MALE  
Medical Examination Report Dated 13 May 1972  
Name of Physician Wm. R. Wise MD

FEMALE  
Medical Examination Report Dated 13 May 1972  
Name of Physician Wm. R. Wise MD

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

MALE APPLICANT

Name First William A. Bernhardt Last  
Date of Birth November 13 1941  
Place of Birth Indpls, Ind.  
Residence Address 1324 Milburn Indpls, Marion 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 Supply Super. Mer. Mutal  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-49-071132-7036  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ 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 of orders issued for their support? Yes ☐ No ☒  
11. Full name of father: Arthur Roy Bernhardt Jr.  
Residence of father (if deceased so state) East Ave, Sibbs  
Occupation of father Body Man Race of father White  
Birthplace of father (State or foreign country) Indpls, Ind.  
12. Full maiden name of mother: Alberta Dale  
Residence of mother (if deceased so state) Muncie, Ind.  
Occupation of mother Waitress Race of mother White  
Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed William A. Bernhardt  
New Address 145 Kathryn Dr. Carmel, Ind.  
Subscribed and sworn to before me this 19th day of May, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 Jane E. Harmer Last  
Date of Birth October 6 1949  
Place of Birth North Salem, Ind.  
Residence Address 131 Bx 108 N. Salem, Hend 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 Tech. typing: Mer. Mutal  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-49-071132  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the 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 Washington Harmer  
Residence of father (if deceased so state) Same  
Occupation of father Farmer Race of father White  
Birthplace of father (State or foreign country) Rogersville, Tenn.  
8. Full maiden name of mother: Rachel Rogers Buttery.  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother White  
Birthplace of mother (State or foreign country) Proctor, Ky.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed Jane E. Harmer  
New Address Same  
Subscribed and sworn to before me this 19th day of May, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court  
of Indiana dated the 24th day of May, 1972, authorizing the joining together as husband and wife  
of William A. Bernhardt and Jane E. Harmer  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Howard W. Beer, hereby certify that on the 28th day of May, 1972,  
one thousand nine hundred and 72, at Speedway City, County of Marion,  
State of Indiana, Groom William A. Bernhardt, County, State of Indiana  
and, Bride Jane E. Harmer, County, State of Indiana  
were by me united 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 May, 1972.  
Signed Howard W. Beer  
Official Designation Pastor, 1st day of June, 1972  
Clerk  
Signed John H. Hulse  
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. 160  
File Book 33  
19 May 1972  
Date of Application

MALE

Medical Examination Report Dated 10 May 1972

Name of Physician Irving Cohen MD

FEMALE

Medical Examination Report Dated 10 May 1972

Name of Physician Irving Cohen MD

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

MALE APPLICANT

Name First Middle Last  
William Michael Mason  
Date of Birth Month Day Year  
December 11 1946  
Place of Birth (State or foreign country)  
Indpls, Ind.  
Residence Address Street or R.R. City County State  
1500 State St. P.O. Box 147 Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Exec. VP. Columbia Duffin

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

☐ Other (Specify) 10890

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

Name Age Address

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

11. Full name of father William Henry Mason Sr.  
Residence of father (if deceased so state) Same P.O. Box 147 Ind.  
Occupation of father Pres. Columbia Duffin Race of father white  
Birthplace of father (State or foreign country) Indpls, Ind.  
12. Full maiden name of mother Jacqueline Hall  
Residence of mother (if deceased so state) Same  
Occupation of mother Secy. Columbia Duffin Race of mother white  
Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed

New Address

Subscribed and sworn to before me this 19th day of May, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed

Signed

Subscribed and sworn to before me this day of 1972  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Pamela Ann Rissler  
Date of Birth Month Day Year  
March 17 1948  
Place of Birth (State or foreign country)  
Brazil, Ind.  
Residence Address Street or R.R. City County State  
416 Gibbs St. P.O. Box 147 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. Hoosier Duff

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

☐ Other (Specify) 113-48-015751

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Charles Rissler  
Residence of father (if deceased so state) Same P.O. Box 147 Ind.  
Occupation of father Teacher: LaRue Co. Ind. Race of father white  
Birthplace of father (State or foreign country) Brazil, Ind.  
8. Full maiden name of mother Josephine Marian Elliott  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Brazil, Ind.

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

Signed

New Address

Subscribed and sworn to before me this 19th day of May, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

Signed

Signed

Subscribed and sworn to before me this day of 1972  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1972, authorizing the joining together as husband and wife William Michael Mason and Pamela Ann Rissler.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, C. David Hancock, hereby certify that on the 26th day of June, one thousand nine hundred and seventy-two at Plainfield, County of Hendricks, State of Indiana, Groom William Michael Mason of Hendricks County, State of Indiana, and, Bride Pamela Ann Rissler of Hendricks County, State of Indiana, were by me united 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 May, 1972.

Signed

Official Designation Pastor Plainfield U. M. Church

Signed John B. Hancock Jr. Clerk

HENDRICKS

Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of June, 1972



# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 161  
File Book 33  
19 May 1972  
Date of Application

MALE  
Medical Examination Report Dated 19 May 1972  
Name of Physician Joseph L. West M.D.

FEMALE  
Medical Examination Report Dated 19 May 1972  
Name of Physician Joseph L. West M.D.

ALL QUESTIONS 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 Victor L. Moore  
Date of Birth November 10 1949  
Place of Birth (State or foreign country) Imboden Va.  
Residence Address R1 Bx 91-79 Drille, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) Frank 1970

Usual Occupation Heavy Equipment: Alban Bon  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Sel. Ser. 12 28 49 325

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

(a) List their full names, ages and addresses  
Name Chad Allen Age 7 Address RS Frankfort

- (b) Are you supporting or contributing to their 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 Moore  
Residence of father (if deceased so state) 253 S. 2nd Frankfort  
Occupation of father: Retired. Race of father: white  
Birthplace of father (State or foreign country) Scott Co, Va.  
12. Full maiden name of mother: Stella Bishop  
Residence of mother (if deceased so state) same  
Occupation of mother: same Race of mother: white  
Birthplace of mother (State or foreign country) Scott Co, Va.

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

Signed Victor L. Moore  
New Address  
Subscribed and sworn to before me this 19th day of May, 1972  
Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:  
County of

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS Circuit Court  
of Indiana dated the 24th day of May, 1972, authorizing the joining together as husband and wife  
of Victor L. Moore and Terri Akers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Jerry G. Van Duse, 72, hereby certify that on the 27th day of May, 1972,  
at Danville Apostolic Church, County of Hendricks, State of Indiana,  
one thousand nine hundred and \_\_\_\_\_ of \_\_\_\_\_ County, State of Indiana,  
State of Indiana, Groom Victor Moore  
and, Bride Terri Akers

were by me united 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 May, 1972.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1972.

## FEMALE APPLICANT

Name Terri Akers  
Date of Birth October 1 1953  
Place of Birth (State or foreign country) Frankfort Ind.  
Residence Address 552 Sullivan Frankfort, 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: CLK Decoum

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

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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: Milton Akers  
Residence of father (if deceased so state) New Baltimore, Md.  
Occupation of father: Foreman, Construction  
Birthplace of father (State or foreign country) Va. Co, Ind.

8. Full maiden name of mother: Marie Kathryn Wolfe  
Residence of mother (if deceased so state) same Frankfort, Ind.  
Occupation of mother: Cabinet builder  
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 Terri Akers  
New Address  
Subscribed and sworn to before me this 19th day of May, 1972  
Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

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

FRONT



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 162  
File Book 33  
19 May 1972  
Date of Application

## MALE

Medical Examination Report Dated 15 May 1972  
Name of Physician Irving Cohen M.D.

## FEMALE

Medical Examination Report Dated 15 May 1972  
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 Philip Middle Ross Last Lowry  
Date of Birth June 10 1950  
Place of Birth (State or foreign country) Mattoon, Ill.  
Residence Address 1143 Section Pitts, 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 Delivery: Wayside Farm.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify).....
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to 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 Warren Ross Lowry  
Residence of father (if deceased so state) Same Pitts, Ind.  
Occupation of father Brickman, mfg. Race of father white  
Birthplace of father (State or foreign country) Mattoon, Ill.  
12. Full maiden name of mother Evelyn Faye Whitley  
Residence of mother (if deceased so state) Same  
Occupation of mother Decedent  
Birthplace of mother (State or foreign country) Mattoon, Ill.

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

Signed Philip Ross Lowry  
New Address 1143 Section Pitts, Hend, Ind.

Subscribed and sworn to before me this 19th day of May, 1972  
Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Georganne Middle Rodgers Last  
Date of Birth December 12 1948  
Place of Birth (State or foreign country) Pittsburgh, Pa.  
Residence Address 4971 Cres. Ta Way San Diego, Calif.  
Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

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

- ☐ Other (Specify).....
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 Kietle Rodgers  
Residence of father (if deceased so state) Same San Diego, Calif.  
Occupation of father Electrician Race of father white  
Birthplace of father (State or foreign country) Pittsburgh, Pa.  
8. Full maiden name of mother Mary Jane Kimmie  
Residence of mother (if deceased so state) Same  
Occupation of mother School Teacher Race of mother white  
Birthplace of mother (State or foreign country) Pittsburgh, Pa.

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

Signed Georganne Rodgers

New Address Same

Subscribed and sworn to before me this 19th day of May, 1972  
Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 May, 1972, authorizing the joining together as husband and wife of Philip Ross Lowry and Georganne Rodgers.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren R. Robbins hereby certify that on the 24 day of May, 1972, at Plainfield, Hendricks County, State of Indiana, Groom Philip Ross Lowry of Hendricks County, State of Indiana, and Bride Georganne Rodgers of San Diego County, State of California, were by me united 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 May, 1972.

Signed Warren R. Robbins

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of May, 1972

Signed John Hamblett Jr Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 163  
File Book 33  
May 22 1972  
Date of Application

MALE

Medical Examination Report Dated 5-12-72

Name of Physician Thomas Walker

FEMALE

Medical Examination Report Dated May 12 1972

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, representa-

MALE APPLICANT

Name First Myron Middle Christy Last Hansen  
Date of Birth Month Jan Day 23 Year 1934  
Place of Birth (State or foreign country) Beloit  
Residence Address 234 N. Jefferson Street or R.R. City Rock County Rock State Wiscon.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Field Eng - Gen. Bus. Mch.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

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

11. Full name of father Myron Christy Hansen  
Residence of father (if deceased so state) Freeport Ill.  
Occupation of father Retired Race of father W  
Birthplace of father (State or foreign country) Beloit Wisc.  
12. Full maiden name of mother Helen Louise Clark  
Residence of mother (if deceased so state) deceased  
Occupation of mother Race of mother W  
Birthplace of mother (State or foreign country) Fargo N. Dakota

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed x Myron Christy Hansen Jr.  
New Address

Subscribed and sworn to before me this 22 day of May, 1972  
John Gaubert 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

FEMALE APPLICANT

Name First Diana Middle Lena Last Waggoner  
Date of Birth Month June Day 28 Year 1941  
Place of Birth (State or foreign country) Los Angeles  
Residence Address 234 N. Jefferson Street or R.R. City Rock County Rock State Calif.  
Maiden Name if Different Wack  
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 Sew. Consultant - Cosmetics  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father George W. Wack  
Residence of father (if deceased so state) Milton Ill.  
Occupation of father Retired Race of father W  
Birthplace of father (State or foreign country) Milton Ill.  
8. Full maiden name of mother Lena Wiggins Brown  
Residence of mother (if deceased so state) Same  
Occupation of mother Retired Race of mother W  
Birthplace of mother (State or foreign country) Deer Lodge Tenn.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed x Lena Wiggins Waggoner  
New Address

Subscribed and sworn to before me this 22 day of May, 1972  
John Gaubert 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

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 26th day of May, 1972, authorizing the joining together as husband and wife of Myron Christy Hansen Jr. and Lena Diana Waggoner.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frances Cooper hereby certify that on the 3rd day of June, 1972, at \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_, County, State of \_\_\_\_\_, and \_\_\_\_\_ 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 3rd day of June, 1972.  
Signed Frances Cooper  
Official Designation \_\_\_\_\_  
14 day of \_\_\_\_\_, 1972  
Signed John Gaubert dr 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. 164  
File Book 33  
22 May 1972  
Date of Application

MALE  
Medical Examination Report Dated 15 May 1972  
Name of Physician

FEMALE  
Medical Examination Report Dated 15 May 1972  
Name of Physician D.J.B.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 L. Partlow  
Date of Birth March 4, 1952  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 639 Simmons Street or R. R. City of Indianapolis, 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 Sunday 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 now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions 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: Carl Richard Partlow  
Residence of father (if deceased so state) Same  
Occupation of father: Sheet Metal Worker Race of father: W  
Birthplace of father (State or foreign country) Columbus, Indiana  
12. Full maiden name of mother: Mary Ellen Cassette  
Residence of mother (if deceased so state) Same  
Occupation of mother: Office Work 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 Mark L. Partlow  
New Address: 8324 Meadowlark Dr.

Subscribed and sworn to before me this 22 day of May, 1972.  
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 Mary E. Partlow Father  
Signed Mary E. Partlow Mother

Subscribed and sworn to before me this 22 day of May, 1972.  
John Sanbold, Jr. Clerk

State of Indiana, HENDRICKS } ss:  
County of

Signed John Sanbold, Jr. Clerk

LET 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

Indiana dated the 23 day of May, 1972, 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 25 day of May, 1972, at Plainfield, Hendricks County, State of Indiana, Groom Mark L. Partlow and, Bride Peggy Gootie of Hendricks County, State of Indiana, were by me united 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 May, 1972.

Signed Robert L. Kitchin  
Official Designation Pastor, Saint Ann's Catholic Church

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of June, 1972.

Signed John Sanbold, Jr. Clerk HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1945

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 164  
File Book 33  
Date of Application 22 May 1972

MALE

Medical Examination Report Dated 15 May 1972

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

FEMALE

Medical Examination Report Dated 15 May 1972

Name of Physician D. J. B.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1945 prescribes "False statement—Whoever procures the issuance of a license to 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 L. Partlow  
Date of Birth February 6, 1952  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 639 Sermons, Plainfield, Ind. 46160  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Assembly Work  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
Carl Richard Partlow		
Residence of father (if deceased so state) <u>Same</u>		
Occupation of father <u>Sheet Metal Worker</u> Race of father <u>W</u>		
Birthplace of father (State or foreign country) <u>Columbus, Indiana</u>		
12. Full maiden name of mother <u>Mary Ellen Cassady</u>		
Residence of mother (if deceased so state) <u>Same</u>		
Occupation of mother <u>Office Work</u> Race of mother <u>W</u>		
Birthplace of mother (State or foreign country) <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 Carl Richard Partlow  
Residence of father (if deceased so state) Same  
Occupation of father Sheet Metal Worker Race of father W  
Birthplace of father (State or foreign country) Columbus, Indiana  
12. Full maiden name of mother Mary Ellen Cassady  
Residence of mother (if deceased so state) Same  
Occupation of mother Office Work 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 Mark L. Partlow  
New Address 8324 Meadowlark Dr.  
Subscribed and sworn to before me this 22 day of May, 1972.  
Clerk HENDRICKS

FEMALE APPLICANT

Name Peggy Gootie  
Date of Birth March 7, 1953  
Place of Birth (State or foreign country) Richmond, Indiana  
Residence Address 422 Poplar St., Plainfield, Ind. 46160  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Medical Assistant  
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 Isaac Gootie  
Residence of father (if deceased so state) Same  
Occupation of father Capital City Jones Co. Race of father W  
Birthplace of father (State or foreign country) Indianapolis, Ind.  
8. Full maiden name of mother Marjorie Lee Proffers  
Residence of mother (if deceased so state) Same  
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 Peggy Gootie  
New Address 8324 Meadowlark Dr. Ind.  
Subscribed and sworn to before me this 22 day of May, 1972.  
Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary \_\_\_\_\_  
Father \_\_\_\_\_  
Mother \_\_\_\_\_  
Clerk \_\_\_\_\_  
Subscribed and sworn to before me this 23 day of May, 1972.  
Notary Public Linda Gootie

Carl Richard Partlow, hereby give my consent for my son Mark L. Partlow to marry Peggy Gootie.  
Subscribed and sworn to before me this 23 day of May, 1972.  
Notary Public Linda Gootie

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Robert L. Kitchen hereby certify that on the 25 day of May, 1972, at Plainfield, County of Hendricks, State of Indiana, Groom Mark L. Partlow and, Bride Peggy Gootie of Hendricks County, State of Indiana were by me united 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 May, 1972.  
Signed Robert L. Kitchen  
Official Designation Pastor, Saint Susanna Catholic Church  
Signed John Sanbold, Jr. Clerk  
Filed and recorded in accordance with the laws of the State of Indiana this 1st day of June, 1972.  
Clerk HENDRICKS



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 165  
File B 33  
Date of Application May 22 1973

MALE

Medical Examination Report Dated 5-23-72

Name of Physician Donald M. Pfeiffer MD

FEMALE

Medical Examination Report Dated May 19 1972

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  
Wayne Ellis Douglas  
Date of Birth Month Day Year  
March 9 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. City County State  
Lackland Air Force Base Lackland Texas  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation 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? (If yes, answer questions 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 Eugene Wendel Douglas  
Residence of father (if deceased so state) deceased  
Occupation of father Factory Race of father W  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother June Marie Mustin  
Residence of mother (if deceased so state) A 2 Maryan St Lafayette  
Occupation of mother Factory Race of mother W  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed x Wayne Ellis Douglas  
New Address

Subscribed and sworn to before me this 26 day of May, 1972  
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.

Foster parents raised him

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS

Signed x Roy A. Charlesworth Father  
Signed x Nancy Charlesworth Mother

Subscribed and sworn to before me this 26 day of May, 1972  
John Gamble Jr Clerk

FEMALE APPLICANT

Name First Middle Last  
Sandra Lou Hildebrand  
Date of Birth Month Day Year  
November 21 1953  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R. R. City County State  
534 Trevor St. Brownburg 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 Waitress  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Full name of father Virgil Hildebrand  
Residence of father (if deceased so state) same  
Occupation of father mfg. - Sew. Sta. Race of father W  
Birthplace of father (State or foreign country) Clay Co. Kentucky  
8. Full maiden name of mother Ruby Rose Collins  
Residence of mother (if deceased so state) same Ohio  
Occupation of mother Race of mother W  
Birthplace of mother (State or foreign country) Clay Co. 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 Sandra L. Hildebrand  
New Address

Subscribed and sworn to before me this 22 day of May, 1973  
John Gamble Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1972, authorizing the joining together as husband and wife

of Wayne Ellis Douglas and Sandra Lou Hildebrand

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

I, James Allen Williams, hereby certify that on the 26 day of May, 1972, at Brownburg, County of Hendricks, State of Indiana, Groom Wayne Ellis Douglas of Tippecanoe County, State of Indiana, and, Bride Sandra Lou Hildebrand of Hendricks County, State of Indiana,

were by me united 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 May, 1972. Signed James Allen Williams  
Official Designation \_\_\_\_\_ day of May, 1972. Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of May, 1972. Signed John Gamble Jr HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 166  
File Book 33  
22 May 1972  
Date of Application

MALE  
Medical Examination Report Dated 5-19-72  
Name of Physician Wm H Sherman MD

FEMALE  
Medical Examination Report Dated 17 May 1972  
Name of Physician Dr B. Haggard MD

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

MALE APPLICANT  
Name William Dwayne DeLong  
Date of Birth August 15 1952  
Place of Birth Indianapolis, Indiana  
Residence Address 1526 Bailey Street Indianapolis Marion 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 Military Police  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) 8130
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
William Clyde DeLong		
Residence of father (if deceased so state)		
Occupation of father Warehouse Manager		
Birthplace of father (State or foreign country)		
Full maiden name of mother Ruth Louise Culbertson		
Residence of mother (if deceased so state)		
Occupation of mother Housewife		
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 William Dwayne DeLong  
New Address 1218 Kearny Apt 3  
and sworn to before me this 6 day of June 1972  
John Samuel Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:  
Signed William Clyde DeLong Father  
Signed Ruth Louise Culbertson Mother  
Subscribed and sworn to before me this 10 day of June 1972  
John Samuel 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 6 day of June 1972, authorizing the joining together as husband and wife of William Dwayne DeLong and Melinda Clutter. Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins hereby certify that on the 10th day of June one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom William Dwayne DeLong of Marion County, State of Ind. and, Bride Melinda Clutter of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 10th day of June 1972.

Signed Warren A. Robbins  
Official Designation Christian Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 12 day of June 1972  
Signed John Samuel Clerk HENDRICKS Circuit Court

FEMALE APPLICANT  
Name Melinda Clutter  
Date of Birth July 12 1954  
Place of Birth Brazil, Ind.  
Residence Address R2 Bx 286A P.O. Box, New, Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

- ☐ Other (Specify) Bk 10 P 16
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 Edwin Clutter  
Residence of father (if deceased so state) Same as father  
Occupation of father Salesman  
Birthplace of father (State or foreign country) Brazil, Ind.

Name	Age	Address
James Edwin Clutter		
Residence of father (if deceased so state)		
Occupation of father Salesman		
Birthplace of father (State or foreign country)		
Full maiden name of mother Elizabeth Marion Wilk		
Residence of mother (if deceased so state)		
Occupation of mother A/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 Melinda Clutter  
New Address 1218 Kearny St. Manhattan Kan  
Subscribed and sworn to before me this 22nd day of May 1972  
John Samuel Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
Signed Elizabeth Marion Wilk Father  
Signed James Edwin Clutter Mother  
Subscribed and sworn to before me this 22nd day of May 1972  
John Samuel 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. 166  
File Book 33  
22 May 1972  
Date of Application

MALE

Medical Examination Report Dated 5-19-72  
Name of Physician Wm H Sherman MD

FEMALE

Medical Examination Report Dated 17 May 1972  
Name of Physician Dr B. Haggard MD

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

MALE APPLICANT

Name William Dwayne DeLong  
Date of Birth August 15 1958  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address 1526 Bailey Street, Indpls, Marion 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 Military Police

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

☐ Other (Specify) 8130

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 William Clyde DeLong  
Residence of father (if deceased so state) Same  
Occupation of father Warehouse Manager Race of father W  
Birthplace of father (State or foreign country) Free Harts, Indiana  
12. Full maiden name of mother Ruth Louise Culbertson  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, I do hereby state the information given

FEMALE APPLICANT

Name Melinda Clutter  
Date of Birth July 12 1954  
Place of Birth (State or foreign country) Brazil, Ind  
Residence Address R2 Bx 286A P.O. Box, New, Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student, Avon HS, Avon

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

☐ Other (Specify) BK 10 P 16

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Edwin Clutter  
Residence of father (if deceased so state) Same, P.O. Box 286A, Brazil, Ind.  
Occupation of father Salesman, S. Philips, White  
Birthplace of father (State or foreign country) Brazil, Ind.

8. Full maiden name of mother Elizabeth Margaret Williams  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W Race of mother white  
Birthplace of mother (State or foreign country) Barry, Ky.

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

Signed Melinda Clutter  
New Address 1218 Kearney St, Manhattan, Kan  
Subscribed and sworn to before me this 22nd day of May, 1972  
Clerk HENDRICKS Circuit Court

I, JAMES E. CLUTTER, hereby give my consent for  
my Daughter MELINDA CLUTTER  
marry WILLIAM DELONG

Subscribed and sworn to before me this 1st day of June 1972

Notary Public  
CLERK OF HENDRICKS SUPERIOR COURT  
DANVILLE, INDIANA

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of June, 1972, 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 10th day of June, 1972, at Plainfield, County of Hendricks, State of Indiana, Groom William Dwayne DeLong of Marion County, State of Ind.

and, Bride Melinda Clutter of Hendricks County, State of Ind.

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

Dated this 10th day of June, 1972.

Signed Warren A. Robbins

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of June, 1972

Signed John B. Robbins Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 167

File 44 Bk #33

May 23 1972  
Date of Application

MALE

Medical Examination Report Dated 5/19/72

Name of Physician James A. Malayter

FEMALE

Medical Examination Report Dated 5/19/72

Name of Physician James A. Malayter

ALL QUESTIONS 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 Theodore Middle Edward Last Taylor  
Date of Birth Month December Day 20 Year 1944  
Place of Birth (State or foreign country) Wayne, Michigan  
Residence Address 5149 St Paul Circle, 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 Mechanic  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Insurance Policy M7-117-893

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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: Mike Clyde Taylor  
Residence of father (if deceased so state): Clayton, Indiana  
Occupation of father: Truck Driver Race of father: W  
Birthplace of father (State or foreign country): Chicago, Illinois  
12. Full maiden name of mother: Patricia Jean St. John  
Residence of mother (if deceased so state): Pontiac, Michigan  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Chicago, Illinois

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: Signed: Theodore E. Taylor  
New Address: 225 Holmes St.

Subscribed and sworn to before me this 23 day of May, 1972.  
John Hamblitt, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Julia Middle Elizabeth Last Archer  
Date of Birth Month February Day 15 Year 1953  
Place of Birth (State or foreign country) Indianapolis, Ind.  
Residence Address 9616 Melody Lane Indpls Marion Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)

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

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Full name of father: John Edward Archer  
Residence of father (if deceased so state): Same  
Occupation of father: Correction Officer Race of father: W  
Birthplace of father (State or foreign country): Indpls, Indiana  
8. Full maiden name of mother: Jacoba Alice Stonecipher  
Residence of mother (if deceased so state): Same  
Occupation of mother: Housewife 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: Signed: Julia E. Archer  
New Address: 225 S. Holmes St.

Subscribed and sworn to before me this 23 day of May, 1972.  
John Hamblitt, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 1972, authorizing the joining together as husband and wife of Indiana dated the 30th day of May, 1972, and \_\_\_\_\_ and \_\_\_\_\_

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_  
I, \_\_\_\_\_ hereby certify that on the 1st day of June, 1972, 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 \_\_\_\_\_ County.

Dated this 1st day of June, 1972.

Signed: Billy Garland

Official Designation: Minister, 1972

Signed: John Hamblitt, Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1972.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #168

File #33

May 23 1972  
Date of Application

MALE  
Medical Examination Report Dated 5-13-72  
Name of Physician A. N. Sudder

FEMALE  
Medical Examination Report Dated 5-13-72  
Name of Physician A. N. Sudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 S Last Stewart, Jr.  
Date of Birth Month Sept Day 30 Year 1947  
Place of Birth (State or foreign country) Hamilton, Ohio  
Residence Address R#2 Box 85 Brownsburg Ind IL  
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 Supervisor

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

☒ Other (Specify) Parent No. 264336 (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
Paul Stewart	6	Dayton, Ohio
Paul Stewart	4	Dayton, Ohio

(b) Are you supporting or contributing to their 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 L. Stewart, Sr.  
Residence of father (if deceased so state) Dayton, Ohio  
Occupation of father Mechanist Race of father W  
Birthplace of father (State or foreign country) Kentucky  
12. Full maiden name of mother Hazel Webb  
Residence of mother (if deceased so state) Dayton, Ohio  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Hamilton, Ohio

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

Signed Paul L. Stewart  
New Address R R 2 Box 85

Subscribed and sworn to before me this 23 day of May, 1972.  
John Sambell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

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

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

FEMALE APPLICANT

Name First Mary Middle S Last Shadler  
Date of Birth Month May Day 18 Year 1949  
Place of Birth (State or foreign country) South City, Iowa  
Residence Address 428 Swoon Brownsburg Ind IL  
Maiden Name if Different Same (Shadler)  
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 307-54-9095-04

- 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 David Joseph Shadler  
Residence of father (if deceased so state) Same  
Occupation of father Tany Sechaun Race of father W  
Birthplace of father (State or foreign country) Columbus, Indiana

8. Full maiden name of mother Marye Rufina Pennell  
Residence of mother (if deceased so state) Same  
Occupation of mother Cook Race of mother W  
Birthplace of mother (State or foreign country) South Dakota

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

Signed Mary L. Shadler  
New Address R R 2 Box 85 Brownsburg

Subscribed and sworn to before me this 23 day of May, 1972.  
John Sambell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 May 23, 1972 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3 day Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23 day of May, 1972, authorizing the joining together as husband and wife

Paul L. Stewart, Jr. and Mary L. Shadler  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Richard L. Hammon, hereby certify that on the 28 day of May, 1972, at Brownsburg, Indiana, County of Hendricks, State of Indiana, Groom Paul L. Stewart, and, Bride Mary L. Shadler, of Hendricks County, State of Indiana, were by me united 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 May, 1972.  
Signed Rev. Richard L. Hammon  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of June, 1972.  
Signed John Sambell, Jr. Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. # 169  
File Box 33  
Date of Application May 23, 1972

MALE

Medical Examination Report Dated May 10, 1972  
Name of Physician Carl L. Heinlein M.D.

FEMALE

Medical Examination Report Dated May 10, 1972  
Name of Physician Carl L. Heinlein M.D.

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

MALE APPLICANT

Name Carl Hause  
Date of Birth March 1 1954  
Place of Birth (State or foreign country) London Kentucky  
Residence Address 12 Purpura Dr. Danville, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) Ind.  
Usual Occupation Ind.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Selective Service 15-54-54-71

- 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

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

11. Full name of father Otis Edward House  
Residence of father (if deceased so state) R #3 London Ky.  
Occupation of father State Highway Race of father White  
Birthplace of father (State or foreign country) Clay Co. Kentucky  
12. Full maiden name of mother Betty Heaton  
Residence of mother (if deceased so state) R #3 London Ky.  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Clay Co. Kentucky

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

Signed Carl Hause

New Address R #2 Box 338A Danville

Subscribed and sworn to before me this 23rd day of May, 1972  
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:

Signed Betty House Father

Signed Betty House Mother

Subscribed and sworn to before me this 23rd day of May, 1972  
John Lambard Jr. Clerk

FEMALE APPLICANT

Name Lorene Hatcher  
Date of Birth Not 4 1951  
Place of Birth (State or foreign country) London Kentucky  
Residence Address R #2 Box 340 Danville, Ind.  
Maiden Name if Different None  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☐ Negro ☐ Other ☐ (specify) Ind.  
Usual Occupation Danner's

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Life Insurance Policy (Danner's) #G12,322

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 James Hatcher  
Residence of father (if deceased so state) R #2 Box 340 Danville, Ind.  
Occupation of father Warehouse Hand Race of father White  
Birthplace of father (State or foreign country) Laurel Co. Ky.

8. Full maiden name of mother Mary Belle House  
Residence of mother (if deceased so state) R #2 Box 340 Danville  
Occupation of mother Housewife Race of mother White  
Birthplace of mother (State or foreign country) Laurel Co. Ky.

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

Signed Lorene Hatcher

New Address R #2 Box 338A Danville

Subscribed and sworn to before me this 23rd day of May, 1972  
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:

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 \_\_\_\_\_

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

RETURN 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 30th day of May, 1972, authorizing the joining together as husband and wife of Carl Hause and Lorene Hatcher

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

I, Buford Brock hereby certify that on the 2 day of June, 1972, at Danville, County of Hendricks, State of Indiana, Groom Carl Hause of Hendricks County, State of Indiana, and, Bride Lorene Hatcher of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County.

Dated this 2 day of June, 1972

Signed Buford Brock

Official Designation Minister, 1972

Signed John Lambard Jr. Clerk

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. # 169  
File Bop 33  
Date of Application May 23, 1972

MALE

Medical Examination Report Dated May 10, 1972  
Name of Physician Carl L. Heinlein M.D.

FEMALE

Medical Examination Report Dated May 10, 1972  
Name of Physician Carl L. Heinlein M.D.

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

MALE APPLICANT

Name First Carl Middle Last House  
Date of Birth Month March Day 1 Year 1954  
Place of Birth (State or foreign country) London Kentucky  
Residence Address 12 Purpura Dr. Danville, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Ind.

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

☒ Other (Specify) Selective Service 15-54-54-71

- 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? 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 Otis Edwards House  
Residence of father (if deceased so state) R #3 London Ky.  
Occupation of father State Highway Race of father  
Birthplace of father (State or foreign country) Clay Co. Kentucky  
12. Full maiden name of mother Betty Wheaton  
Residence of mother (if deceased so state) R #3 London Ky.  
Occupation of mother  
Birthplace of mother (S

State of Indiana, HEN  
County of

New A

Subscribed and sworn to

CONSENT OF PARENT

We, the parents, of this

signs, state facts which

State of Indiana, HEN

County of

Sig

Sig

Subscribed and sworn

FEMALE APPLICANT

Name First Lorene Middle Last Hatcher  
Date of Birth Month Oct Day 4 Year 1951  
Place of Birth (State or foreign country) London Kentucky  
Residence Address R P #2 Box 340 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 Danner's

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree Cert. # 315-56-922

☒ Other (Specify) Life Insurance Policy (Danner's) # B12,322

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 James Hatcher  
Residence of father (if deceased so state) Box 340 R #2 Danville, Ind.  
Occupation of father Warehouse Standard Gro.  
Birthplace of father (State or foreign country) Laurel Co. Ky.  
8. Full maiden name of mother Mary Bell House  
Residence of mother (if deceased so state) R.P. #2 Box 340 Danville  
Occupation of mother Housewife Race of mother  
Birthplace of mother (State or foreign country) Laurel Co. Ky.

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

Signed Lorene Hatcher  
New Address R.P. #2 Box 338A Danville.  
22nd day of May, 1972

FRONT

I, Otis House

son, Carl House

marry Lorene Hatcher



Subscribed and sworn to before me this 26 day of May 1972

Roy Lincher  
Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been issued by the Court by written order issued in HENDRICKS County.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
HENDRICKS County Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Court, authorizing the joining together as husband and wife of Indiana dated the 30th day of May, 1972, and Lorene Hatcher

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Buford Brock hereby certify that on the 2 day of June

one thousand nine hundred and 72 at Danville, County of Hendricks, State of Indiana

Groom, Carl House of Hendricks County, State of Indiana  
and, Bride, Lorene Hatcher of Hendricks County, State of Indiana

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 2 day of June, 1972.

Signed Buford Brock  
Official Designation Minister, 1972.  
Signed John Danbold Jr. Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June, 1972.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 170  
File Book 33  
May 23, 1972  
Date of Application

MALE  
Medical Examination Report Dated May 17, 1972  
Name of Physician Glenn Baker

FEMALE  
Medical Examination Report Dated 5/17/72  
Name of Physician Glenn Baker

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

MALE APPLICANT

Name 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 Machinist  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Drivers License 403-43-6696-01

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

Name	Age	Address
Allen	15	Linton
Manny	13	Linton
Bonnie	9	Linton
John	7	Linton

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

11. Full name of father Allen Marco  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Bowling Green Ky.  
12. Full maiden name of mother Lula Jones  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Bowling Green Ky.

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

Signed \_\_\_\_\_  
New Address 9037 Luskmore St. Indianapolis

Subscribed and sworn to before me this 23rd day of May, 1972  
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 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 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 Factory  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Drivers License 2307-34-7584-02

- 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 Arvid Douglas  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_

Birthplace of father (State or foreign country) Allen County Ky.

8. Full maiden name of mother Virgie Good  
Residence of mother (if deceased so state) Deceased  
Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_

Birthplace of mother (State or foreign country) Macon Co. Tenn.

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

Signed \_\_\_\_\_  
New Address 9037 Luskmore St. Indianapolis

Subscribed and sworn to before me this 23rd day of May, 1972  
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 \_\_\_\_\_ Court by written order issued 3 day Waiver and filed  
in \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN 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 May, 1972, 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 26th day of May, 1972  
at \_\_\_\_\_, County of \_\_\_\_\_

one thousand nine hundred and \_\_\_\_\_  
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 26th day of May, 1972

Signed \_\_\_\_\_  
Official Designation \_\_\_\_\_

Filed and recorded in accordance with the laws of the State of Indiana this 30th day of May, 1972  
Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 171

File Bk 33

May 24, 1972  
Date of Application

MALE

Medical Examination Report Dated 5-24-72

Name of Physician Robert W. Kertley

FEMALE

Medical Examination Report Dated 5-24-72

Name of Physician Robert W. Kertley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 J Last Fields  
Date of Birth Month December Day 29 Year 1950  
Place of Birth (State or foreign country) Chicago, Illinois  
Residence Address 929 Washington Street or R. R. City Evanston County Cook State 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 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 Russell Fields  
Residence of father (if deceased so state) Same  
Occupation of father Insurance Agent Race of father W  
Birthplace of father (State or foreign country) Buffalo, New York  
12. Full maiden name of mother Margie Catherine Jessel  
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 HENDRICKS  
Signed X John F. Fields  
New Address

Subscribed and sworn to before me this 24 day of May, 1972  
John Hambell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 \_\_\_\_\_, 19\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Jane Middle Ann Last Clark  
Date of Birth Month January Day 10 Year 1949  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address R# 3 Box 165 City Danville County Shelby State Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Unemployed  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)

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

7. Full name of father Thomas J. Clark  
Residence of father (if deceased so state) Same  
Occupation of father Sales Representative Race of father W  
Birthplace of father (State or foreign country) Chicago, Illinois  
8. Full maiden name of mother Barbara Nell Foley  
Residence of mother (if deceased so state) Same  
Occupation of mother Bookkeeper 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 HENDRICKS

Signed X Jeri Lynn Clark

New Address

Subscribed and sworn to before me this 24 day of May, 1972  
John Hambell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 \_\_\_\_\_, 19\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 31st day of May, 1972, authorizing the joining together as husband and wife of John F. Fields and Jane Ann Clark. Be it further remembered, the following marriage certificate was filed in my office, to wit: I, Norman L. Weaver, hereby certify that on the 3rd day of June, 1972, at Danville, County of Shelby, State of Indiana, one thousand nine hundred and 72 of Cook County, State of Indiana, State of Indiana, Groom John F. Fields and, Bride Jeri Lynn Clark of HENDRICKS County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 31st day of May, 1972. Signed Norman L. Weaver  
Official Designation Minister, 1972  
Signed John Hambell, 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

FRONT



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 172  
File Book 33  
20 May 1972  
Date of Application

MALE

Medical Examination Report Dated 24 May 1972

Name of Physician D. D. Cheesman MD

FEMALE

Medical Examination Report Dated 24 May 1972

Name of Physician D. D. Cheesman MD

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

MALE APPLICANT

Name First Alan Middle Griffith Last  
Date of Birth Month 29 Day 1953  
Place of Birth (State or foreign country) Ind. Ia.  
Residence Address R2 Bx 60 Dillville, 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: Indiana Tech.

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

☐ Other (Specify) 6396

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ 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 Robert Griffith  
Residence of father (if deceased so state) Same  
Occupation of father Welder, Alcoa Rate of father white  
Birthplace of father (State or foreign country) Sullivan Co. Ind.  
12. Full maiden name of mother Norma Lee Pergal  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W Rate of mother white  
Birthplace of mother (State or foreign country) Sullivan, Ind.

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

Signed

New Address

Subscribed and sworn to before me this 25th day of May, 1972  
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:

Signed

Signed

Subscribed and sworn to before me this 25th day of May, 1972  
John J. Smith Clerk

FEMALE APPLICANT

Name First Vickie Middle Jeanne Last Eaton  
Date of Birth Month 5 Day 1954  
Place of Birth (State or foreign country) Ind. Ia.  
Residence Address R2 Bx 60 Dillville, 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 Graduating Fr. Ind. DHS

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

☐ Other (Specify) 113-54-250142

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Oren Eaton  
Residence of father (if deceased so state) Same  
Occupation of father Shipyard: same white  
Birthplace of father (State or foreign country) Summershale Ky.  
8. Full maiden name of mother Dorothy Louise Spencer  
Residence of mother (if deceased so state) Same  
Occupation of mother Supr. Amer. United white  
Birthplace of mother (State or foreign country) Huron, Ind.

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

Signed

New Address

Subscribed and sworn to before me this 25th day of May, 1972  
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:

Signed

Signed

Subscribed and sworn to before me this day of 1972  
John J. Smith Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 10th day of July, 1972, authorizing the joining together as husband and wife of James Alan Griffith and Vickie Jeanne Eaton. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Norman L. Weaver, hereby certify that on the 10th day of June, one thousand nine hundred and seventy-two, at Danville, Indiana, County of Hendricks, State of Indiana, Groom James Alan Griffith and, Bride Vickie Jeanne Eaton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County. Dated this 30th day of June, 1972.

Signed

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of July, 1972  
Signed John J. Smith Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 173  
File Book 33  
Date of Application May 1972

MALE  
Medical Examination Report Dated 20 May 1972  
Name of Physician Joseph C. Kerton MD

FEMALE  
Medical Examination Report Dated 20 May 1972  
Name of Physician Jos. C. Kerton 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 Mark R. Smith  
Date of Birth June 12 1954  
Place of Birth Lebanon, Ind.  
Residence Address R1 BX 128, Pittsboro, Ind.  
Previous 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: Senior 28-3 P.M.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-54-011514

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Francis Smith

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

Occupation of father Assembler, Chrysler Corp. Race of father White

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

12. Full maiden name of mother Norma Lee Williamson

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 York, Ind.

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

County of HENDRICKS

Signed Mark R. Smith

New Address R1 BX 124 Pittsboro, Ind.

Subscribed and sworn to before me this 25th day of May, 1972

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 William F. Smith Father

Signed Norma L. Williamson Mother

Subscribed and sworn to before me this 25th day of May, 1972

Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name Rebecca S. Bewley  
Date of Birth May 7 1955  
Place of Birth May, Ind.  
Residence Address R1 BX 124 Pittsboro, 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) 4513

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

Residence of father (if deceased so state) R1 BX 135 Drills, Ind.

Occupation of father Machinist: Lark, Ind. Race of father White

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

8. Full maiden name of mother Leah Senecane

Residence of mother (if deceased so state) R1 BX 124, Pittsboro, Ind.

Occupation of mother Bates, Ind. Race of mother White

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

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

County of HENDRICKS

Signed Rebecca S. Bewley

New Address Same

Subscribed and sworn to before me this 25th day of May, 1972

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Dr. Hel G. mother given custody

Rebecca consent have with State

Statement of 24 May 1972

State of Indiana, HENDRICKS } ss:

County of HENDRICKS

Signed

Signed 25th day of May

Subscribed and sworn to before me this 25th day of May, 1972

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 Superior Court by written order issued 25 May 1972 and filed

in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Groom 28 + 3d Woman

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Mark R. Smith and Rebecca S. Bewley.

I, Sherman Essex, hereby certify that on the 3 day of June

at Pittsboro, County of Hendricks

one thousand nine hundred and 72, of Hendricks County, State of Indiana

State of Indiana, Groom Mark R. Smith of Hendricks County, State of Indiana

and, Bride Rebecca S. Bewley of Hendricks County, State of Indiana

were by me united 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 June, 1972

Signed Sherman Essex

Official Designation Minister, 1972

Signed John H. Hensley 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. 173  
File Book 33  
Date of Application May 1972

MALE  
Medical Examination Report Dated 20 May 1972  
Name of Physician Joseph C. Kerton MD

FEMALE  
Medical Examination Report Dated 20 May 1972  
Name of Physician Jos. C. Kerton 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 Mark Middle R. Last Smith  
Date of Birth June 12 1954  
Place of Birth Lebanon, Ind.  
Residence Address R1 BX 128 Pittsboro, Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Student: Senior 28-3 Pbm  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-54-01154A

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

Name First Rebecca Middle S. Last Bewley  
Date of Birth May 7 1955  
Place of Birth Indpls, Ind.  
Residence Address R1 BX 114 Pittsboro, 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 Unemployed  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 4593

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of narcotic drugs? No ☒ Yes ☐  
7. Full name of father: Billy Coleman Bewley  
Residence of father (if deceased so state): R1 BX 135C Drills, Ind.  
Occupation of father: Machinist: Link Belt: White

(b) Are you supporting or controlling?  
(c) Are you complying with any of their support? W:1

11. Full name of father: Assen  
Residence of father (if deceased):  
Occupation of father:  
Birthplace of father (State or foreign country):  
12. Full maiden name of mother:  
Residence of mother (if deceased):  
Occupation of mother:  
Birthplace of mother (State or foreign country):  
State of Indiana: HENDRICKS  
County of: HENDRICKS  
Signed: [Signature]  
Subscribed and sworn to before me: [Signature]  
CONSENT OF PARENTS, PARENTS  
We, the parents, of this applicant hereby sign, state facts which render the consent of the parents necessary.

State of Indiana: HENDRICKS  
County of: HENDRICKS  
Signed: [Signature]  
Signed: [Signature]  
Subscribed and sworn to before me: [Signature]

Consent to Marriage

I, Leah Bewley, mother of Rebecca Bewley, hereby consents to the marriage of Rebecca Bewley and Mark Smith.  
Dated this 24th day of May, 1972 at Pittsboro, Indiana.

Subscribed to and sworn to before me a Notary Public in and for the County of Hendricks, this 24 day of May, 1972.

[Signature] Leah J. Bewley  
[Signature] Chester V. Parker  
Chester V. Parker, Notary Public  
My Commission expires Jan. 6, 1973.

FILED  
MAY 25 1972  
John Hambold Jr.  
CLERK HENDRICKS COUNTY SUPERIOR

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 25 May 1972 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Adam 20 + 3d Whinn

HENDRICKS County

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court on the 25th day of May 1972, authorizing the joining together as husband and wife of Indiana dated 25th day of May 1972, Mark R. Smith and Rebecca S. Bewley.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Sherman Esser, hereby certify that on the 3 day of June at Pittsboro, County of Hendricks, State of Indiana, Groom Mark R. Smith and, Bride Rebecca S. Bewley of Hendricks County, State of Indiana, were by me united 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 June, 1972.

Signed: Sherman Esser  
Official Designation: Minister, 1972  
Signed: John Hambold Jr.  
Clerk Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of June, 1972.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 174  
File Book 33  
May 25, 1972  
Date of Application

MALE  
Medical Examination Report Dated May 22, 1972  
Name of Physician M. O. Beaman, M.D.

FEMALE  
Medical Examination Report Dated May 22, 1972  
Name of Physician M. O. Beaman, M.D.

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

**MALE APPLICANT**

Name William A. Sample  
Date of Birth March 28, 1919  
Place of Birth (State or foreign country) R.R. 1 Lebanon Boone Ind.  
Residence Address Boone County Indiana  
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 Farmer  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Driver Lic. 309-12-2972 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  
Gary W. Sample 18 R.R. 1 Lebanon  
Beth Ann Sample 15 R.R. 1 Lebanon  
(b) Are you supporting or contributing to their 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 R. Sample  
Residence of father (if deceased so state) R.R. 1 Lebanon  
Occupation of father Retired Farmer Race of father W  
Birthplace of father (State or foreign country) Boone Co. Ind.  
12. Full maiden name of mother Ruth Robinson  
Residence of mother (if deceased so state) R.R. 1 Lebanon  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Boone Co.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
X Signed William A. Sample  
New Address R.R. 1 Lebanon Ind.  
Subscribed and sworn to before me this 25 day of May, 1972  
John Barthel Jr. Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 V. Edith Dillon  
Date of Birth Jan. 17, 1921  
Place of Birth (State or foreign country) Pittsburg Kent Ind.  
Residence Address 506 Poplar Ave Pittsburg Kent, Ind.  
Maiden Name if Different V. Edith Lovell  
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 Lic. 308-56-5577  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father Hollis Lovell  
Residence of father (if deceased so state) Dec. - (Pittsburg)  
Occupation of father Ret. Railroad Worker Race of father W  
Birthplace of father (State or foreign country) Hendricks Co.  
8. Full maiden name of mother Ruby Smith  
Residence of mother (if deceased so state) 1517 Wilkins Inphs.  
Occupation of mother Recpt. Labor Carter Hosp. 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 \_\_\_\_\_  
X Signed Edith Dillon  
New Address R.R. 1, Lebanon Ind.  
Subscribed and sworn to before me this 25 day of May, 1972  
John Barthel Jr. Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30 day of May, 1972, authorizing the joining together as husband and wife of William A. Sample and V. Edith Dillon.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Ben H. Strasser hereby certify that on the 1st day of June, one thousand nine hundred and 72 at Pittsburg, County of Hendricks, State of Indiana, Groom William A. Sample of Boone County, State of Indiana and, Bride V. Edith Dillon of Hendricks County, State of Indiana were by me united 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 June, 1972.

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1972.

Signed Rev. Ben H. Strasser  
Official Designation Minister Pittsburg Christian Church  
Signed John Barthel Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 175  
File Book 33  
May 25 1972  
Date of Application

MALE

Medical Examination Report Dated 5-20-72  
Name of Physician John Elliott M.D.

FEMALE

Medical Examination Report Dated 5-20-72  
Name of Physician John Elliott M.D.

ALL QUESTIONS 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 Noel Middle Michael Last Peters  
Date of Birth Month March Day 10 Year 1950  
Place of Birth (State or foreign country) Lebanon  
Residence Address Street or R. R. R.R. 1 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 Teacher  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

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

11. Full name of father Noel A. Peters  
Residence of father (if deceased so state) Same  
Occupation of father Teacher Race of father W  
Birthplace of father (State or foreign country) Near Hardinsburg  
12. Full maiden name of mother Shirley Myratt  
Residence of mother (if deceased so state) Same  
Occupation of mother Teacher 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.

Signed Noel Michael Peters

New Address 91 N Indiana Danville

Subscribed and sworn to before me this 25 day of May, 1972  
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:

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

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

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

FEMALE APPLICANT

Name First Barbara Middle Jane Last Whicker  
Date of Birth Month January Day 8 Year 1951  
Place of Birth (State or foreign country) Greencastle  
Residence Address R.R. 3 Street or R. R. Pitman County Hendricks State Ind.  
Maiden Name if Different Danville Hend Ind  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation 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 Charles Allen Whicker  
Residence of father (if deceased so state) Same  
Occupation of father Self Employed Race of father W  
Birthplace of father (State or foreign country) Adams Indiana  
8. Full maiden name of mother Harriet Hadley  
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 Barbara Jane Whicker

New Address 91 N Ind. Danville

Subscribed and sworn to before me this 25 day of May, 1972  
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:

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

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

Subscribed and sworn to before me this \_\_\_\_\_ day 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 June, 1972, 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 P. Dunston, hereby certify that on the 3rd day of June

one thousand nine hundred and 72, at \_\_\_\_\_ County of \_\_\_\_\_

State of Indiana, Groom Noel Michael Peters of \_\_\_\_\_ County, State of \_\_\_\_\_

and, Bride Barbara Jane Whicker 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 3rd day of June, 1972

Signed John P. Dunston

Official Designation Minister 1972

Signed John Gamble Clerk HENDRICKS Circuit Court

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



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

# STATE OF INDIANA

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 176

File Book 33

May 25 1972  
Date of Application

MALE  
Medical Examination Report Dated May 24 1972  
Name of Physician Dr. M. O. Scamahorn

FEMALE  
Medical Examination Report Dated 5-24-72  
Name of Physician Dr. M. O. Scamahorn

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

### MALE APPLICANT

Name First Robert Middle Dewey Last Lumpkin  
Date of Birth Month November Day 17 Year 1951  
Place of Birth (State or foreign country) La Grange, Ind.  
Residence Address Street or R. R. Patterson City 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 U.S. Army

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

☐ Other (Specify) I.D. Card

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

Name	Age	Address
Earl David Lumpkin		R.R. 1 Box 91 Patterson

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

11. Full name of father: Earl David Lumpkin  
Residence of father (if deceased so state) R.R. 1 Box 91 Patterson  
Occupation of father: Computer Prog. Race of father: W  
Birthplace of father (State or foreign country) Kitchener, Ontario

12. Full maiden name of mother: Mary Belle Whipple  
Residence of mother (if deceased so state) Same  
Occupation of mother: House wife Race of mother: W  
Birthplace of mother (State or foreign country) La Grange Ind.

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

Signed: Robert Dewey Lumpkin

New Address: Warrington Va.

Subscribed and sworn to before me this 25 day of May, 1972  
John Gamble Jr. Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed..... Father

Signed..... Mother

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

### FEMALE APPLICANT

Name First Peggy Middle Marie Last Stringfellow  
Date of Birth Month May Day 18 Year 1954  
Place of Birth (State or foreign country) Mc Craw Wash.  
Residence Address 230 1/2 N. Jeff. 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 Unemployed

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

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

7. Full name of father: Dick Stringfellow  
Residence of father (if deceased so state) 230 N. Jeff. Danville  
Occupation of father: Lineman Race of father: W  
Birthplace of father (State or foreign country) Kendallville, Ind.

8. Full maiden name of mother: Rose Dickerson  
Residence of mother (if deceased so state) Same  
Occupation of mother: Book Keeper Race of mother: W  
Birthplace of mother (State or foreign country) La Grange Ind.

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

Signed: Peggy Marie Stringfellow

New Address: Warrington Va.

Subscribed and sworn to before me this 25 day of May, 1972  
John Gamble Jr. Clerk HENDRICKS Circuit Court

### CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

Signed..... Father

Signed..... Mother

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

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

### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 30th day of May, 1972, authorizing the joining together as husband and wife of Robert Dewey Lumpkin and Peggy Marie Stringfellow.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Raymond L. Roden, hereby certify that on the 2nd day of June, 1972, at Lexington, Hendricks County, State of Indiana, Groom Robert Dewey Lumpkin of Hendricks County, State of Indiana, and, Bride Peggy Marie Stringfellow of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 30th day of May, 1972.

Signed Rev. Raymond L. Roden  
Official Designation: Pastor 1st Baptist Church Lexington, Ind.  
Signed: John Gamble Jr. Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this..... day of June, 1972.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 176

File Book 33

May 25 1972  
Date of Application

MALE  
Medical Examination Report Dated May 24 1972  
Name of Physician Dr. M. O. Scamahorn

FEMALE  
Medical Examination Report Dated 5-24-72  
Name of Physician Dr. M. O. Scamahorn

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

**MALE APPLICANT**

Name First Middle Last  
Robert Dewey Lumpkin

Date of Birth Month Day Year  
Nov. 17 1951

Place of Birth (State or foreign country)  
Lawton Okla.

Residence Address Street or R. R. City County State  
Pittsboro Hendricks Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation U.S. Army

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

☐ Other (Specify) I.D. Card

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐

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

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

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

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

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

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

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
Earl David Lumpkin		

(b) Are you supporting or contributing to their support? Yes ☐ No ☒

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

11. Full name of father: Earl David Lumpkin  
Residence of father (if deceased so state): R.R. 1, Box 91, Pittsboro  
Occupation of father: Computer Prog. Race of father: W  
Birthplace of father (State or foreign country): Pittsboro, Ontario

12. Full maiden name of mother: Mary Belle Whipple  
Residence of mother (if deceased so state): Same  
Occupation of mother: Housewife Race of mother: W

**FEMALE APPLICANT**

Name First Middle Last  
Peggy Marie Stringfellow

Date of Birth Month Day Year  
May 18 1954

Place of Birth (State or foreign country)  
McCrays Wash. Kendallville Ind.

Residence Address Street or R. R. City County State  
230 1/2 N. Jeff 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 Unemployed

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐

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

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

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

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

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

7. Full name of father: Dick Stringfellow  
Residence of father (if deceased so state): 230 1/2 N. Jeff, Danville  
Occupation of father: Lineman Race of father: W  
Birthplace of father (State or foreign country): Kendallville, Ind.

8. Full maiden name of mother: Rose Dickerson  
Residence of mother (if deceased so state): Same  
Occupation of mother: Book Keeper Race of mother: W  
Birthplace of mother (State or foreign country): La Grange Ind.

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

County of.....

Signed x Peggy Marie Stringfellow  
New Address: Warrington Va.

I, Earl D. & Mary Belle Lumpkin, hereby give my consent for  
my son, Robert Dewey Lumpkin  
to marry Peggy M. Stringfellow.

subscribed and sworn to before me this 27 day of May 1972

Chetner & Packer  
Notary Public

My Commission Expires June 4 1973

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 30th day of May, 1972, authorizing the joining together as husband and wife  
of Robert Dewey Lumpkin and Peggy Marie Stringfellow  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Raymond L. Rader, hereby certify that on the 2nd day of June,  
one thousand nine hundred and 72, at Lawton, County of Hendricks,  
State of Indiana, Groom Robert Dewey Lumpkin of Hendricks County, State of Indiana,  
and, Bride Peggy Marie Stringfellow of Hendricks County, State of Indiana,  
were by me united 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 May, 1972.

Signed Rev. Raymond L. Rader  
Official Designation Pastor, 1st Baptist Church, Lawton, Ind.  
Signed John Hamblin Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June, 1972.



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 177  
File Book 33  
Date of Application 26 May 1972

MALE  
Medical Examination Report Dated 24 May 1972  
Name of Physician Sas E. Southern MD.

FEMALE  
Medical Examination Report Dated 24 May 1972  
Name of Physician Sas E. Southern MD.

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

## MALE APPLICANT

Name Harry F. Tallman Jr.  
Date of Birth February 28 1922  
Place of Birth Danville, Ill.  
Residence Address 79 Orchard Ln, Danville, Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Dec 72

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

Usual Occupation Car Inspector: Penn. Car.

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

☐ Other (Specify) Apr loc 341-12-6372

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

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

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐

If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

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

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

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

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

8. Are you able to support a family? Yes ☒ 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 John James Age 18 Address 79 Orchard Ln Danville

(b) Are you supporting or contributing to their 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 Floyd Tallman Sr.

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

Occupation of father Retired Race of father White

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

12. Full maiden name of mother Marale Ann Close

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

Occupation of mother Retired 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 Harry F. Tallman Jr.

New Address 79 Orchard Ln, Danville, Ind.

Subscribed and sworn to before me this 26th day of May, 1972

John M. 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 \_\_\_\_\_ Father

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972

\_\_\_\_\_ Clerk

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

HENDRICKS County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_

of Indiana dated the 1st day of June, 1972, authorizing the joining together as husband and wife

of Harry F. Tallman Jr. and Joyce Ann Shular

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

1. Harry F. Tallman Jr. hereby certify that on the 3rd day of June

at Danville, County of Hendricks

one thousand nine hundred and 72 of Hendricks County, State of Indiana

State of Indiana, Groom Harry F. Tallman Jr. of Hendricks County, State of Indiana

and, Bride Joyce Ann Shular of Hendricks County, State of Indiana

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 3rd day of June, 1972

Signed John M. Jambell Official Designation Justice of the Peace

\_\_\_\_\_ Clerk

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

FEMALE APPLICANT

Name Joyce Ann Shular  
Date of Birth July 19 1935  
Place of Birth Ind. Ill.  
Residence Address 560 W. Mill St, Danville, Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Dec 70

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

Usual Occupation Dispatcher: In Danville

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

☐ Other (Specify) 3269

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐

Of Unsound Mind? No ☒ Yes ☐

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

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

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

5. Are you now under the 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 Elmer Zimmerman

Residence of father (if deceased so state) Deceased

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

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

8. Full maiden name of mother Lola Emma Sharp

Residence of mother (if deceased so state) Deceased

Occupation of mother \_\_\_\_\_ 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 Joyce Ann Shular

New Address Same

Subscribed and sworn to before me this 26 day of May, 1972

John M. 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 \_\_\_\_\_ Father

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972

\_\_\_\_\_ Clerk

FRONT



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 178  
File Book 33  
26 May 1972  
Date of Application

MALE  
Medical Examination Report Dated 15 May 1972  
Name of Physician James B. Johnson M.D.

FEMALE  
Medical Examination Report Dated 15 May 1972  
Name of Physician James B. Johnson M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 B. Last O'Neal  
Date of Birth Month 3 Day 3 Year 1951  
Place of Birth (State or foreign country) Greencastle, Ind.  
Residence Address Street or R. R. R1 City Coatesville 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 Stock CLK: Marsh  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_

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

Name	Age	Address

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

11. Full name of father Marion Eli O'Neal  
Residence of father (if deceased so state) 1108 Ave C, Greencastle, Ind.  
Occupation of father Installer, Culigan  
Birthplace of father (State or foreign country) Putnam Co., Ind.  
12. Full maiden name of mother Frances Ann Higgins  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W  
Birthplace of mother (State or foreign country) Putnam Co., Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Charles B. O'Neal  
New Address R1 Coatesville Ind.  
Subscribed and sworn to before me this 26th day of May, 1972  
Clerk John Gamble HENDRICKS Circuit Court

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

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

**FEMALE APPLICANT**

Name First Debra Middle L. Last Shaw  
Date of Birth Month 9 Day 9 Year 1954  
Place of Birth (State or foreign country) Greencastle, Ind.  
Residence Address Street or R. R. R1 City Coatesville 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 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 Robert Eugene Shaw  
Residence of father (if deceased so state) R1 Coatesville Ind.  
Occupation of father Machining Opr. Spotsylvania, Va.  
Birthplace of father (State or foreign country) Georgia  
8. Full maiden name of mother Mildred Ann Merckel  
Residence of mother (if deceased so state) Same  
Occupation of mother H/W  
Birthplace of mother (State or foreign country) Coatesville, Ind.  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Debra L. Shaw  
New Address Same  
Subscribed and sworn to before me this 26th day of May, 1972  
Clerk John Gamble HENDRICKS Circuit Court

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ 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 May, 1972, authorizing the joining together as husband and wife of Charles B. O'Neal and Debra L. Shaw.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Doyle Hofferbert hereby certify that on the 10th day of June, one thousand nine hundred and 72 at Greencastle, County of Putnam, State of Indiana, Groom Charles O'Neal of Hendricks County, State of Indiana and, Bride Debra L. Shaw of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS \_\_\_\_\_ County.  
Dated this 10th day of June, 1972.

Signed Doyle Hofferbert  
Official Designation Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June, 1972.  
Signed John Gamble Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 179  
File Book 33  
26 May '72  
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Ernest W. Perkins  
Date of Birth February 12 1945  
Place of Birth (State or foreign country) Waterville, Maine  
Residence Address R2 Bx 405 Indpls, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation E-3 US Army  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Army ID. G 353015  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒  
11. Full name of father: Unknown  
Residence of father (if deceased so state): Deceased  
Occupation of father: Unknown  
Race of father: White  
Birthplace of father (State or foreign country): Unknown (Maine)  
12. Full maiden name of mother: Ernestine Perkins  
Residence of mother (if deceased so state): Unknown  
Occupation of mother: Unknown  
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.  
County of HENDRICKS  
Signed Ernest W. Perkins  
New Address R2 Bx 405 Indpls, Ind.  
Subscribed and sworn to before me this 26th day of May, 1972  
John J. Jendall Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 \_\_\_\_\_, 19\_\_\_\_, 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:  
I, \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_ 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, \_\_\_\_\_, 19\_\_\_\_  
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

FRONT



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 180  
File Book 33  
May 26 1972  
Date of Application

MALE  
Medical Examination Report Dated 5-22-72  
Name of Physician Donald D. Cheeseman

FEMALE  
Medical Examination Report Dated 5-22-72  
Name of Physician Donald D. Cheeseman

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

MALE APPLICANT

Name First Middle Last  
Michael Alan Childers  
Date of Birth Month Day Year  
Sept. 17 1952  
Place of Birth (State or foreign country)  
Indianapolis Ind.  
Residence Address Street or R. R. City County State  
162 E. Rd. 200 S. Danville Head Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Heating - Air Cond. - Install.

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)  
(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 Lee Childers Sr.  
Residence of father (if deceased so state) Same  
Occupation of father Supv. - Heating Race of father W.  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Norma Jean McVicker  
Residence of mother (if deceased so state) Same  
Occupation of mother Disability Race of mother W.  
Birthplace of mother (State or foreign country) Ind.

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

Signed Michael Alan Childers

New Address Clayton

Subscribed and sworn to before me this 26 day of May, 1972  
John Gambold Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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  
Diana Lynn Finchem  
Date of Birth Month Day Year  
January 22 1956  
Place of Birth (State or foreign country)  
Indianapolis Indiana  
Residence Address Street or R. R. City County State  
P.O. Box 206 Clayton Head Ind.  
Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 Oliver D. Finchem  
Residence of father (if deceased so state) Same  
Occupation of father Janitor Race of father W.  
Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Goldie Marie Heland  
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 Diana Lynn Finchem

New Address Clayton

Subscribed and sworn to before me this 26 day of May, 1972  
John Gambold Jr. Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 30 day of May, 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Stanley X. Hicks, hereby certify that on the 3rd day of June

one thousand nine hundred and 72 at Hazelwood, County of Hendricks

State of Indiana, Groom Michael Alan Childers of Hendricks County, State of Indiana

and, Bride Diana Lynn Finchem of Hendricks County, State of Indiana

were by me united 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 June, 1972. Signed Stanley X. Hicks

Official Designation Clerk

Signed John Gambold Jr. Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1972.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 180  
File Book 33  
May 26 1972  
Date of Application

MALE  
Medical Examination Report Dated 5-22-72  
Name of Physician Donald D. Cheseaman

FEMALE  
Medical Examination Report Dated 5-22-72  
Name of Physician Donald D. Cheseaman

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

Date of Birth Month Day Year  
Sept. 17 1952

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

Residence Address Street or R. R. City County State  
162 E. Rd. 200 S. Danville Head Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Heating - Air Cond. - Install

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 (If )  
(a)

**FEMALE APPLICANT**

Name First Middle Last  
Dianna Lynn Finchem

Date of Birth Month Day Year  
January 22 1956

Place of Birth (State or foreign country)  
Indianapolis Indiana

Residence Address Street or R. R. City County State  
P.O. Box 206 Clayton Head Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation 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 ☐

I, Oliver Finchem, do hereby give my consent for my daughter, Dianna Finchem, a minor, to marry Michael Childers.

Signed Oliver Finchem THIS 25 day of May, 1972.

The above did appear before me and of his own free will and accord did affix his signature hereto.

David L. Edmondson  
Notary Public

My Commission expires, February 20, 1974.

Subscribed

CONSENT

We, the pa  
signs, state

State of Inc  
County of...

Subscribed

COMPLE

in.....

of Indian

Be it further remembered, the following marriage certificate was filed in my office, I, Stanley X. Hicks hereby certify that on the 3rd day of June, 1972, at Hazelwood, County of Hendricks, State of Indiana, Groom Michael Alan Childers of Hendricks County, State of Indiana, and, Bride Dianna Lynn Finchem of Hendricks County, State of Indiana, were by me united 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 June, 1972.

Signed Stanley X. Hicks  
Official Designation, Clerk

Signed John Dambell, Jr.  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1972.

Be it Remembered  
of Indiana dated the 6th day of June, 1972, at Hazelwood, County of Hendricks, State of Indiana, Groom Michael Alan Childers of Hendricks County, State of Indiana, and, Bride Dianna Lynn Finchem of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Be it further remembered, the following marriage certificate was filed in my office, I, Stanley X. Hicks hereby certify that on the 3rd day of June, 1972, at Hazelwood, County of Hendricks, State of Indiana, Groom Michael Alan Childers of Hendricks County, State of Indiana, and, Bride Dianna Lynn Finchem of Hendricks County, State of Indiana, were by me united 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 June, 1972.

Signed Stanley X. Hicks  
Official Designation, Clerk

Signed John Dambell, Jr.  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1972.



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 180  
File Book 33  
May 26 1972  
Date of Application

MALE  
Medical Examination Report Dated 5-22-72  
Name of Physician Donald D. Chesebrough

FEMALE  
Medical Examination Report Dated 5-22-72  
Name of Physician Donald D. Chesebrough

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Alan Childers  
Date of Birth Month Day Year  
Sept. 17 1952  
Place of Birth (State or foreign country)  
Indianapolis Ind.  
Residence Address Street or R. R. City County State  
162 E. Rd. 200 S. Danville Head Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Heating-Air Cond. - Install.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) ID Card  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to  
4. Are you aff  
5. Are you reli  
6. Are you no  
7. Are you not  
8. Are you abl  
9. Are you lik  
10. Do you have  
(If yes, answ  
(a) List the

**FEMALE APPLICANT**  
Name First Middle Last  
Dianna Lynn Finchum  
Date of Birth Month Day Year  
January 22 1956  
Place of Birth (State or foreign country)  
Indianapolis Indiana  
Residence Address Street or R. R. City County State  
P.O. Box 206 Clayton Head Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation 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 ☐

I, Lee Childers, Jr., son, Michael Childers,  
do hereby give my consent for my daughter, Dianna Finchum,  
a minor, to marry Michael Childers, Dianna Finchum.

Signed Lee Childers Jr. this 24 day of May, 1972.

The above did appear before me and of his own free will and accord did affix  
his signature hereto.

David L. Edmondson  
Notary Public

My Commission expires, February 20, 1974.

Subscribed and sworn to before me this 24 day of May, 1972.

CONSENT OF PARENTS  
We, the parents, of the above named applicant, do hereby consent to the issuance of a marriage license to the above named applicant, and we do hereby certify that the above named applicant is of legal age and is not a minor, and that the above named applicant is not a person of unsound mind, and that the above named applicant is not a person who has been adjudged, diagnosed or considered as an imbecile, or a person who is under guardianship as a person of unsound mind, or a person who has been within five (5) years an inmate of a county asylum or home for indigent persons.

State of Indiana,  
County of Hendricks

Subscribed and sworn to before me this 24 day of May, 1972.

COMPLETE IF MARRIAGE  
HEI

in

of Indiana dated

Be it further re

I, Stanley

one thousand n

State of Indiana, Groom Michael Alan Childers of Hendricks County, State of Indiana

and, Bride Dianna Lynn Finchum of Hendricks County, State of Indiana

were by me united 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 June, 1972.

Signed Stanley X. Hicks

Official Designation Clerk

Signed John P. Edmondson

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1972.

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of June, 1972.



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

565

No. 181  
File Book 33  
Date of Application 30 May 1972

MALE

Medical Examination Report Dated 15 May 1972

Name of Physician L.E. Phipp MD.

FEMALE

Medical Examination Report Dated 15 May 1972

Name of Physician L.E. Phipp 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 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 Truck Driver: OK: New.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Sel. In. 4-23-45-111

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

Name Age Address  
Stacey Lynn 6 3 San Jose  
Steven Guy 4 3 Calif.

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

11. Full name of father Rudolph Horch  
Residence of father (if deceased so state) Deceased  
Occupation of father Race of father  
Birthplace of father (State or foreign country) Calif.

12. Full maiden name of mother Jessie Louise Stacey  
Residence of mother (if deceased so state) Deceased  
Occupation of mother Mrs. Race of mother  
Birthplace of mother (State or foreign country) Sacramento, Calif.

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

Signed Steven Horch  
New Address 1049 E. Engle St. Sacramento, Calif.  
Subscribed and sworn to before me this 30th day of May, 1972  
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:  
County of.

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972  
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 Collector: In G.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) #113-46-054951

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Ernest Eugene Allanson  
Residence of father (if deceased so state) 83 E. 17th St. Bldg.  
Occupation of father Bio Chem. Lifting of father white  
Birthplace of father (State or foreign country) Maple, Ind.

8. Full maiden name of mother Rose Anne Schneider.  
Residence of mother (if deceased so state) San  
Occupation of mother H/W. Race of mother white  
Birthplace of mother (State or foreign country) Rio Hondo, Tex.

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

Signed Gloria Gene Allanson  
New Address San

Subscribed and sworn to before me this 30th day of May, 1972  
Clerk Hendricks Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, Hendricks } ss:  
County of.

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972  
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 authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

We It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court  
of Indiana dated the 2nd day of June 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Frederick L. Maginister, hereby certify that on the 3rd day of June

one thousand nine hundred and 72 at Brownsburg, County of Hendricks, State of Indiana

State of Indiana, Groom Steven Horch of Sacramento, County, State of California

and, Bride Gloria Gene Allanson of Sacramento, County, State of California

were by me united 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 June, 1972  
Signed Frederick L. Maginister  
Official Designation Pastor, 1972  
Clerk  
Signed John Hendricks Hendricks Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June, 1972



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 182  
File Book 33  
5-30-72  
Date of Application

MALE  
Medical Examination Report Dated 5-23-72  
Name of Physician Irving Cohen

FEMALE  
Medical Examination Report Dated 5-23-72  
Name of Physician Irving Cohen

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

MALE APPLICANT

Name First Middle Last  
Allan Wade Knoll  
Date of Birth Month Day Year  
40 Sept 18 1950  
Place of Birth (State or foreign country)  
Metairie Hospital Ind. Ind.  
Residence Address Street or R. R. City County State  
430 Churchill Manor West Mooresville Mooresville Ind.  
Previous 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  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
Richard Dean Knoll		
Residence of father (if deceased so state)		R.R. 1 Box 272A Plainfield
Occupation of father		Printer
Birthplace of father (State or foreign country)		Richmond Ind.
Full maiden name of mother		Gloria June Standen
Residence of mother (if deceased so state)		Same
Occupation of mother		Teacher
Birthplace of mother (State or foreign country)		Ind. Vernon 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 Richard Dean Knoll  
Residence of father (if deceased so state) R.R. 1 Box 272A Plainfield  
Occupation of father Printer Race of father W  
Birthplace of father (State or foreign country) Richmond Ind.  
Full maiden name of mother Gloria June Standen  
Residence of mother (if deceased so state) Same  
Occupation of mother Teacher Race of mother W  
Birthplace of mother (State or foreign country) Ind. Vernon Ind.

I, Allan Wade Knoll, do hereby depose and state the information given in this application is true and correct.  
Signed: Allan Wade Knoll  
New Address: 430 Ch. Manor W. Mooresville  
Subscribed and sworn to before me this 30 day of May, 1972.  
John Gamble, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Middle Last  
Patricia Carol Louden  
Date of Birth Month Day Year  
Sept 3 1954  
Place of Birth (State or foreign country)  
Phoenix Arizona  
Residence Address Street or R. R. City County State  
R.R. Box 242 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 Unemployed  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Carl Thomas Louden  
Residence of father (if deceased so state) Brownsburg  
Occupation of father Chrysler - Foreman Race of father W  
Birthplace of father (State or foreign country) Pennsylvania  
8. Full maiden name of mother Winifred Jane Lenger  
Residence of mother (if deceased so state) Same  
Occupation of mother House wife Race of mother W  
Birthplace of mother (State or foreign country) Mississippi

I, Patricia Carol Louden, do hereby depose and state the information given in this application is true and correct.  
Signed: Patricia Carol Louden  
New Address: 430 Ch. Manor W. Mooresville

Subscribed and sworn to before me this 30 day of May, 1972.  
John Gamble, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

attached

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 2nd day of June, 1972, authorizing the joining together as husband and wife of Allan Wade Knoll and Patricia Carol Louden.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins, hereby certify that on the 3 day of June, 1972, at Plainfield, County of Hendricks, State of Indiana, Groom, Allan Wade Knoll, of Hendricks County, State of Indiana, and, Bride, Patricia Carol Louden, of Hendricks County, State of Indiana, were by me united 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 June, 1972.

Signed: Warren A. Robbins  
Official Designation: Christian Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June, 1972.  
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. 182

File Book 33

5-30-72  
Date of Application

MALE

Medical Examination Report Dated 6-23-72

Name of Physician Dr. Irving Cohen

FEMALE

Medical Examination Report Dated 5-23-72

Name of Physician Dr. Irving Cohen

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

MALE APPLICANT

Name First Middle Last  
Allan Wade Knoll  
Date of Birth Month Day Year  
Sept 18 1950  
Place of Birth (State or foreign country)  
Metamoras Hospital Judges Ind.  
Residence Address Street or R. R. City County State  
430 Churchill Memorial Hospital Metamoras Ind.  
Previous 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  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
Richard Dean Knoll		
Residence of father (if deceased so state)		R.R. 1 Box 272 A Plainfield
Occupation of father		Printer
Birthplace of father (State or foreign country)		Richmond 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: Richard Dean Knoll  
Residence of father (if deceased so state): R.R. 1 Box 272 A Plainfield  
Occupation of father: Printer  
Birthplace of father (State or foreign country): Richmond Ind

FEMALE APPLICANT

Name First Middle Last  
Patricia Carol Loudon  
Date of Birth Month Day Year  
Sept 3 1954  
Place of Birth (State or foreign country)  
Phoenix Arizona  
Residence Address Street or R. R. City County State  
R.R. 2 Box 242 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 Unemployed  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Full name of father: Carl Thomas Loudon  
Residence of father (if deceased so state): Brownsburg  
Occupation of father: Chrysler - Foreman  
Birthplace of father (State or foreign country): Pennsylvania  
8. Full maiden name of mother: Winifred Jane Leifer  
Residence of mother (if deceased so state): Same  
Occupation of mother: House wife  
Birthplace of mother (State or foreign country): Mississippi

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

I, Carl T. Loudon, hereby give my consent for  
daughter, Patricia Carol Loudon  
to marry Allan Wade Knoll.

Subscribed and sworn to before me this 7 day of June 1972.  
Notary Public

Subscribed and sworn to before me this day of Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2nd day of June 1972, authorizing the joining together as husband and wife  
Allan Wade Knoll and Patricia Carol Loudon  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins hereby certify that on the 7 day of June  
one thousand nine hundred and 72 at Plainfield, County of Hendricks  
State of Indiana, Groom, Allan Wade Knoll of Hendricks County, State of Indiana  
and, Bride Patricia Carol Loudon of Hendricks County, State of Indiana  
were by me united 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 June 1972.

Signed Warren A. Robbins  
Official Designation Christian Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June 1972.  
Signed John H. Hensley Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 182

File Book 33

5-30-72

Date of Application

MALE

Medical Examination Report Dated 6-23-72

Name of Physician Dr. Irving Cohen

FEMALE

Medical Examination Report Dated 5-23-72

Name of Physician Dr. Irving Cohen

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

MALE APPLICANT

Name First Allen Middle Wade Last Knoll  
Date of Birth Month Sept Day 18 Year 1950  
Place of Birth (State or foreign country) Michigan  
Residence Address 430 Churchill Manor West Monroeville Hospital  
Previous Marital 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  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Dean Knoll  
Residence of father (if deceased so state) R.R. 1 Box 242A Plainfield  
Occupation of father Printer Race of father W  
Birthplace of father (State or foreign country) Richmond Ind

FEMALE APPLICANT

Name First Patricia Middle Carol Last Louden  
Date of Birth Month Sept Day 3 Year 1954  
Place of Birth (State or foreign country) Phoenix Arizona  
Residence Address R.R. 1 Box 242 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 Unemployed  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

7. Full name of father Carl Thomas Louden  
Residence of father (if deceased so state) Brownstown  
Occupation of father Chrysler-Johnson Race of father W  
Birthplace of father (State or foreign country) Pennsylvania  
8. Full maiden name of mother Winifred Jane Louden  
Residence of mother (if deceased so state) Same  
Occupation of mother House wife Race of mother W  
Birthplace of mother (State or foreign country) Mississippi

State of Indiana, 1 I depose and state the information given is true and correct.

I, Winifred Jane Louden, hereby give my consent for  
my daughter, Patricia Carol Louden to  
marry Allen Wade Knoll.

Winifred Jane Louden  
Subscribed and sworn to before me this 1 day of June 1972

Russell S. Davis  
Notary Public

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

Be 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 June, 1972, 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 3 day of June  
one thousand nine hundred and 72 at Plainfield, County of Hendricks,  
State of Indiana, Groom, Allen Wade Knoll of Hendricks County, State of Indiana  
and, Bride, Patricia Carol Louden of Hendricks County, State of Indiana  
were by me united 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 June, 1972

Signed Warren A. Robbins

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June, 1972

Signed John H. H. H. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 183  
File Book 33  
May 30, 1972  
Date of Application

MALE

Medical Examination Report Dated May 22, 1972  
Name of Physician J. M. Cooper, M.D.

FEMALE

Medical Examination Report Dated May 24, 1972  
Name of Physician George Ramsey, M.D.

ALL QUESTIONS 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  
Duane Curtis Hughes  
Date of Birth Month Day Year  
June 11 1949  
Place of Birth (State or foreign country)  
Seberon Boone Indiana  
Residence Address Street or R. R. City County State  
R. R. #1 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 - (Purdue U.)  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Selective Service Card 12-30-49-18

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? 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 Richard Thomas Hughes  
Residence of father (if deceased so state) 563 Golden Pl. Lafayette Ind.  
Occupation of father Lab. Technician Race of father W.  
Birthplace of father (State or foreign country) Columbus Ohio  
12. Full maiden name of mother Majorie Lois Redner  
Residence of mother (if deceased so state) 567 Golden Pl. Lafayette Ind.  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of  
X Signed Duane C. Hughes  
New Address 2408 Foxhall Drive Lafayette  
Subscribed and sworn to before me this 30 day of May, 1972  
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 First Middle Last  
Jeanette C. Hager  
Date of Birth Month Day Year  
June 10 1943  
Place of Birth (State or foreign country)  
Vermillion Co. Ind.  
Residence Address Street or R. R. City County State  
Clinton Vermillion Ind.  
(Maiden Name if Different) Dora Jeanette Canaday  
2408 Foxhall Drive Lafayette Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Tennessee  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Food Supervisor  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Mervin Canaday  
Residence of father (if deceased so state) Deceased - Vermillion Ind.  
Occupation of father Farmer Race of father W.  
Birthplace of father (State or foreign country) Dora - Vermillion Co.  
8. Full maiden name of mother Evelyn Sims  
Residence of mother (if deceased so state) Clinton Ind. R.R. 1  
Occupation of mother Housewife Race of mother W.  
Birthplace of mother (State or foreign country) Dora - Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of  
X Signed Jeanette C. Hager  
New Address 2408 Foxhall Drive Lafayette  
Subscribed and sworn to before me this 30 day of May, 1972  
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 \_\_\_\_\_ 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 7 day of June, 1972, authorizing the joining together as husband and wife of Duane Curtis Hughes and Jeanette C. Hager.  
Be it further remembered, the following marriage certificate was filed in my office, to wit: 10th day of June  
I, David M. McCord, hereby certify that on the 10th day of June, 1972, at Lafayette, County of Tippecanoe, State of Indiana, Groom Duane Curtis Hughes of Hendricks County, State of Ind. and, Bride Jeanette C. Hager of Tippecanoe County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 10th day of June, 1972.  
Signed David M. McCord  
Official Designation David M. McCord  
14 day of June, 1972  
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. 184  
File 30 May 1972  
Book 33  
Date of Application

MALE  
Medical Examination Report Dated 30 May 1972  
Name of Physician Thomas M. Walters

FEMALE  
Medical Examination Report Dated 30 May 1972  
Name of Physician Thomas M. Walters

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Wise  
Date of Birth August 28 1952  
Place of Birth Crawfordsville, Ind.  
Residence Address Rt 1, Jamestown, Boone Ind.  
Previous Marital Status: Never Married  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Mechanic: S. C. Penny  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor 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: Merlin Wise  
Residence of father (if deceased so state): Same, Jamestown  
Occupation of father: Test. Allen Race of father: white  
Birthplace of father (State or foreign country): Jamestown, Ind.  
Full maiden name of mother: Julia Ann Kincard

Residence of mother (if deceased so state): Same  
Occupation of mother: Secy. Hawk & Son Race of mother: white  
Birthplace of mother (State or foreign country): New Ross, Ind.

I, Philip Wise, do hereby depose and state the information given in this application is true and correct.

Signed: Philip Wise  
New Address: 115 S. High, Jamestown, Ind.  
Subscribed and sworn to before me this 30th day of May, 1972  
John J. Jurek Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Consent dated 30 May 1972 attached.  
I, \_\_\_\_\_, do hereby depose and state the information given in this application is true and correct.

Signed: \_\_\_\_\_ Father  
Signed: \_\_\_\_\_ Mother  
Subscribed and sworn to before me this 30th day of May, 1972  
John J. Jurek Clerk HENDRICKS Circuit Court

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS \_\_\_\_\_ Circuit Court of Indiana dated the 3rd day of June, 1972, authorizing the joining together as husband and wife of Philip Wise and Rebecca Burris.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Donald J. Salens, hereby certify that on the 3 day of June, 1972, at New Ross, \_\_\_\_\_ County, State of \_\_\_\_\_, one thousand nine hundred and 72, \_\_\_\_\_ County, State of \_\_\_\_\_, and, Bride: Rebecca Burris 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 3rd day of June, 1972.  
Signed: Donald J. Salens  
Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1972.  
Signed: John J. Jurek  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 184  
File 30 May 1972  
Book 33  
Date of Application

MALE  
Medical Examination Report Dated 30 May 1972  
Name of Physician Thomas M. Walters

FEMALE  
Medical Examination Report Dated 30 May 1972  
Name of Physician Thomas M. Walters

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to 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 Wise  
Date of Birth August 28 1952  
Place of Birth Crawfordsville, Ind.  
Residence Address RI Samestown Boone Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) None  
Usual Occupation Mechanic: SC Penny  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) None  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a 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  
Merlin Wise  
Residence of father (if deceased so state) Same Samestown  
Occupation of father Test. Allegor Race of father white  
Birthplace of father (State or foreign country) Samestown, 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 Merlin Wise  
Residence of father (if deceased so state) Same Samestown  
Occupation of father Test. Allegor Race of father white  
Birthplace of father (State or foreign country) Samestown, Ind.  
Julia Ann Hancock

**FEMALE APPLICANT**

Name Rebecca Burris  
Date of Birth November 17 1953  
Place of Birth Marshalltown Iowa  
Residence Address RI 3176 Hadoga Hendricks Ind.  
Maiden Name if Different None  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) None  
Usual Occupation H.S. Graduate N. Salen.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 114 53-55184  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father Stanley Burris  
Residence of father (if deceased so state) Same Hadoga Ind.  
Occupation of father Mechanic: Gallows Race of father white  
Birthplace of father (State or foreign country) Monticello Ky.  
8. Full maiden name of mother Romane Leona Allen  
Residence of mother (if deceased so state) Same  
Occupation of mother Assembler: REA Race of mother white  
Birthplace of mother (State or foreign country) Martinsburg, Iowa  
State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

I, Merlin Wise, hereby give my consent for  
my son, Philip Ray Wise to  
marry Rebecca Burris.

Subscribed and sworn to before me this 30th day of May 1972

Subscribed and sworn to before

Georgia L. Hawk  
Notary Public  
My commission expires June 24, 1973

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court  
of Indiana dated the 3rd day of June, 1972, authorizing the joining together as husband and wife  
of Philip Wise and Rebecca Burris  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Donald J. Salen hereby certify that on the 3 day of June  
one thousand nine hundred and 72 at New Ross County of Montgomery  
State of Indiana, Groom Philip Wise of Boone County, State of Indiana  
and, Bride Rebecca Burris of Hendricks County, State of Indiana  
were by me united 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 June, 1972.

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

Signed Donald J. Salen  
Official Designation Minister  
Signed John H. Haddock Jr  
Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 185  
File Book #33  
Date of Application May 31, 1972

MALE  
Medical Examination Report Dated May 30, 1972  
Name of Physician Paul Stanley Lewis M.D.

FEMALE  
Medical Examination Report Dated May 30, 1972  
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, represents."

MALE APPLICANT

Name Charles O. Coffman  
Date of Birth May 13 1936  
Place of Birth (State or foreign country) Frankfort, Ind.  
Residence Address R.R. #18 Box 361A Indianapolis, Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1 time  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Factory

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Book No. Ch. 7 Page 108 Frankfort, Ind.  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☒ No ☐  
9. Are you likely to so continue? Yes ☒ No ☐  
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address
Darla Sue	14	Kentucky
Cynthia Dawn	13	Kentucky
John Ray	12	Charles O. - 4 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: Omer Coffman  
Residence of father (if deceased so state) R.R. #1, Frankfort, Ind.  
Occupation of father: Retired Race of father:  
Birthplace of father (State or foreign country) Ipton, Ind.  
12. Full maiden name of mother: Sybil June Galey  
Residence of mother (if deceased so state) R.R. #1, Frankfort, Ind.  
Occupation of mother: Factory Race of mother:  
Birthplace of mother (State or foreign country) Frankfort, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: HENDRICKS  
Signed: Charles O. Coffman  
New Address: R.R. #18 Box 361A Indianapolis, Ind.  
Subscribed and sworn to before me this 31st day of May, 1972.  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 Janet Sue Farthing  
Date of Birth May 14 1946  
Place of Birth (State or foreign country) Indianapolis - Methodist Hospital  
Residence Address R.R. #18 Box 361A Indianapolis, Ind.  
Maiden Name if Different Janet Sue Conner  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1 time  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Factory

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Methodist Hospital  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father: Robert W. Conner  
Residence of father (if deceased so state) 1602 Sigbee, Indianapolis  
Occupation of father: Chevrolet Race of father:  
Birthplace of father (State or foreign country) Kirkland, Ind.

8. Full maiden name of mother: Hazel Edna Davids  
Residence of mother (if deceased so state) Deceased  
Occupation of mother: \_\_\_\_\_ Race of mother:  
Birthplace of mother (State or foreign country) Circleville, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: HENDRICKS  
Signed: Janet Sue Farthing  
New Address: R.R. #18 Box 361A Indianapolis, Ind.  
Subscribed and sworn to before me this 31st day of May, 1972.  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this 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 3 day waiver  
in Clerk's Office \_\_\_\_\_ authorizes and directs the issuance of a marriage license to the above named parties. Judge Richard Hoover

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1972, authorizing the joining together as husband and wife  
Charles O. Coffman and Janet Sue Farthing  
Be it further remembered, the following marriage certificate was filed in my office, to wit:  
I, William H. Nash, hereby certify that on the 3rd day of June, 1972, at \_\_\_\_\_ County of \_\_\_\_\_ State of Indiana  
one thousand nine hundred and 72 of \_\_\_\_\_ County, State of Indiana  
State of Indiana, Groom: Charles O. Coffman of \_\_\_\_\_  
and, Bride: Janet Sue Farthing 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 3rd day of June, 1972.  
Signed: William H. Nash  
Official Designation: Minister of the Church of Christ  
Clerk  
Signed: John Gambold Jr. 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. 186  
File Book 33  
31 May 1972  
Date of Application

MALE

Medical Examination Report Dated 30 May 1972  
Name of Physician D.D. Haggard MD.

FEMALE

Medical Examination Report Dated 30 May 1972  
Name of Physician D.D. Haggard MD.

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

MALE APPLICANT

Name First 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 Laborer. Severn & Burek

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

☐ Other (Specify) 6466

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

(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 Anthony Falek Sr.

Residence of father (if deceased so state) 1040 W. 1st St., Speedway, Ind.

Occupation of father Cement Worker. White. Ind.

Birthplace of father (State or foreign country) Ind.

12. Full maiden name of mother Helen Mae Cooper

Residence of mother (if deceased so state) R. 3, Box 199, Quincy, Ind.

Occupation of mother Inspector. White. Ind.

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 HENDRICKS

Signed Harry Anthony Falek

New Address 31st May 72

Subscribed and sworn to before me this 31st day of May, 1972

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1972

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 H.S. Graduate Cascade

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

☐ Other (Specify) 113-5A-037817

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

Residence of father (if deceased so state) Deceased

Occupation of father

Birthplace of father (State or foreign country) Ind.

8. Full maiden name of mother Rosemary Carter

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

Occupation of mother Accountant. White. Ind.

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 HENDRICKS

Signed Debra Kay Vance

New Address 3084 May 72

Subscribed and sworn to before me this 31st day of May, 1972

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1972

Clerk

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

HENDRICKS County Court by written order issued 31 May 1972 and filed

in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. 3da Walter.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 May, 1972, 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 Landwehr, hereby certify that on the 3 day of June

one thousand nine hundred and 72 at Indianapolis, County of Marion

State of Indiana, Groom Harry A. Falek of Hendricks County, State of Indiana

and, Bride Debra Kay Vance of Hendricks County, State of Indiana

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

County. Dated this 3 day of June, 1972.

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of June, 1972.

Signed Paul Landwehr  
Official Designation Catholic Priest  
Signed John H. Haggard Jr.  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 187  
File Book 33  
Date of Application June 1, 1972

MALE  
Medical Examination Report Dated 6-1-72  
Name of Physician James Black MD

FEMALE  
Medical Examination Report Dated 6-1-72  
Name of Physician James Black MD

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

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

MALE APPLICANT

Name First Edwin Middle Stephen Last Best  
Date of Birth December 2, 1950  
Place of Birth (State or foreign country) Indianapolis  
Residence Address 4156 Ridgeway Dr. City Indianapolis State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Sales Clerk  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
Malcolm D. Best		

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

11. Full name of father: Malcolm D. Best  
Residence of father (if deceased so state): Same  
Occupation of father: Store Owner Race of father: W  
Birthplace of father (State or foreign country): Indiana  
12. Full maiden name of mother: Virginia Sweetinger  
Residence of mother (if deceased so state): Same Indiana  
Occupation of mother: Book Keeper 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: Edwin Stephen Best  
New Address: 5503 W. 43rd Ind.

Subscribed and sworn to before me this 6 day of June, 1972.  
John Gaudet Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:

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

Subscribed and sworn to before me this \_\_\_\_\_ day 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 June 1, 1972 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 6 day of June, 1972, authorizing the joining together as husband and wife

of Edwin Stephen Best and Susan Marie Nowak  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Charles Hall, hereby certify that on the 14th day of June, 1972, at Brownsburg, County of Hendricks, State of Indiana, one thousand nine hundred and 72, of Marion, County, State of Indiana, Groom: Edwin Stephen Best and, Bride: Susan Marie Nowak.

were by me united 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 June, 1972.

Signed: Rev. Charles Hall  
Official Designation: Catholic Priest, 1972.

Signed: John Gaudet 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. 188  
File Book 33  
2 June 1972  
Date of Application

MALE  
Medical Examination Report Dated 24 May 1972  
Name of Physician D.D. Hadley M.D.

FEMALE  
Medical Examination Report Dated 24 May 1972  
Name of Physician D.D. Hadley M.D.

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

MALE APPLICANT  
Name Daniel W. Johnson  
Date of Birth January 21 1952  
Place of Birth Indianapolis, Ind.  
Residence Address 215 North West 24th St., Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify).....  
Usual Occupation Paper Handler, Star-News  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 113-52-003837

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a 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: Sidney Wayne Johnson  
Residence of father (if deceased so state) Same, Indianapolis  
Occupation of father: Jobette Chrysler White  
Birthplace of father (State or foreign country) Danville, Ind.  
12. Full maiden name of mother: Carolyn Sue Schuier  
Residence of mother (if deceased so state) Same  
Occupation of mother: Bus Driver, PSN Schuier White  
Race of mother: White  
Place 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 Daniel W. Johnson  
New Address: 4200 Park Rd, Indpls, Ind.  
Subscribed and sworn to before me this 2nd day of June, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 Carolyn S. Johnson Father  
Signed Carolyn S. Johnson Mother  
Subscribed and sworn to before me this 2nd day of June, 1972  
Clerk Carolyn S. Johnson

FEMALE APPLICANT  
Name Charlene Ann Carney  
Date of Birth November 27 1953  
Place of Birth Beech Grove, Ind.  
Residence Address 3610 Charoit Pl, 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 Waitress, Stockholm Ase.  
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 Caylor Carney  
Residence of father (if deceased so state) Same, Indpls  
Occupation of father: Office: State Highway Dept  
Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother: Melvina Jane Yorgner  
Residence of mother (if deceased so state) Same  
Occupation of mother: H/W. Race of mother: white  
Birthplace of mother (State or foreign country) Westport, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
Signed Charlene Ann Carney  
New Address: Same  
Subscribed and sworn to before me this 2nd day of June, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent 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 6 day of June, 1972, authorizing the joining together as husband and wife of Daniel Wayne Johnson and Charlene Ann Carney.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
1. Stewart William Hartfeller hereby certify that on the 2nd day of June, 1972, at Indianapolis, County of Marion, State of Indiana, Groom Daniel Wayne Johnson of Hendricks County, State of Indiana, and, Bride Charlene Ann Carney of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 2nd day of June, 1972.

Signed Stewart William Hartfeller  
Official Designation Pastor, Premier Presbyterian Church, Indpls  
Signed John Zandberg Jr.  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of June, 1972



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 188  
File Book 33  
2 June 1972  
Date of Application

MALE

Medical Examination Report Dated 24 May 1972  
Name of Physician D.J. Hadley M.D.

FEMALE

Medical Examination Report Dated 24 May 1972  
Name of Physician D.J. Hadley M.D.

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

MALE APPLICANT

Name Daniel W. Johnson  
Date of Birth January 21 1952  
Place of Birth Indianapolis, Ind.  
Residence Address 215 North West 2nd St., Indianapolis, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Paper Hauler, Star-News

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

☐ Other (Specify) 113-52-003837

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 Sidney Wayne Johnson

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

Occupation of father Robert Chrysler White

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

12. Full maiden name of mother Carolyn Sue Schuier

Residence of mother (if deceased so state) same

Occupation of mother Bus Driver: PS&S Schuier White

FEMALE APPLICANT

Name Charlene Ann Carney  
Date of Birth September 27 1953  
Place of Birth Seech Grove, Ind.  
Residence Address 3610 Charoit Pl 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 Waitress: Stockholm Ase

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

☐ Other (Specify) \_\_\_\_\_

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

7. Full name of father John Canlor Carney

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

Occupation of father Officer: State Highway Dept.

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

8. Full maiden name of mother Melvina Jane Yarger

Residence of mother (if deceased so state) same

Occupation of mother H/W.

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

State of Indiana, } ss: I depose and state the information given

County of HENDRICKS in this application is true and correct.

Signed Charlene Ann Carney

New Address same

I, Sidney W. Johnson, hereby give my consent for  
my son, Daniel W. Johnson to  
marry Charlene Ann Carney.

I, Sidney W. Johnson  
subscribed and sworn to before me this 5th day of June, 1972

my Commissioner's Office  
5/31/74

R. C. Long  
Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED  
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 6 day of June, 1972, authorizing the joining together as husband and wife  
of Daniel Wayne Johnson and Charlene Ann Carney

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

I, Stewart William Hartfelter hereby certify that on the Tenth day of June

one thousand nine hundred and seventy-two at Indianapolis, County of Morgan

State of Indiana, Groom Daniel Wayne Johnson of Hendricks County, State of Indiana

and, Bride Charlene Ann Carney 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 Tenth day of June, 1972.

Signed Stewart William Hartfelter

Official Designation Inter. Presby. Presbyterial Church, Ind.

Signed John S. B. B. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of June, 1972



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. #189  
File #Bk 33  
June 2, 1972  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 5-31-72  
Name of Physician Walter Mc Manus

FEMALE  
Medical Examination Report Dated 5-31-72  
Name of Physician Walter Mc Manus

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

MALE APPLICANT

Name First Cecil Middle Thomas Last Thomas  
Date of Birth Month July Day 13 Year 1940  
Place of Birth (State or foreign country) Kentucky  
Residence Address R#1 Box 93 Danville City Hendricks State Ind.  
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Aug. 18, 1971  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Mechanic  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address  
Christina Mary Thomas 3 Rockville, Ind.  
Michael Lee Thomas 4 Rockville, 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: Rex Thomas  
Residence of father (if deceased so state) Dayton, Kentucky  
Occupation of father: Unemployed Race of father: W  
Birthplace of father (State or foreign country) Kentucky  
12. Full maiden name of mother: P. Lebe Jane Son  
Residence of mother (if deceased so state) Dayton, Kentucky  
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 Cecil Thomas  
New Address

Subscribed and sworn to before me this 2 day of June, 1972  
John Gambell, Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:  
County of

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

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

FEMALE APPLICANT

Name First Mickey Middle Wiggam Last Wiggam  
Date of Birth Month Sept. Day 24 Year 1945  
Place of Birth (State or foreign country) Texas  
Residence Address 441 W Mill Danville City Hendricks State Ind.  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Unemployed  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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: Melburn Edwin Wiggam  
Residence of father (if deceased so state) Same  
Occupation of father: Mechanic Race of father: W  
Birthplace of father (State or foreign country) Danville, Indiana  
8. Full maiden name of mother: Pauline Willie Edna Sherr  
Residence of mother (if deceased so state) Same  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country) Denton Co. Tex.

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

Signed Mickey Wiggam  
New Address

Subscribed and sworn to before me this 2 day of June, 1972  
John Gambell, Jr. Clerk HENDRICKS Circuit Court

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

State of Indiana, HENDRICKS } ss:  
County of

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
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 \_\_\_\_\_, 1972, authorizing the joining together as husband and wife of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 1972, and \_\_\_\_\_

Be it further remembered, the following marriage certificate was filed in my office, to-wit: \_\_\_\_\_ hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_, \_\_\_\_\_

I, \_\_\_\_\_ at \_\_\_\_\_ County, State of \_\_\_\_\_, \_\_\_\_\_

one thousand nine hundred and \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_, \_\_\_\_\_

State of Indiana, Groom \_\_\_\_\_ 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 \_\_\_\_\_, 1972  
Signed \_\_\_\_\_ Official Designation \_\_\_\_\_ Clerk  
\_\_\_\_\_ day of \_\_\_\_\_, 1972  
Signed \_\_\_\_\_ HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1972



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. #190

File Bk# 33

June 2, 1972  
Date of Application

MALE

Medical Examination Report Dated 6-2-72

Name of Physician M. O. Scanlon

FEMALE

Medical Examination Report Dated 6-2-72

Name of Physician M. O. Scanlon

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 L. Last Davis  
Date of Birth Month January Day 16 Year 1948  
Place of Birth (State or foreign country) Frankfort, Indiana  
Residence Address Street or R. R. 658 Cottrell City Frankfort County Clinton 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 Dry Cleaning Business

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

☒ Other (Specify) Selective Service 12-11-48-11

- 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 Daniel B. Davis  
Residence of father (if deceased so state) Same  
Occupation of father Engineer Race of father W  
Birthplace of father (State or foreign country) Elizabethtown, Ky.  
12. Full maiden name of mother Evelyn Jean Sexton  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Frankfort, Indiana

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

Signed Daniel L. Davis

New Address 333 S. Green Brownburg

Subscribed and sworn to before me this 2 day of June, 1972.  
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  
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 6 day of June, 1972, authorizing the joining together as husband and wife of Daniel L. Davis and Alice Jane Conger.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Jerry R. Nash, hereby certify that on the 10th day of June, 1972, at Brownburg, County of Hendricks, State of Indiana, Groom Daniel L. Davis and, Bride Alice Jane Conger were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 10 day of June, 1972.

Signed Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of June, 1972.

Signed John Samford, Jr. Clerk HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. # 191

File Bk 33

June 2, 1972  
Date of Application

MALE

Medical Examination Report Dated 6-2-72

Name of Physician William E. Graham

FEMALE

Medical Examination Report Dated 6-2-72

Name of Physician William E. Graham

ALL QUESTIONS 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 M. Lung  
Date of Birth May 27 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address 3236 Six Points Rd. Apt. 4 Delph. 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

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

☐ Other (Specify) \_\_\_\_\_

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

Name Age Address

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

11. Full name of father Donald Merle Lung  
Residence of father (if deceased so state) Ligonier, Indiana  
Occupation of father Lat Engineer Race of father W  
Birthplace of father (State or foreign country) Albion, Ind.  
12. Full maiden name of mother Alice Geraldine Price  
Residence of mother (if deceased so state) Ligonier, Ind.  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Columbia City, Ind.

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

Signed Richard M. Lung

New Address 3236 Six Points Rd. Apt. 4

Subscribed and sworn to before me this 2 day of June, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

FEMALE APPLICANT

Name Linda M. Cook  
Date of Birth November 23 1951  
Place of Birth (State or foreign country) Indiana  
Residence Address 912 N. Oxford Delph. Ind.  
Maiden Name if Different Miss Delph. 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 Clerical 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 Fred Raymond Cook

Residence of father (if deceased so state) Same

Occupation of father Truck Driver Race of father W

Birthplace of father (State or foreign country) Indiana

8. Full maiden name of mother Charlotte Mae Emrich

Residence of mother (if deceased so state) Same

Occupation of mother Housewife Race of mother W

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

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

Signed Linda M. Cook

New Address 3236 Six Points Rd. #4

Subscribed and sworn to before me this 2 day of June, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:

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

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

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

in \_\_\_\_\_ County \_\_\_\_\_ Court by written order issued \_\_\_\_\_

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ Circuit Court of Indiana dated the 7 day of June, 1972, authorizing the joining together as husband and wife of Richard M. Lung and Linda M. Cook

Be it further remembered, the following marriage certificate was filed in my office, to-wit: 9th day of June

I, Warren A. Robbins hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, County of Hendricks

one thousand nine hundred and 72 at Delph County, State of Ind.

State of Indiana, Groom Richard M. Lung of Delph County, State of Ind.

and, Bride Linda M. Cook of Delph County, State of Ind.

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

Dated this 9th day of June, 1972 Signed Warren A. Robbins Official Designation Christian Minister Clerk

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of June, 1972 Signed John S. Sanders 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. 192  
File B male 33  
June 2 1972  
Date of Application

MALE  
Medical Examination Report Dated 6-2-72  
Name of Physician Maurice V. Kahler MD

FEMALE  
Medical Examination Report Dated 6-2-72  
Name of Physician Maurice V. Kahler 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  
Stephen A. Dillman  
Date of Birth Month Day Year  
Sept 19 1951  
Place of Birth (State or foreign country)  
Indianapolis Ind.  
Residence Address Street or R. R. City County State  
2530 W. Third St. Bloomington Monroe Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify).....  
Usual Occupation B+B Furnace Installer  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Army Discharge License AR 64

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

(b) Are you supporting or contributing to their 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 S. Dillman  
Residence of father (if deceased so state): Same  
Occupation of father: Yard Fore - Clerk Race of father: W  
Birthplace of father (State or foreign country): Bloomington Ind.  
12. Full maiden name of mother: Maurine Cron  
Residence of mother (if deceased so state): Same  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Morgan Co Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: Signed: Stephen A. Dillman  
New Address: Bloomington Ind.  
Subscribed and sworn to before me this 2 day of June, 1972  
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: Morris S. Dillman Father  
Signed: Maurine Cron Mother  
Subscribed and sworn to before me this day of 1972  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued 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 9th day of June, 1972, authorizing the joining together as husband and wife of Stephen A. Dillman and Lou Ellen Hall.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Samuel W. Stewart hereby certify that on the 1st day of July, 1972, at Plainfield, Hendricks County, State of Indiana, Groom: Stephen A. Dillman of Monroe County, State of Indiana, and, Bride: Lou Ellen Hall of Hendricks County, State of Indiana, were by me united 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 July, 1972.

Signed: Samuel W. Stewart  
Official Designation: Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 1972.  
Signed: John Gaudelot Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

577

No. 193  
File Book 33  
June 2 1972  
Date of Application

MALE  
Medical Examination Report Dated 5-31-72  
Name of Physician David B. Haggard

FEMALE  
Medical Examination Report Dated 5-31-72  
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 Middle Last  
Bobby Gene Wilson  
Date of Birth Month Day Year  
November 16 1953  
Place of Birth (State or foreign country)  
Bridgeport  
Residence Address Street or R. R. City County State  
R.R. 2 Box 445 Clayton 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 Cook  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions 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: Durwood Eugene Wilson  
Residence of father (if deceased so state): Same  
Occupation of father: Pipe Fitter Race of father: W  
Birthplace of father (State or foreign country): Columbus Ind.  
12. Full maiden name of mother: Virginia Lee Spears  
Residence of mother (if deceased so state): Same  
Occupation of mother: Housekeeper - Hosp Race of mother: W  
Birthplace of mother (State or foreign country): Lee Co. Va.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of: Signed: Bob E. Wilson  
New Address:

Subscribed and sworn to before me this 2 day of June, 1972  
John Gauld 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: Durwood E. Wilson Father  
Signed: Virginia Lee Spears Mother  
Subscribed and sworn to before me this 2 day of June, 1972  
John Gauld Dr 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 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 6th day of June, 1972, authorizing the joining together as husband and wife of Bobby Gene Wilson and Jacqueline Kay Homing. Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Ronald F. Burnett hereby certify that on the 10th day of June, 1972, at Stilesville, County of Hendricks, State of Indiana, Groom Bobby Gene Wilson of Hendricks County, State of Ind. and, Bride Jacqueline Kay Homing of Hendricks County, State of Ind. were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County. Dated this 10th day of June, 1972.

Signed: Ronald F. Burnett  
Official Designation: Stilesville Baptist Church, 1972  
Signed: John Gauld Dr Clerk HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of June, 1972

FRONT



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 194

File Book 33

June 2 1972  
Date of Application

## MALE

Medical Examination Report Dated 5-31-72  
Name of Physician David B. Haggard

## FEMALE

Medical Examination Report Dated 5-31-72  
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 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 MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Sprinter Engineer

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

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? 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 Zeard Lantz Jr.  
Residence of father (if deceased so state): Same  
Occupation of father: Teacher Race of father: W  
Birthplace of father (State or foreign country): Portland Ind.12. Full maiden name of mother: Norma Jean Boyle  
Residence of mother (if deceased so state): Same  
Occupation of mother: Teacher 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: X Gary Lee Lantz  
New Address: 425 E. Main St. PlainfieldSubscribed and sworn to before me this 2 day of June, 1972  
John Gaulebold 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: X Gary Lee Lantz  
New Address: 425 E. Main St. PlainfieldSubscribed and sworn to before me this 2 day of June, 1972  
John Gaulebold Jr. Clerk Hendricks Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 DifferentPrevious Marital Status: Never Married ☒ Number of Previous MarriagesLast Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Stamp Clerk

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

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

7. Full name of father: Stanley Pickett  
Residence of father (if deceased so state): Same  
Occupation of father: Shipping Clerk Race of father: W  
Birthplace of father (State or foreign country): Plainfield Indiana8. Full maiden name of mother: Clarice Long  
Residence of mother (if deceased so state): Same  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Evansville Kentucky

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

County of: Signed: X Ruth Irene Pickett  
New Address: 425 E. Main St. PlainfieldSubscribed and sworn to before me this 2 day of June, 1972  
John Gaulebold 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: X Ruth Irene Pickett  
New Address: 425 E. Main St. PlainfieldSubscribed and sworn to before me this 2 day of June, 1972  
John Gaulebold 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: X Ruth Irene Pickett  
New Address: 425 E. Main St. PlainfieldSubscribed and sworn to before me this 2 day of June, 1972  
John Gaulebold 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: X Ruth Irene Pickett  
New Address: 425 E. Main St. PlainfieldSubscribed and sworn to before me this 2 day of June, 1972  
John Gaulebold 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: X Ruth Irene Pickett  
New Address: 425 E. Main St. PlainfieldSubscribed and sworn to before me this 2 day of June, 1972  
John Gaulebold 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: X Ruth Irene Pickett  
New Address: 425 E. Main St. PlainfieldSubscribed and sworn to before me this 2 day of June, 1972  
John Gaulebold 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

Be 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 June, 1972, authorizing the joining together as husband and wife

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

I, Larry Ray Hapley, hereby certify that on the 7th day of June, 1972, at Clayton, County of Hendricks, State of Indiana, Groom: Gary Lantz, and, Bride: Ruth Pickett, of Hendricks County, State of Ind.

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

Dated this 10th day of June, 1972.

Signed: Larry Ray Hapley  
Official Designation: Preacher

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of June, 1972.

Signed: John Gaulebold Jr. Clerk  
Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

579

No. 195  
File Book 33  
June 2 1972  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 5-15-72  
Name of Physician M O Scamahorn

FEMALE  
Medical Examination Report Dated 5-15-72  
Name of Physician Dr M O Scamahorn

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

MALE APPLICANT

Name First Daniel Middle E. Last Bidle  
Date of Birth December 30 1951  
Place of Birth (State or foreign country) Indianapolis Indiana  
Residence Address R 8 Indianapolis 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 Landscaper  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address
(b) Are you supporting or contributing to their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
(c) Are you complying with any court order or orders issued for their support? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
11. Full name of father: Charles M. Bidle		
Residence of father (if deceased so state): Same		
Occupation of father: Electrician Race of father: W		
Birthplace of father (State or foreign country): Robinson Ind.		
12. Full maiden name of mother: Marsha Marie Dame		
Residence of mother (if deceased so state): Same		
Occupation of mother: Housewife Race of mother: W		
Birthplace of mother (State or foreign country): Paradise Ind.		

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed: x Daniel E. Bidle  
New Address: Oak Hurst Tr. Park Brownsburg  
Subscribed and sworn to before me this 2 day of June, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.  
State of Indiana, HENDRICKS } ss:  
County of  
Signed: Charles M. Bidle Father  
Signed: Marsha M. Bidle Mother  
Subscribed and sworn to before me this 2 day of June, 1972  
John Gambold Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court by written order issued.  
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 6 day of June, 1972, authorizing the joining together as husband and wife of Daniel E. Bidle and Dawnette Gay Nichols  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, John K. Hathaway hereby certify that on the 10th day of June, 1972, at Indianapolis, County of Marion, State of Indiana, Groom Daniel E. Bidle of Hendricks County, State of Indiana and, Bride Dawnette Gay Nichols of Hendricks County, State of Indiana were by me united 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 June, 1972.  
Signed: John K. Hathaway  
Official Designation Minister of the Gospel Witness  
16 day of June, 1972  
Signed: John Gambold Jr. Clerk HENDRICKS Circuit Court

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

FRONT



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 196  
File 03 week 33  
6-5-72  
Date of Application

MALE  
Medical Examination Report Dated June 2 1972  
Name of Physician John P. Calhoun

FEMALE  
Medical Examination Report Dated June 2 1972  
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 First Middle Last  
Donald Ray Heald  
Date of Birth Month Day Year  
May 31 1947  
Place of Birth (State or foreign country)  
Methodist Hosp.  
Residence Address Street or R. R. City County State  
6916 B. Buckridge Dr. Plainfield Hend Ind  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Teacher  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to 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 Herman Galileo Heald  
Residence of father (if deceased so state) Same  
Occupation of father. Mck Tank Dr. Race of father. W  
Birthplace of father (State or foreign country) Hendricks County  
12. Full maiden name of mother Margaret Ellen  
Residence of mother (if deceased so state) Same  
Occupation of mother. Housewife Race of mother. W  
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 x Donald Ray Heald  
New Address 6916 Buckridge Dr  
Subscribed and sworn to before me this 5 day of June, 1972.  
John Gaudelot 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

FEMALE APPLICANT

Name First Middle Last  
Carolyn Joy Holzworth  
Date of Birth Month Day Year  
February 26 1951  
Place of Birth (State or foreign country)  
Scottsburg Indiana  
Residence Address Street or R. R. City County State  
6916 E. Buckridge Dr Apt A Judsman Ind  
Maiden Name if Different  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Clerk  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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. Ellis M. Holzworth  
Residence of father (if deceased so state) Claydon Ind R.R. 1  
Occupation of father. mechanic Race of father. W  
Birthplace of father (State or foreign country) Crothersville Ind  
8. Full maiden name of mother Martha S.  
Residence of mother (if deceased so state) Same  
Occupation of mother. Cook Race of mother. W  
Birthplace of mother (State or foreign country) Austin Ind.

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed x Carolyn Joy Holzworth  
New Address 6916 Buckridge Dr  
Subscribed and sworn to before me this 5 day of June, 1972.  
John Gaudelot 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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 9 day of June, 1972, authorizing the joining together as husband and wife Donald Ray Heald and Carolyn Joy Holzworth  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, James D. Wilson, hereby certify that on the 17th day of June, one thousand nine hundred and 72, at Plainfield, County of Hendricks, State of Indiana, Groom Donald R. Heald of Hendricks County, State of Indiana, and, Bride Carolyn J. Holzworth of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 17th day of June, 1972.

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of June, 1972.

Signed James D. Wilson  
Official Designation Pastor - Plainfield Friends Meeting  
Signed John Gaudelot Dr. Clerk Hendricks Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 197  
File Book 33  
6-5-72  
Date of Application

## MALE

Medical Examination Report Dated 6-2-72

Name of Physician John Elliott M.D.

## FEMALE

Medical Examination Report Dated 6-2-72

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, represents-

## MALE APPLICANT

Name First Red Middle E. Last Harshbarger  
Date of Birth Month July Day 19 Year 1949  
Place of Birth (State or foreign country) Lebanon  
Residence Address Or Or 1 Potosi Ave City Boone Ind. 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) SS Card 12-30-49-233

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

Name	Age	Address

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

11. Full name of father Frederick Wm Harshbarger  
Residence of father (if deceased so state) Same  
Occupation of father Factory Worker Race of father W  
Birthplace of father (State or foreign country) Boone Co.  
12. Full maiden name of mother Luanna Marie 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) Hend. Co.

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

Subscribed and sworn to before me this 5 day of June, 1972  
John Gamble Jr Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 1972, authorizing the joining together as husband and wife of Red E. Harshbarger and Sharyl F. Cyphers.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Berman Essex hereby certify that on the 10 day of June, 1972, at Cottleville, County of Hendricks, State of Ind.  
one thousand nine hundred and 72 of Harshbarger County, State of Ind.  
State of Indiana, Groom Red E. Harshbarger of Hendricks County, State of Ind.  
and, Bride Sharyl F. Cyphers of Hendricks County, State of Ind.  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 10 day of June, 1972  
Signed Berman Essex Minister  
Official Designation 13 day of June, 1972  
Signed John Gamble Jr Clerk  
HENDRICKS Circuit Court

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

FRONT



No. 198  
File Bush 33  
6-5-72  
Date of Application

HENDRICKS County

MALE  
Medical Examination Report Dated 5-31-72  
Name of Physician Norman E. Whitney

**FEMALE**  
Medical Examination Report Dated 5-31-72  
Name of Physician Norman E. Whitney

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

MALE APPLICANT				
Name	First	Middle	Last	
Michael Gene Harner				
Date of Birth	Month	Day	Year	
Nov 2 1952				
Place of Birth (State or foreign country)				
Merced, California				
Residence Address		Street or R. F. D.	City	County State
Box 237			Clayton	Hend Ind
Previous Marital Status: Never Married <input checked="" type="checkbox"/> Number of Previous Marriages				

FEMALE APPLICANT				
Name	First	Middle	Last	
	Jennifer	Jane	Fishers	
Date of Birth	Month	Day	Year	
	July	24	1952	
Place of Birth (State or foreign country)				
Indiana				
Residence Address	Street or R. R.	City	County	State
	R R 2 Box 38	Cowley	Marion	Ind
Maiden Name if Different				

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Previous Marital Status: Never Married ☒ Number of Previous Marriages: \_\_\_\_\_

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Usual Occupation Deputying Drywall  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

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

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 Clancy Eugene Fisher  
Residence of father (if deceased so state) Same

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

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

Residence of mother (if deceased so state) same

11. Full name of father. Harley Gene Horner  
Residence of father (if deceased so state) Same  
Occupation of father Line man Race of father W  
Birthplace of father (State or foreign country) Bedford Ind.

12. Full maiden name of mother Betty Lou Phillips  
Residence of mother (if deceased so state) Same  
Occupation of mother Galyan's Race of mother W  
Birthplace of mother (State or foreign country) Bedford Ind.

Occupation of mother Postal Clerk Race of mother W  
Birthplace of mother (State or foreign country) Ohio  
State of Indiana, } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS  
Signed x Jennifer Jane Fidler  
New Address 322 Mickey  
Subscribed and sworn to before me this 5 day of June, 1917

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

John G. Amiel Clerk HENDRICKS Circuit Court

Signed X Michael Gene Horner  
New Address 222 Mickey Ayta Judges Trail  
and sworn to before me this 5 day of June, 1972  
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.....

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

.....

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

State of Indiana, } ss:

Indiana, } HENDRICKS } RR 1

County of HENDRICKS )  
Signed \_\_\_\_\_ Fat \_\_\_\_\_

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

Signed \_\_\_\_\_ Notary Public in and for the State of \_\_\_\_\_

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

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

\_\_\_\_\_  
Clerk

.....

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

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 9 day of June 1972 authorizing the joining together as husband and wife of

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

I, Ralph E. Kengenberg, hereby certify that on the 10<sup>th</sup> day of June  
one thousand nine hundred and seventy-two, at Wassonville, County of Morgan

State of Indiana, Groom Michael Ben Harner of Stedrich County, State of Indiana  
and, Bride Jennifer Jane Fistero 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.

Signed Ralph E. Kienzenberry  
Official Designation Pastor, Breck Missionary Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of June, 1972  
Signed John Barker Co Clerk

\_\_\_\_\_ HENDRICKS \_\_\_\_\_ Circuit Court

[illegible]



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 198  
File Bunk 33  
Date of Application 6-5-72

MALE  
Medical Examination Report Dated 5-31-72  
Name of Physician Norman E. Whitney

FEMALE  
Medical Examination Report Dated 5-31-72  
Name of Physician Norman E. Whitney

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

MALE APPLICANT  
Name First 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 Delivery Driver  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name Age Address

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

11. Full name of father Harley Gene Horner  
Residence of father (if deceased so state) Same  
Occupation of father Lineman Race of father W  
Birthplace of father (State or foreign country) Bedford Ind.  
12. Full maiden name of mother Betty Lou Phillips  
Residence of mother (if deceased so state) Same  
Occupation of mother Galyan's Race of mother W  
Birthplace of mother (State or foreign country) Bedford Ind.

State of Indiana, HENDRICKS } I depose and state the information given  
County of in this application is true and correct.  
Signed x Michael Gene Horner

FEMALE APPLICANT  
Name First Middle Last  
Date of Birth Month Day Year  
Place of Birth (State or foreign country)  
Residence Address Street or R. R. City County State  
Maiden Name if Different

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

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

- ☐ Other (Specify)
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the groom closer than second cousin? No ☒ 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 Clancy Eugene Fishers  
Residence of father (if deceased so state) Same  
Occupation of father Truck Driver Race of father W  
Birthplace of father (State or foreign country) Judges Ind.  
8. Full maiden name of mother Mary Kathleen Utterback  
Residence of mother (if deceased so state) Same  
Occupation of mother Postal Clerk Race of mother W  
Birthplace of mother (State or foreign country) Ohio

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

Signed x Jennifer Jane Fishers  
New Address 322 Mickey

Subscribed and sworn to before me this 5 day of June, 1972  
John G. Anderson, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, Gene & Betty Horner, hereby give our consent for  
our son, Michael Gene Horner  
to marry Jennifer Jane Fishers.

Gene Horner Betty Horner  
Subscribed and sworn to before me this 8 day of June, 1972

John G. Anderson Jr.  
Notary Public Clerk

of Indiana dated the Michael Gene Horner and Jennifer Jane Fishers  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Ralph E. Ringerberry, hereby certify that on the 10th day of June  
one thousand nine hundred and seventy two at Mazonville, County of Morgan  
State of Indiana, Groom Michael Gene Horner of Hendricks County, State of Indiana,  
and, Bride Jennifer Jane Fishers 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 10th day of June, 1972.

Signed Ralph E. Ringerberry  
Official Designation Pastor, First Missionary Church, Mazonville  
Signed John G. Anderson Jr. Clerk  
HENDRICKS Circuit Court

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

MALE  
Medical Examination Report  
Name of Physician

ALL QUESTIONS MUST BE ANSWERED.  
False statement shall be fined in

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐

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

3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐

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

5. Are you related to the bride closer than second cousin? No ☒ Yes ☐

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

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

8. Are you able to support a family? Yes ☒ No ☐

9. Are you likely to so continue? Yes ☒ No ☐

10. Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

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

11. Full name of father

Residence of father (if deceased so state)

Occupation of father

Birthplace of father (State or foreign country)

12. Full maiden name of mother

Residence of mother (if deceased so state)

Occupation of mother

Birthplace of mother (State or foreign country)

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

Signed x John G. Anderson Jr.

Subscribed and sworn to before me this

day of

1972

John G. Anderson Jr. Clerk HENDRICKS Circuit Court

husband and wife

of Indiana dated the

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

I, Ralph E. Ringerberry, hereby certify that on the 10th day of June

one thousand nine hundred and seventy two at Mazonville, County of Morgan

State of Indiana, Groom Michael Gene Horner of Hendricks County, State of Indiana,

and, Bride Jennifer Jane Fishers 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 10th day of June, 1972.

Signed Ralph E. Ringerberry  
Official Designation Pastor, First Missionary Church, Mazonville  
Signed John G. Anderson Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. # 199

File Bk 33Date of Application June 6, 1972

## MALE

Medical Examination Report Dated 6-2-72Name of Physician Dr. M. O. Scanlon

## FEMALE

Medical Examination Report Dated 6/2/72Name of Physician Dr. M. O. Scanlon

ALL QUESTIONS 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 C. Forsythe  
 Date of Birth Nov. 24, 1954  
 Place of Birth (State or foreign country) Urbana, Ohio  
 Residence Address 720 Maple Lane, 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 CookDate of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) 46.9

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

(a) List their full names, ages and addresses

- (b) Are you supporting or contributing to their 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 Carol Forsythe  
 Residence of father (if deceased so state) 720 Maple Lane Br. Ind.  
 Occupation of father Term Central Railway  
 Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Patricia Paul L. Coyle  
 Residence of mother (if deceased so state) 720 Maple Lane Brownsbg.  
 Occupation of mother Housewife  
 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 George C. Forsythe New Address 720 Maple Lane BrownsburgSubscribed and sworn to before me this 5th day of June, 1972John 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 George C. Forsythe FatherSigned Patricia L. Coyle MotherSubscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972

Clerk \_\_\_\_\_

State of Indiana, HENDRICKS } ss:County of \_\_\_\_\_ Signed George C. Forsythe FatherSigned Patricia L. Coyle MotherSubscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972

Clerk \_\_\_\_\_

State of Indiana, HENDRICKS } ss:County of \_\_\_\_\_ Signed George C. Forsythe FatherSigned Patricia L. Coyle MotherSubscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972

Clerk \_\_\_\_\_

State of Indiana, HENDRICKS } ss:County of \_\_\_\_\_ Signed George C. Forsythe FatherSigned Patricia L. Coyle MotherSubscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972

Clerk \_\_\_\_\_

## FEMALE APPLICANT

Name Shirley L. Cox  
 Date of Birth April 14, 1956  
 Place of Birth (State or foreign country) Winchester, Ind.  
 Residence Address 104 Dianna Dr. 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 \_\_\_\_\_

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree☐ Other (Specify) Book No. 9 - Page 11.

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

7. Full name of father George Carol ForsytheResidence of father (if deceased so state) 104 Dianna Dr. BrownsburgOccupation of father Manager Race of father \_\_\_\_\_Birthplace of father (State or foreign country) Indiana8. Full maiden name of mother Betty Lou ChalfantResidence of mother (if deceased so state) 104 Dianna Dr.Occupation of mother Housewife Race of mother \_\_\_\_\_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 Shirley L. Cox New Address DameSubscribed and sworn to before me this 5th day of June, 1972John 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 Wayne G. Cox FatherSigned Betty L. Cox MotherSubscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1972

Clerk \_\_\_\_\_

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

HENDRICKS County Superior Court by written order issued 3 day waiver and filedin 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 Courtof Indiana dated the 5th day of June, 1972, 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. Nash hereby certify that on the 14th day of Juneone thousand nine hundred and seventy-two at Brownsburg County of HendricksState of Indiana, Groom George C. Forsythe Jr. of Hendricks County, State of Indianaand, Bride Shirley L. Cox of Hendricks County, State of Indianawere by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKSCounty. Dated this 14th day of June, 1972Signed Jerry R. Nash Official Designation Minister 16 day of June, 1972Signed John G. 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. 200

File Book 33

June 6 1972  
Date of Application

MALE

Medical Examination Report Dated 6-1-72

Name of Physician A. V. Scudder

FEMALE

Medical Examination Report Dated 6-1-72

Name of Physician A. V. Scudder

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

MALE APPLICANT

Name First Ray Middle W. Last McClain  
Date of Birth Month September Day 1 Year 1946  
Place of Birth (State or foreign country) Indianapolis  
Residence Address RR 2 Brownsburg Ind. Street or R. R. Brownsburg City Hendricks County Ind. 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 Teacher

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

☒ Other (Specify) Selective Service 12 30 46 244

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one 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 Max McClain  
Residence of father (if deceased so state) RR 2 Box 65 Brownsburg  
Occupation of father Farmer Race of father W  
Birthplace of father (State or foreign country) Hendricks Co Ind.  
12. Full maiden name of mother Hazel Hagg  
Residence of mother (if deceased so state) same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Hendricks Co Ind.

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

Signed Ray W. McClain

New Address RR 2 Box 65 Brownsburg

Subscribed and sworn to before me this 6 day of June, 1972

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:

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

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

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

\_\_\_\_\_  
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the \_\_\_\_\_ day of June, 1972, authorizing the joining together as husband and wife

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

I, the Rev. Keith L. Kinney hereby certify that on the 17th day of June

one thousand nine hundred and 72 at Brownsburg, County of Hendricks

State of Indiana, Groom Ray W. McClain of Hendricks County, State of Ind.

and, Bride Mary Margaret Turk of Hendricks County, State of Ind.

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

Dated this 17th day of June, 1972

Signed Keith L. Kinney

Official Designation Messiah Lutheran Church

Signed John Gaulsord Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of July, 1972



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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 201  
File Book 33  
Date of Application 6-6-72

HENDRICKS County

MALE  
Medical Examination Report Dated June 2, 1972  
Name of Physician James Black M.D.

FEMALE  
Medical Examination Report Dated June 2, 1972  
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 Robert Lawrence Waggoner  
Date of Birth Feb 6 1949  
Place of Birth (State or foreign country) Indianapolis Ind.  
Residence Address 122 S Jefferson, Brownsburg  
Previous 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) Electrician License - 12-30-49-41

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

Name Age Address

- (b) Are you supporting or contributing to their 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 Franklin Waggoner  
Residence of father (if deceased so state) 122 S Jefferson, Brownsburg  
Occupation of father Western Electric Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) Carmel, Indiana  
12. Full maiden name of mother Luth Eloise Hyton  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Brownsburg, Ind

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

Signed Robert Lawrence Waggoner  
New Address 5015 Edenborough Lane Apt 613  
Subscribed and sworn to before me this 6th day of June, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one 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 Mary Anne Archer  
Date of Birth March 4 1950  
Place of Birth (State or foreign country) Columbia South Carolina  
Residence Address 5015 Edenborough Lane Apt 613, 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 Teacher  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☒ Other (Specify) Service Card - RA 35139899

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Clinton Archer  
Residence of father (if deceased so state) Deceased  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) South Carolina  
8. Full maiden name of mother Sara Elizabeth Allen  
Residence of mother (if deceased so state) 305 Joyce Lane, West Columbia, S Carolina  
Occupation of mother Secretary Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) Libby, South Carolina

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

Signed Mary Anne Archer  
New Address 5015 Edenborough Lane Apt 613  
Subscribed and sworn to before me this 6th day of June, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one 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  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 1972, authorizing the joining together as husband and wife of Indiana dated the 12 day of June, 1972, and Mary Anne Archer  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, S. Howard Davidson, hereby certify that on the 17th day of June, 1972, at Calvary United Methodist Church, County of Hendricks, State of Indiana, one thousand nine hundred and seventy-two of Hendricks County, State of Indiana, Groom Robert Lawrence Waggoner and, Bride Mary Anne Archer 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 June, 1972.  
Signed S. Howard Davidson  
Official Designation Minister, 1972.  
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\_\_\_\_

FRONT



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 202  
File Book # 33  
June 7, 1972  
Date of Application

MALE  
Medical Examination Report Dated 6-5-72  
Name of Physician Ronald Chesman

FEMALE  
Medical Examination Report Dated 6/5/72  
Name of Physician Norman C. Whitang

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

MALE APPLICANT

Name First David Middle Paul Last Settles  
Date of Birth Month October Day 9 Year 1953  
Place of Birth (State or foreign country) Indiana  
Residence Address P.O. Box 198 Street or R. R. Clayton City Hendricks County Ind. State  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Truck Driver for County

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

☐ Other (Specify) Hospital to #146

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

Name	Age	Address

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

11. Full name of father Paul Larry Settles  
Residence of father (if deceased so state) #1 Clayton, Indiana  
Occupation of father Truck Driver Race of father W  
Birthplace of father (State or foreign country) Hendricks Co. Indiana  
12. Full maiden name of mother Nancy Louise Black  
Residence of mother (if deceased so state) #1 Clayton, Indiana  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Madison, Indiana

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

Signed David Paul Settles  
New Address Box 198 Clayton, Indiana 46118

Subscribed and sworn to before me this 7 day of June, 1972  
John Sambell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. 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 R. Settles Father  
Signed Nancy L. Settles Mother

Subscribed and sworn to before me this 7 day of June, 1972  
John Sambell, 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 12 day of June, 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to wit:  
I, Donald Endsley hereby certify that on the 16th day of June

one thousand nine hundred and 72 at Mooreville, County of Marion, State of Indiana, Groom David Paul Settles of Hendricks County, State of Indiana

and, Bride Joyce Ann Samuels 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 16th day of June, 1972.

Signed Donald Endsley  
Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of July, 1972

Signed John Sambell, Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 203  
File Bt#33  
June 7, 1972  
Date of Application

MALE  
Medical Examination Report Dated 6/5/72  
Name of Physician James Black

FEMALE  
Medical Examination Report Dated 6/5/72  
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 Samuel Middle Last Holmes  
Date of Birth Month March Day 14 Year 1952  
Place of Birth (State or foreign country) Peoria, Illinois  
Residence Address R.R.#1 Pittsboro, Ind. State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Military - Navy

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 Holmes  
Residence of father (if deceased so state) Pekin, Illinois  
Occupation of father Supervisor Race of father W  
Birthplace of father (State or foreign country) Springfield, Illinois  
12. Full maiden name of mother Virgie Emma Evans  
Residence of mother (if deceased so state) Pekin, Illinois  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Illinois

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

Signed Samuel D. Holmes

New Address

Subscribed and sworn to before me this 7 day of June, 1972  
John Campbell, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 1972  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3 day Waiver and filed

in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS Circuit Court

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court, 1972, authorizing the joining together as husband and wife of Indiana dated the 7 day of June, 1972, and Prudence A. Lasso

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

1. Everett L. Wright hereby certify that on the 10th day of June, 1972, at Pittsboro, County of Hendricks, State of Illinois

one thousand nine hundred and 72 at Jasper, County, State of Indiana, Groom Samuel Dean Holmes of Hendricks County, State of Indiana

and, Bride Prudence Antoinette Lasso of Hendricks County, State of Indiana

were by me united 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 June, 1972

Signed Everett L. Wright  
Official Designation Methodist Minister  
13 day of June, 1972

Signed John Campbell, Jr. Clerk HENDRICKS Circuit Court

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

FRONT



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

587

No. 203

File BL#33

HENDRICKS County

MALE

Medical Examination Report Dated 6/5/72

Name of Physician James Black

FEMALE

Medical Examination Report Dated 6/5/72

Name of Physician James Black

June 7, 1972  
Date of Application

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

Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00).

MALE APPLICANT

Name First Samuel Middle Holmes Last Holmes  
Date of Birth Month March Day 14 Year 1952  
Place of Birth (State or foreign country) Peoria, Illinois  
Residence Address R.R. #1 Pittsboro, Hendricks, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Military - Navy  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

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

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Holmes  
Residence of father (if deceased so state): Pekin, Illinois  
Occupation of father: Supervisor Race of father: W  
Birthplace of father (State or foreign country): Peoria, Illinois  
12. Full maiden name of mother: Virgie Emma Evans  
Residence of mother (if deceased so state): Pekin, Illinois  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Illinois

State of Indiana, Hendricks } ss: I depose and state the information given in this application is true and correct.  
County of: Signed X Samuel D. Holmes  
New Address X

Subscribed and sworn to before me this 7 day of June, 1972  
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 }  
County of: Signed X Kenneth Holmes  
Signed X Virgie Holmes  
Subscribed and sworn to

COMPLETE IF MARRIED  
HENDRICKS  
in: Clerk's Office

Be It Remembered  
of Indiana dated the 7 day of June, 1972  
Be it further remembered,  
I, Everett L. Wright  
one thousand nine hundred and 72  
State of Indiana, Groom: Samuel D. Holmes  
and, Bride: Prudence A. Gossa  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 10 day of June, 1972

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of June, 1972

Signed: Everett L. Wright  
Official Designation: Minister  
Dated: June 10, 1972  
Signed: John Campbell Jr.  
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Prudence Middle Gossa Last Gossa  
Date of Birth Month June Day 5 Year 1953  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. #1 Pittsboro, Hendricks, Ind.  
Maiden Name if Different: Gossa  
Previous 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: James Edward Gossa  
Residence of father (if deceased so state): Indianapolis, Ind.  
Occupation of father: Laborer Race of father: W  
Birthplace of father (State or foreign country): Indiana

8. Full maiden name of mother: Madama Loyelle Beck  
Residence of mother (if deceased so state): R.R. #1 Pittsboro, Ind.  
Occupation of mother: Clerk - 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 Prudence A. Gossa  
New Address X

Subscribed and sworn to before me this 7 day of June, 1972  
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 }  
County of: Signed X Kenneth Holmes  
Signed X Virgie Holmes  
Subscribed and sworn to

COMPLETE IF MARRIED  
HENDRICKS  
in: Clerk's Office

Be It Remembered  
of Indiana dated the 7 day of June, 1972  
Be it further remembered,  
I, Everett L. Wright  
one thousand nine hundred and 72  
State of Indiana, Groom: Samuel D. Holmes  
and, Bride: Prudence A. Gossa  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 10 day of June, 1972

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of June, 1972

Signed: Everett L. Wright  
Official Designation: Minister  
Dated: June 10, 1972  
Signed: John Campbell Jr.  
HENDRICKS Circuit Court

WE, Mr. & Mrs. Kenneth Holmes, hereby give <sup>our</sup> consent for

our son, Samuel D. Holmes to

marry Prudence A. Gossa.

Kenneth Holmes Virgie Holmes

subscribed and sworn to before me this 6 day of June, 1972

Rose May Holmes  
Notary Public

hereby certify that on the 6 day of June, 1972 at Pittsboro, Hendricks County, State of Indiana, I, Samuel D. Holmes, of Hendricks County, State of Indiana, and, Prudence A. Gossa, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 10 day of June, 1972

Signed: Everett L. Wright  
Official Designation: Minister  
Dated: June 10, 1972  
Signed: John Campbell Jr.  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of June, 1972

Signed: Everett L. Wright  
Official Designation: Minister  
Dated: June 10, 1972  
Signed: John Campbell Jr.  
HENDRICKS Circuit Court

Be It Remembered  
of Indiana dated the 7 day of June, 1972  
Be it further remembered,  
I, Everett L. Wright  
one thousand nine hundred and 72  
State of Indiana, Groom: Samuel D. Holmes  
and, Bride: Prudence A. Gossa  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 10 day of June, 1972

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of June, 1972

Signed: Everett L. Wright  
Official Designation: Minister  
Dated: June 10, 1972  
Signed: John Campbell Jr.  
HENDRICKS Circuit Court

Be It Remembered  
of Indiana dated the 7 day of June, 1972  
Be it further remembered,  
I, Everett L. Wright  
one thousand nine hundred and 72  
State of Indiana, Groom: Samuel D. Holmes  
and, Bride: Prudence A. Gossa  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.  
Dated this 10 day of June, 1972

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of June, 1972

Signed: Everett L. Wright  
Official Designation: Minister  
Dated: June 10, 1972  
Signed: John Campbell 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. 204

File B vol 33

6-7-72  
Date of Application

MALE

Medical Examination Report Dated 6-2-72

Name of Physician Robert Kistley MD

FEMALE

Medical Examination Report Dated 6-2-72

Name of Physician Robert Kistley 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 Daniel Last Miller  
Date of Birth Month January Day 27 Year 1949  
Place of Birth (State or foreign country) Chicago Ill  
Residence Address Street or R. R. 9025 Hickory St. City Gary State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher

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

☐ Other (Specify) SS card 12 44 49 31

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to 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: Reuben Miller  
Residence of father (if deceased so state) Same  
Occupation of father Doctor Race of father W  
Birthplace of father (State or foreign country) Chicago Ill  
12. Full maiden name of mother: Lucille Munn  
Residence of mother (if deceased so state) Phoenix Ariz  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Sioux City Iowa

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

Signed x Robert Daniel Miller

New Address 5708 Cypress Tern Apt 203 Gary

Subscribed and sworn to before me this 7 day of June, 1972.  
John G. Ambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

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

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

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

FEMALE APPLICANT

Name First Leta Middle Gene Last Barnes  
Date of Birth Month June Day 10 Year 1949  
Place of Birth (State or foreign country) Marion Ind  
Residence Address Street or R. R. 1218 Stafford Rd. City Plainfield County Hendricks State Ind.  
Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Social Worker

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

☐ Other (Specify) Ind State W. Reg. Card

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

8. Full maiden name of mother: Rebecca Sue Patton  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Canton Ind.

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

Signed x Leta Gene Barnes

New Address 5708 Cypress Tern

Subscribed and sworn to before me this 7 day of June, 1972.  
John G. Ambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of

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

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the 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 June, 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, C. David Hancock, hereby certify that on the Seventeenth day of June

one thousand nine hundred and Seventy-two at Plainfield, County of Hendricks,

State of Indiana, Groom Robert Dan Miller of Lake Co. County, State of Indiana

and, Bride Leta Gene Barnes of Hendricks County, State of Indiana,

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

Dated this 12th day of June, 1972.  
Signed C. David Hancock  
Official Designation Pastor Plainfield L. M. Church

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of June, 1972.  
Signed John G. Ambold Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 205

File Book 33

June 7, 1972  
Date of Application

## MALE

Medical Examination Report Dated June 1, 1972

Name of Physician Lloyd S. Terry, M.D.

## FEMALE

Medical Examination Report Dated June 1, 1972

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, representa-

## MALE APPLICANT

Name Lyndal L. Larison  
Date of Birth April 8, 1953  
Place of Birth (State or foreign country) Reverieside, Calif.  
Residence Address 452 E. Columbia St. Danville Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Bank Teller  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) S. Service # 12-30-53-127

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one 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 Clayton Larison  
Residence of father (if deceased so state): 452 E. Columbia St. Danville  
Occupation of father: Engineer B. Inc. Co. Race of father: W  
Birthplace of father (State or foreign country): Ind.  
12. Full maiden name of mother: Patricia Ann Pearson  
Residence of mother (if deceased so state): 452 E. Columbia St.  
Occupation of mother: Bank Teller 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 HENDRICKS

X Signed: Lyndal L. LarisonNew Address: 1178 Lincoln St. Danville Ind.

Subscribed and sworn to before me this 7 day of June, 1972  
John Bembala Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, HENDRICKS } ss:  
County of HENDRICKS

Signed: Patricia Ann Pearson FatherSigned: John Clayton Larison MotherSubscribed and sworn to before me this 7 day of June, 1972John Bembala 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 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 7 day of June, 1972, authorizing the joining together as husband and wife of Lyndal L. Larison and Deborah J. Richardson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Stump, hereby certify that on the 17th day of June, County of Hendricks, State of Indiana, at Danville, County, State of Indiana, one thousand nine hundred and 72, of Hendricks County, State of Indiana, and, Bride Deborah J. Richardson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of June, 1972.

Signed Dr. Joseph D. StumpOfficial Designation Pastor21 day of June, 1972Signed John Gamble ClerkHENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of June, 1972.

## FEMALE APPLICANT

Name Deborah J. Richardson  
Date of Birth Oct. 7, 1953  
Place of Birth (State or foreign country) Lebanon Ind.  
Residence Address Rt. 3 Danville Ind.  
Maiden Name if Different R. 3 Danville Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Typist  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Within 1000 Miles of Danville 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: David Lowell Richardson  
Residence of father (if deceased so state): Rt. 3 Box 190C Danville  
Occupation of father: Self Employed - Danville Race of father: W  
Birthplace of father (State or foreign country): Lebanon Ind.
- Full maiden name of mother: Jessie Lee Stewart  
Residence of mother (if deceased so state): Rt. 3 Box 190C Danville  
Occupation of mother: Housewife Race of mother: W  
Birthplace of mother (State or foreign country): Lebanon Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of HENDRICKS

X Signed: Deborah J. RichardsonNew Address: 1178 Lincoln St. Danville

Subscribed and sworn to before me this 7 day of June, 1972  
John Bembala Jr. Clerk HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 \_\_\_\_\_, 1972

\_\_\_\_\_  
Clerk



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 205  
File Book 33  
Date of Application June 7, 1972

MALE  
Medical Examination Report Dated June 1, 1972  
Name of Physician Elroy S. Jerry, M.D.

FEMALE  
Medical Examination Report Dated June 1, 1972  
Name of Physician Elroy S. 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 Lyndal L Larison  
Date of Birth April 8 1953  
Place of Birth (State or foreign country) Riverside, California  
Residence Address 452 E. Columbia St. Danville Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Bank Teller  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

- ☒ Other (Specify) S. Service # 12-30-53-127
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their 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 Clayton Larison  
Residence of father (if deceased so state) 452 E. Columbia St. Danville  
Occupation of father Engineer B. Inc. Corp. W  
Birthplace of father (State or foreign country) Ind.  
12. Full maiden name of mother Patricia Ann Pearson  
Residence of mother (if deceased so state) 452 E. Columbia  
Occupation of mother Bank Teller 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 HENDRICKS

Subscribed and sworn to by John Larison

CONSENT OF PARENT  
We, the parents, of this signs, state facts which

State of Indiana, HE  
County of HENDRICKS

Signe John Larison  
Subscribed and sworn to

COMPLETE IF M  
HENDRICKS

in \_\_\_\_\_

I, John C. Larison, hereby give my consent for my son, Lyndal Lee Larison to marry Deborah J. Richardson.

John C. Larison  
Subscribed and sworn to before me this June 7th day of June 1972

Ruth Hayer  
Notary Public  
my commission expires October 14, 1974

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the June day of June, 1972, authorizing the joining together as husband and wife of Lyndal L. Larison and Deborah J. Richardson.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Joseph D. Stump, hereby certify that on the 17th day of June, 1972, at Danville, County of Hendricks, State of Indiana, one thousand nine hundred and 72 of Hendricks County, State of Indiana, State of Indiana, Groom Lyndal L. Larison of Hendricks County, State of Indiana, and, Bride Deborah J. Richardson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 17th day of June, 1972.

Signed Dr. Joseph D. Stump  
Official Designation Pastor  
day of June, 1972  
Signed John Gamble  
Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 206  
File Book 33  
June 8, 1972  
Date of Application

MALE  
Medical Examination Report Dated June 5, 1972  
Name of Physician Irving Cohen M.D.

FEMALE  
Medical Examination Report Dated June 5, 1972  
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 William Middle Wayne Last Giles  
Date of Birth Month April Day 29 Year 1954  
Place of Birth (State or foreign country) Bridgeport Ind.  
Residence Address 1 Purpus Drive, 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 Spencer Body Shop  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Book No B-7 Page 103

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ 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
Jack C. Giles		

(b) Are you supporting or contributing to their 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 C. Giles  
Residence of father (if deceased so state) 1 Purpus Drive, Danville, Ind.  
Occupation of father Trash Collection Race of father.....  
Birthplace of father (State or foreign country) Indiana  
12. Full maiden name of mother Helen Gibson  
Residence of mother (if deceased so state) 1 Purpus Drive  
Occupation of mother Office Work Race of mother.....  
Birthplace of mother (State or foreign country) Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of.....  
Signed Bill Giles William W. Giles  
New Address 2328 First Street  
Subscribed and sworn to before me this 8th day of June, 1972.  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Spencer  
Date of Birth Month May Day 21st Year 1956  
Place of Birth (State or foreign country) Marion County  
Residence Address 1008 Stafford Rd. Plainfield, Ind.  
Maiden Name if Different.....  
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....  
Usual Occupation None  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 5416

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Jessie Raymond Spencer  
Residence of father (if deceased so state) 1008 Stafford Rd. Plainfield, Ind.  
Occupation of father Spencer Body Shop Race of father.....  
Birthplace of father (State or foreign country) Indiana  
8. Full maiden name of mother Linda Lee Lane  
Residence of mother (if deceased so state) 1008 Stafford Rd. Plainfield, Ind.  
Occupation of mother Housewife Race of mother.....  
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 Linda Lee Spencer  
New Address 2328 First Street Plainfield  
Subscribed and sworn to before me this 8th day of June, 1972.  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. Judge Groover

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 8th day of June, 1972, authorizing the joining together as husband and wife of William Wayne Giles and Linda Lee Spencer.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Warren A. Robbins, hereby certify that on the ninth day of June, 1972, at Plainfield, Indiana, County of Hendricks, State of Indiana, Groom William Wayne Giles of Hendricks County, State of Indiana, and, Bride Linda 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 HENDRICKS County.  
Dated this ninth day of June, 1972.

Signed Warren A. Robbins  
Official Designation Christian Minister  
Filed and recorded in accordance with the laws of the State of Indiana this 12 day of June, 1972.  
Signed John Gambold Jr. Clerk HENDRICKS Circuit Court



HENDRICKS County

No. 207  
File Bk # 33  
June 8 1972  
Date of Application

Medical Examination Report Dated 5-30-72

Name of Physician M. O. Scanlon

Medical Examination Report Dated 5-30-72

Name of Physician M. O. Scamhorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

Name of Physician M. O. Scarnhorn

**MALE APPLICANT**

## MALE APPLICANT

Name *Henry* *First* *Middle* *Last*  
 Date of Birth *March* *Day* *Antebus*  
 Place of Birth (State or foreign country) *Indianapolis, Indiana*  
 Residence Address *R#1 Box 23* *City* *County* *State*  
 Previous Marital Status: Never Married ☒ Number of Previous Marriages *Two*  
 Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
 Color or Race White ☐ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
 Usual Occupation *Carpenter - Work*  
 Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

1. Are you now or have you been adjudged, diagnosed or considered as:		No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
An Imbecile?		No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Of Unsound Mind?		No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
2. Are you under guardianship as a person of unsound mind?		No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons?		No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
If answer to 3 is "yes" has the cause of such condition been removed?		No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
4. Are you afflicted with a transmissible disease?		No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
5. Are you related to the bride closer than second cousin?		No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
6. Are you now under the influence of intoxicating liquor?		No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
7. Are you now under the influence of a narcotic drug?		No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
8. Are you able to support a family?		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
9. Are you likely to so continue?		Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
10. Do you have minor children from one or more former marriages?		No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
(If yes, answer questions a, b, c)					
(a) List their full names, ages and addresses					

Name	Age	Address
------	-----	---------

(b) Are you supporting or contributing to their 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 Truck Driver Race of father W

Birthplace of father (State or foreign country) Terre Haute, Indiana

12. Full maiden name of mother.....Minnie A. Stone.....  
Residence of mother (if deceased so state).....same.....

Occupation of mother Waitress Race of mother W  
Birthplace of mother (State or foreign country) Milwaukee, Indiana

State of Indiana,                      **HENDRICKS**                      } ss:                      I depose and state the information given  
County of.....                      }                      in this application is true and correct.

Signed X Jerry L. Sanders  
New Address X RR 1 Box 155 PITA BORO, 2ND

Subscribed and sworn to before me this 8 day of June, 1912  
John Marshall Clerk **HENDRICKS** Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, }  
County of ..... **HENDRICKS** } ss:  
Father

Signed.....  
Signed.....

Subscribed and sworn to before me this.....day of.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been issued by the \_\_\_\_\_ 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.

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 1972, authorizing the joining together as husband and wife

of Indiana dated the 8th day of June and Mary Gordon  
filed in my office, to-wit: 11th day of June

Be it further remembered, the following marriage certificate was filed in the \_\_\_\_\_ County of Hamilton State of Indiana hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ at Pittsboro \_\_\_\_\_ County of Hamilton State of Indiana

one thousand nine hundred and <sup>72</sup> of Hendricks County, State of Indiana  
James L. Antibus of Hendricks County, State of Indiana  
 State of Indiana James L. Antibus of Hendricks County, State of Indiana

and, Bride, Mary B. Gordin of \_\_\_\_\_  
 \_\_\_\_\_ authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_

County. Dated this 16th day of June, 1972. Signed, Donald E. McKee  
Middle Township, New Jersey

Official Designation \_\_\_\_\_  
 State of Indiana this 23 day of June, 1912  
John Jameson Clerk

Filed and recorded in accordance with the laws of the State of Indiana. Signed \_\_\_\_\_ 0 HENDRICKS Circuit Court

FRONT



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 208

File # 33

June 8, 1972  
Date of Application

MALE  
Medical Examination Report Dated 6-2-72

Name of Physician David Hedley

FEMALE  
Medical Examination Report Dated 6-5-72

Name of Physician David B. Hedley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 D. Last Garnard  
Date of Birth Month June Day 28 Year 1950  
Place of Birth (State or foreign country) Clinton, Indiana  
Residence Address Street or R. R. Rt 1 Box 92A City Sanville County Hendricks State Indiana  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation 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 John Thomas Garnard  
Residence of father (if deceased so state) Same  
Occupation of father Teacher Race of father W  
Birthplace of father (State or foreign country) West Union, Indiana  
12. Full maiden name of mother Babette Louise Woodard  
Residence of mother (if deceased so state) Same  
Occupation of mother Teacher Race of mother W  
Birthplace of mother (State or foreign country) Monte, Canada

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed Charles D. Garnard  
New Address Sayre, W.S.C.

Subscribed and sworn to before me this 8 day of June, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of \_\_\_\_\_  
Signed \_\_\_\_\_ Father  
Signed \_\_\_\_\_ Mother  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name First Nancy Middle J. Last Knotts  
Date of Birth Month October Day 19 Year 1950  
Place of Birth (State or foreign country) Sullivan, Indiana  
Residence Address Street or R. R. 335 W. Thomas City Sullivan County Sullivan State Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Student  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father John Edward Knotts  
Residence of father (if deceased so state) Same  
Occupation of father Electrician Race of father W  
Birthplace of father (State or foreign country) Mayon, C. Indiana  
8. Full maiden name of mother Patricia Lee Sullivan  
Residence of mother (if deceased so state) Same  
Occupation of mother Secretary Race of mother W  
Birthplace of mother (State or foreign country) Sullivan, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Nancy J. Knotts

New Address \_\_\_\_\_

Subscribed and sworn to before me this 8 day of June, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, that was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of June, 1972, authorizing the joining together as husband and wife of Charles D. Garnard and Nancy J. Knotts.  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Henry J. Bilz, hereby certify that on the 24th day of June, one thousand nine hundred and 72, at Sullivan, County of Sullivan, State of Indiana, Groom Charles Douglas Garnard of Hendricks County, State of Indiana, and, Bride Nancy Janine Knotts of Sullivan County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.  
Dated this 19th day of June, 1972.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of June, 1972.

Signed Rev. Henry J. Bilz  
Official Designation Catholic Priest  
Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

MALE  
Medical Examination Report  
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)".

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Place of Birth (State or foreign country) \_\_\_\_\_

Residence Address Street or R. R. \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Previous Marital Status: Never Married ☐ Number of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☐ Negro ☐ Other ☐ (specify) \_\_\_\_\_

Usual Occupation \_\_\_\_\_  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐  
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐
- (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father \_\_\_\_\_  
Residence of father (if deceased so state) \_\_\_\_\_  
Occupation of father \_\_\_\_\_ Race of father \_\_\_\_\_  
Birthplace of father (State or foreign country) \_\_\_\_\_  
12. Full maiden name of mother \_\_\_\_\_  
Residence of mother (if deceased so state) \_\_\_\_\_  
Occupation of mother \_\_\_\_\_ Race of mother \_\_\_\_\_  
Birthplace of mother (State or foreign country) \_\_\_\_\_

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed \_\_\_\_\_  
New Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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, that was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, authorizing the joining together as husband and wife 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 \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, 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\_\_\_\_.

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. 209

File Book 33

June 8 1972  
Date of Application

MALE

Medical Examination Report Dated 6-6-72

Name of Physician David M. Hadley

FEMALE

Medical Examination Report Dated 6-5-72

Name of Physician David M. Hadley

ALL QUESTIONS 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  
Michael Ray Trivett

Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address Street or R. R. City County State  
Rt 1 Box 262 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

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☐ Yes ☐  
Of Unsound Mind? No ☐ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
- Are you afflicted with a transmissible disease? No ☐ Yes ☐
- Are you related to the bride closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- Are you able to 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 ☐

- Full name of father:  
Residence of father (if deceased so state)  
Occupation of father Race of father  
Birthplace of father (State or foreign country)
- Full maiden name of mother:  
Residence of mother (if deceased so state)  
Occupation of mother Race of mother  
Birthplace of mother (State or foreign country)

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of HENDRICKS  
Signed  
New Address

Subscribed and sworn to before me this day of 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this 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 1972  
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 authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be 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 1972 and  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, hereby certify that on the day of 1972, County of  
at County, State of  
one thousand nine hundred and of County, State of  
State of Indiana, Groom of HENDRICKS  
and, Bride  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS  
County.  
Dated this day of 1972 Signed  
Official Designation day of 1972 Clerk  
Signed HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this  
Signed HENDRICKS Circuit Court

FRONT



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 210  
File Book 33  
Date of Application June 8 1972

MALE  
Medical Examination Report Dated 6/2/72  
Name of Physician Lloyd S. Jerry M.D.

FEMALE  
Medical Examination Report Dated 6/2/72  
Name of Physician Lloyd S. 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 Middle Last  
Michael L. Sloum  
Date of Birth Month Day Year  
Dec 9 1952  
Place of Birth (State or foreign country)  
Indianapolis Ind.  
Residence Address Street or R. R. City County State  
631 East Main 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 Service Station Attendant  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
13735  
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐  
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐  
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
8. Are you able to support a family? Yes ☐ No ☒  
9. Are you likely to so continue? Yes ☐ No ☒  
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address  
Robert Henry Sloum  
Residence of father (if deceased so state) Box 3069 New White  
Occupation of father Salesman Race of father  
Birthplace of father (State or foreign country) Knox Ind.  
12. Full maiden name of mother Leona Frances Hurin  
Residence of mother (if deceased so state) 631 E. Main Plainfield  
Occupation of mother None Race of mother  
Birthplace of mother (State or foreign country) Plainfield, Ind.

(b) Are you supporting or contributing to their support? Yes ☐ No ☒  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒  
11. Full name of father Robert Henry Sloum  
Residence of father (if deceased so state) Box 3069 New White  
Occupation of father Salesman Race of father  
Birthplace of father (State or foreign country) Knox Ind.  
12. Full maiden name of mother Leona Frances Hurin  
Residence of mother (if deceased so state) 631 E. Main Plainfield  
Occupation of mother None Race of mother  
Birthplace of mother (State or foreign country) Plainfield, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Michael L. Sloum  
New Address L. P. # 1 Parvelli, Ind.  
Subscribed and sworn to before me this 8th day of June, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of 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 & Father Separated - Father's  
Consent waived by Judge Richard J. Hoover.

State of Indiana, HENDRICKS } ss:  
County of  
Signed Frances Sloum Father  
Signed John Sloum Mother  
Subscribed and sworn to before me this 8th day of June, 1972  
John Gambold Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
HENDRICKS County Circuit Court by written order issued and filed  
in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court  
of Indiana dated the 8th day of June, 1972, 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 17th day of June, 1972, at Clayton, County of Hendricks,  
one thousand nine hundred and 72, State of Indiana, Groom Michael L. Sloum of Hendricks County, State of Indiana  
and, Bride Jerri Lynn Penrod of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS  
County.  
Dated this 17th day of June, 1972.

Signed Brian Campbell  
Official Designation Pastor, Clayton Christian Church  
Filed and recorded in accordance with the laws of the State of Indiana this 20 day of June, 1972.  
Signed John Gambold Jr. Clerk  
HENDRICKS Circuit Court

FEMALE APPLICANT

Name First Middle Last  
Jerri Lynn Penrod  
Date of Birth Month Day Year  
April 6 1954  
Place of Birth (State or foreign country)  
Washington - Tacoma  
Residence Address Street or R. R. City County State  
Box 88 Clayton, Ind. 49nd.  
Maiden Name if Different

Previous 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) # 338-3014

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father Russell Royce Penrod  
Residence of father (if deceased so state) Box 88 Clayton  
Occupation of father Mechanist Race of father  
Birthplace of father (State or foreign country) Indianapolis  
8. Full maiden name of mother Joyce Anna Higgins  
Residence of mother (if deceased so state) Box 88 Clayton  
Occupation of mother Mail Clerk Race of mother  
Birthplace of mother (State or foreign country) Public Service Columbus, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of  
Signed Jerri Lynn Penrod  
New Address L. P. # 1 Parvelli, Ind.  
Subscribed and sworn to before me this 8th day of June, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of  
Signed Father  
Signed Mother  
Subscribed and sworn to before me this day of 1972  
Clerk



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE  
HENDRICKS

No. 211  
File Buade 33  
Date of Application June 9 1972

MALE  
Medical Examination Report Dated 5-24-72  
Name of Physician Walter Mc Manus

FEMALE  
Medical Examination Report Dated 5-24-72  
Name of Physician Walter Mc Manus

ALL QUESTIONS 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 Kenneth Wayne Okay  
Date of Birth July 10 1954  
Place of Birth (State or foreign country) Indiana  
Residence Address 1957 Burnside St City Indianapolis County Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages 0  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Truck Carrier  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify) \_\_\_\_\_
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
  - Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
  - Are you afflicted with a transmissible disease? No ☒ Yes ☐
  - Are you related to the bride closer than second cousin? No ☒ Yes ☐
  - Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
  - Are you now under the influence of a narcotic drug? No ☒ Yes ☐
  - Are you able to support a family? Yes ☒ No ☐
  - Are you likely to so continue? Yes ☒ No ☐
  - Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their 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 Leroy Okay  
Residence of father (if deceased so state) Deceased  
Occupation of father Tr. Driver Race of father W  
Birthplace of father (State or foreign country) Indiana - Shelby  
12. Full maiden name of mother Ira Jeannette Bidgood  
Residence of mother (if deceased so state) Same  
Occupation of mother Clerk Race of mother W  
Birthplace of mother (State or foreign country) Brooklyn Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_  
Signed x Kenneth Wayne Okay

New Address \_\_\_\_\_  
Subscribed and sworn to before me this 9 day of June, 1972  
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 \_\_\_\_\_  
Signed Deceased Father  
Signed Ira Landis Mother  
Subscribed and sworn to before me this 9 day of June, 1972  
John Gaulsord 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 June 9 1972 and filed  
in Hendricks authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_, 1972, authorizing the joining together as husband and wife  
of Indiana dated the 9 day of June and \_\_\_\_\_  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Rev. Robert Shipley hereby certify that on the 17th day of June,  
one thousand nine hundred and seventy-two at Indianapolis County of Marion  
State of Indiana, Groom Kenneth Wayne Okay of Marion County, State of Indiana  
and, Bride Sharla Raye Bruce of Hendricks County, State of Indiana  
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of  
County. \_\_\_\_\_  
Dated this 9th day of June, 1972.  
Signed Rev. Robert Shipley  
Official Designation Minister \_\_\_\_\_  
20 day of June, 1972  
Signed John Gaulsord Jr Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_ day of \_\_\_\_\_, 1972.

FRONT



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 212  
File Book 33  
Date of Application June 9 1972

**MALE**  
Medical Examination Report Dated 6-5-72  
Name of Physician David Haggard

**FEMALE**  
Medical Examination Report Dated 6-5-72  
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 Bennett, Danny Ray  
Date of Birth March 26 1952  
Place of Birth (State or foreign country) Ind.  
Residence Address 430 Duffy St. 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 Lab Tech.  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

- ☐ Other (Specify).....
- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? ☐ No ☒ Yes
  - Are you under guardianship as a person of unsound mind? ☐ No ☒ Yes
  - Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? ☐ No ☒ Yes
  - If answer to 3 is "yes" has the cause of such condition been removed? ☐ No ☒ Yes
  - Are you afflicted with a transmissible disease? ☐ No ☒ Yes
  - Are you related to the bride closer than second cousin? ☐ No ☒ Yes
  - Are you now under the influence of intoxicating liquor? ☐ No ☒ Yes
  - Are you now under the influence of a narcotic drug? ☐ No ☒ Yes
  - Are you able to support a family? ☐ Yes ☒ No
  - Are you likely to so continue? ☐ Yes ☒ No
  - Do you have minor children from one or more former marriages? ☐ No ☒ Yes
- (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? ☐ Yes ☒ No  
(c) Are you complying with any court order or orders issued for their support? ☐ Yes ☒ No

11. Full name of father Roger William Bennett  
Residence of father (if deceased so state) Same  
Occupation of father Skilled Asy - Allen Race of father W  
Birthplace of father (State or foreign country) Bloomington Ind.  
12. Full maiden name of mother Catherine Irene Conley  
Residence of mother (if deceased so state) Same  
Occupation of mother House wife Race of mother W  
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 Danny Ray Bennett  
New Address Country Club Apts 121 Teddy  
and sworn to before me this 9 day of June, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, HENDRICKS } ss:  
County of.....  
Signed Catherine Bennett Father  
Signed John Gambold Jr. Mother  
and sworn to before me this 9 day of June, 1972  
John Gambold Jr. Clerk

**NOTE 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 19th day of June, 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lloyd R. Dean hereby certify that on the 24 day of June, 1972, at North Vernon, County of Jennings, State of Indiana, Groom Danny Ray Bennett of Hendricks County, State of Indiana, and, Bride Yvonne Sue Roscoe of Jennings County, State of Indiana, were by me united 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 June, 1972

Signed Lloyd R. Dean  
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 1972

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. 212  
File Book 33  
Date of Application June 9 1972

MALE  
Medical Examination Report Dated 6-5-72  
Name of Physician David Haggard

FEMALE  
Medical Examination Report Dated 6-5-72  
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 Bennett, Danny Ray  
Date of Birth March 26 1952  
Place of Birth (State or foreign country) St. Vincent's Ind.  
Residence Address 430 Duffy 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) Lab Tech.  
Usual Occupation Lab Tech.  
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  
Roger William Bennett  
Residence of father (if deceased so state) Same  
Occupation of father Skilled Assy. - Allen Race of father W  
Birthplace of father (State or foreign country) Bloomington Ind  
12. Full maiden name of mother Catherine Irene Conley  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
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  
X Signed Danny Ray Bennett  
New Address Country Club Apts 121 Teddy Lane

**FEMALE APPLICANT**

Name Yvonne Sue Roscoe  
Date of Birth April 22 1952  
Place of Birth (State or foreign country) Indiana  
Residence Address 12 Poplar St North Vernon Jennings 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) Grad. Nurse  
Usual Occupation Grad. Nurse  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) \_\_\_\_\_  
1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐  
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐  
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐  
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐  
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐  
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
7. Full name of father Neah Virgil Roscoe  
Residence of father (if deceased so state) Same  
Occupation of father Machinist Race of father W  
Birthplace of father (State or foreign country) Jennings Co Ind  
8. Full maiden name of mother Ida Louise Cleghorn  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Switzerland 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 Yvonne Sue Roscoe  
New Address Same  
Subscribed and sworn to before me this 9 day of June, 1972  
John Gambold Jr. Clerk HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent for this marriage. If only one parent gives consent, the consent of the other parent unnecessary.

State of Indiana )  
County of Hendricks ) ss:

I, Roger W Bennett, hereby give my consent for  
my son, Danny Ray Bennett  
marry Yvonne Sue Roscoe to

Roger W Bennett  
subscribed and sworn to before me this 9th day of June 1972

my Commission Expires: Aug 8 Wickstrom  
Notary Public

of Indiana dated the 24th day of June  
Danny Ray Bennett and Yvonne  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, Lloyd R. Dean hereby certify that on the 24 day of June  
one thousand nine hundred and 72 at North Vernon, County of Jennings,  
State of Indiana, Groom Danny Ray Bennett of Hendricks County, State of Indiana  
and, Bride Yvonne Sue Roscoe of Jennings County, State of Indiana  
were by me united 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 June, 1972

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 1972

Signed Lloyd R. Dean  
Official Designation Minister  
Signed John Gambold Jr. Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 213

File Book 33

9 June 1972  
Date of Application

MALE

Medical Examination Report Dated 9 June 1972

Name of Physician Lloyd Terry M.D.

FEMALE

Medical Examination Report Dated 9 June 1972

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 and false statement, representa-

MALE APPLICANT

Name First Middle Last  
Harry Joe Stapert  
Date of Birth Month Day Year  
August 17 1951  
Place of Birth (State or foreign country)  
Indpls, Ind.  
Residence Address Street or R. R. City County State  
R2 Bx 264 Indpls, Hendricks, Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify)  
Usual Occupation Truck Drvr. Stanley Ford  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) Self 12 30 51 1978

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? No ☒ Yes ☐  
(If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☒  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father: Rinze Joe Stapert  
Residence of father (if deceased so state) Same Indpls, Ind.  
Occupation of father Machine Opr. Majestic White  
Birthplace of father (State or foreign country) Indpls, Ind.  
12. Full maiden name of mother: Helen Joan Wiggins  
Residence of mother (if deceased so state) H/w. Same Indpls, Ind.  
Occupation of mother H/w. Same Indpls, Ind.  
Birthplace of mother (State or foreign country) Morgan, Ky, Ind.

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of

Signed Sam Joe Stapert  
New Address R2 Bx 264 Indpls.  
Subscribed and sworn to before me this 9th day of June, 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of  
Signed Rinze Joe Stapert Father  
Signed Helen Joan Wiggins Mother  
Subscribed and sworn to before me this day of 1972  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Pamela Sue Wroten  
Date of Birth Month Day Year  
July 26 1954  
Place of Birth (State or foreign country)  
Indpls, Ind.  
Residence Address Street or R. R. City County State  
245 R 4000 Dville, 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 Graduate Dville H.S.  
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree  
☐ Other (Specify) 54-25242

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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: Edward Wroten  
Residence of father (if deceased so state) Same Dville, Ind.  
Occupation of father SH Emp. Same Dville, Ind.  
Birthplace of father (State or foreign country) Indpls, Ind.

8. Full maiden name of mother: Alberta Ann Winkner  
Residence of mother (if deceased so state) Same Dville, Ind.  
Occupation of mother Office work Same Dville, Ind.  
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 Pamela Sue Wroten  
New Address  
Subscribed and sworn to before me this day of 1972  
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN  
We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:  
County of  
Signed Edward Wroten Father  
Signed Alberta Ann Wroten Mother  
Subscribed and sworn to before me this day of 1972  
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 Clerk's Office HENDRICKS County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of June, 1972, authorizing the joining together as husband and wife of Larry Joe Stapert and Pamela Sue Wroten.

Be it further remembered, the following marriage certificate was filed in my office, to-wit: I, Fred N. Braden, hereby certify that on the 9th day of June, 1972, at Denville, Hendricks County, State of Ind., one thousand nine hundred and 72 of Hendricks County, State of Ind., State of Indiana, Groom Larry Joe Stapert and, Bride Pamela Sue Wroten were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 9th day of June, 1972  
Signed Fred N. Braden  
Official Designation Justice of the Peace, 1972  
Signed John S. Sanders Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of June, 1972



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 214

File #33

June 9, 1972  
Date of Application

MALE

Medical Examination Report Dated 5-19-72

Name of Physician John P. Calhoun

FEMALE

Medical Examination Report Dated 5-19-72

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 First Edward Middle L Last Stackton  
Date of Birth Month March Day 19 Year 1950  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address Street or R. R. 410 Duane Street City Plainfield County Hendricks State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Life Insurance Salesman  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c) No ☒ Yes ☐

(a) List their full names, ages and addresses

Name	Age	Address

- (b) Are you supporting or contributing to their support? Yes ☐ No ☐  
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Lee Ray Stackton  
Residence of father (if deceased so state) Same  
Occupation of father Life Insurance Salesman Race of father W  
Birthplace of father (State or foreign country) Indianapolis, Ind.  
12. Full maiden name of mother Marion Smith  
Residence of mother (if deceased so state) Same  
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.

Signed E. L. Stackton

New Address 110 Lincoln St. Plainfield, Ind.

Subscribed and sworn to before me this 9 day of June, 1972  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 Paula Middle Jo Ann Last Brown  
Date of Birth Month February Day 16 Year 1950  
Place of Birth (State or foreign country) Hammond, Indiana  
Residence Address Street or R. R. R#1 Box 150 City Shelburne 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 Key Punch Operator  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

7. Full name of father George Franklin Brown  
Residence of father (if deceased so state) Same  
Occupation of father Inspector Race of father W  
Birthplace of father (State or foreign country) Brazil, Indiana  
8. Full maiden name of mother Mary Lou Vanattis  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Brazil, Indiana

State of Indiana, HENDRICKS ss: I depose and state the information given in this application is true and correct.

Signed Paula Jo Ann Brown

New Address 110 Lincoln St. Plainfield, Ind.

Subscribed and sworn to before me this 9 day of June, 1972  
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 13th day of June, 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sonny H. Hays hereby certify that on the 17th day of June, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Edward Lee Stackton of Hendricks County, State of Indiana and, Bride Paula Jo Ann Brown of Hendricks County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of June, 1972.

Signed Sonny H. Hays

Official Designation Notary Public

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of June, 1972.

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. 215  
File Bk # 33  
Date of Application June 9, 1972

## MALE

Medical Examination Report Dated 6-5-72

Name of Physician M. O. Seemaborn

## FEMALE

Medical Examination Report Dated 6-5-72

Name of Physician M. O. Seemaborn

ALL QUESTIONS 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 Wayne D Norman  
Date of Birth May 8 1953  
Place of Birth (State or foreign country) Indiana  
Residence Address RR #1 Lyton 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 Public Relations

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one 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 Leo Norman, Jr.  
Residence of father (if deceased so state) Same  
Occupation of father Disability Retirement Race of father W  
Birthplace of father (State or foreign country) Morgan Co. Indiana  
12. Full maiden name of mother Mattie May Friedrich  
Residence of mother (if deceased so state) Shenwood, Indiana  
Occupation of mother Cashier 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 Wayne D. Norman pt. 1

New Address 5705 W. WILKINS ST. INDIANAPOLIS, IND. 46241

Subscribed and sworn to before me this 9th day of June, 1972

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 \_\_\_\_\_, 1972

\_\_\_\_\_ Clerk

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## FEMALE APPLICANT

Name Karla J Duffy  
Date of Birth June 22 1954  
Place of Birth (State or foreign country) Indiana  
Residence Address RR #1 Box 150 Pittsburg 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) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 Francis Duffy

Residence of father (if deceased so state) Same

Occupation of father Laborer Worker Race of father W

Birthplace of father (State or foreign country) Indiana - Marion Co.

8. Full maiden name of mother Kathleen May Kager

Residence of mother (if deceased so state) Same

Occupation of mother Nurse Race of mother W

Birthplace of mother (State or foreign country) Ohio

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

County of \_\_\_\_\_

Signed Karla Jo Duffy

New Address 5705 W. WILKINS ST. INDIANAPOLIS, IND. 46241

Subscribed and sworn to before me this 9 day of June, 1972

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 \_\_\_\_\_, 1972

\_\_\_\_\_ 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 13 day of June, 1972, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dallas W. Wiehe at Lyton County of Hendricks

one thousand nine hundred and 72 of Hendricks County, State of Indiana

State of Indiana, Groom Wayne D. Norman of Hendricks County, State of Indiana

and, Bride Karla Jo Duffy of Hendricks County, State of Indiana

were by me united 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 June, 1972

Signed Dallas W. Wiehe

Official Designation Minister, 1972

Signed John Gamble, Jr. Clerk

HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this \_\_\_\_\_

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STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 215  
File Bk # 33  
Date of Application June 9, 1972

HENDRICKS County

MALE  
Medical Examination Report Dated 6-5-72  
Name of Physician M. O. Scamhorn

FEMALE  
Medical Examination Report Dated 6-5-72  
Name of Physician M. O. Scamhorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Wayne Douglas Norman  
Date of Birth May 8 1953  
Place of Birth (State or foreign country) Indiana  
Residence Address Rt #1 Ellettsville 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 Public Relations

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐

FEMALE APPLICANT

Name Karla Jo Duffy  
Date of Birth June 22 1954  
Place of Birth (State or foreign country) Indiana  
Residence Address Rt #1 Box 150 Pittsboro Indiana  
Maiden Name if Different Jo Duffy  
Previous Marital 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) \_\_\_\_\_

1. Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

I hereby give my consent for my son  
Wayne Douglas Norman to marry Karla  
Jo Duffy

Signed Lo Norman  
Father

NOTARY Phyllis N. Jackson  
Date 6-5-72



We hereby give our consent for our  
daughter Karla Jo Duffy to marry  
Wayne Douglas Norman

Signed John F. Duffy  
Father

Signed Mrs. Katherine M. Duffy  
Mother

NOTARY Phyllis N. Jackson  
Date 6-5-72



I, Dallas W. Viehe, hereby certify that on the 24th day of June, 1972, at Ellettsville, County of Hendricks, State of Indiana, Groom Wayne D. Norman and, Bride Karla Jo Duffy were by me united 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 June, 1972.

Signed Dallas W. Viehe  
Official Designation Minister  
Signed John Gamble, Jr.  
Clerk  
HENDRICKS Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this



Form Prescribed By  
Indiana State Board of  
Health under Authority  
Chap. 126, Ind. Acts 1905

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 216

File B#33

June 9, 1972  
Date of Application

MALE

Medical Examination Report Dated 6-2-72

Name of Physician R. P. Scudder

FEMALE

Medical Examination Report Dated 6-2-72

Name of Physician R. P. Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name First Richard Middle A. Last Biggsby  
Date of Birth Month June Day 24 Year 1950  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address Street or R. R. 409 College City Brownsville County Ind. State Ind.  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Mechanic  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐  
If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the bride closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- Are you able to support a family? Yes ☒ No ☐
- Are you likely to so continue? Yes ☒ No ☐
- Do you have minor children from one or more former marriages? (If yes, answer questions a, b, c)  
(a) List their full names, ages and addresses

Name Age Address

- Are you supporting or contributing to their support? Yes ☐ No ☒
- Are you complying with any court order or orders issued for their support? Yes ☐ No ☒

11. Full name of father John Curtis Biggsby  
Residence of father (if deceased so state) Same  
Occupation of father Bus Driver Race of father W  
Birthplace of father (State or foreign country) Vincennes Ind.  
12. Full maiden name of mother Blue Marie Snyder  
Residence of mother (if deceased so state) Same  
Occupation of mother Cook Race of mother W  
Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Richard A. Biggsby  
New Address RR 4 Box 235 Brownsville  
Subscribed and sworn to before me this 9th day of June, 1972  
John Santfeld, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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 J. Last Wheeler  
Date of Birth Month November Day 26 Year 1952  
Place of Birth (State or foreign country) Indianapolis, Indiana  
Residence Address Street or R. R. R#4 Box 236 City Brownsville County Hendricks State Ind.  
Maiden Name if Different \_\_\_\_\_  
Previous Marital Status: Never Married ☒ Number of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐  
Color or Race White ☒ Negro ☐ Other ☐ (specify) \_\_\_\_\_  
Usual Occupation Unemployed  
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) \_\_\_\_\_

- Are you now or have you been adjudged, diagnosed or considered as:  
An Imbecile? No ☒ Yes ☐  
Of Unsound Mind? No ☒ Yes ☐
- Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the groom closer than second cousin? No ☒ 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 E. Wheeler  
Residence of father (if deceased so state) Same  
Occupation of father Welder Race of father W  
Birthplace of father (State or foreign country) Indianapolis, Ind.  
8. Full maiden name of mother Carolyn Mae Lintz  
Residence of mother (if deceased so state) Same  
Occupation of mother Housewife Race of mother W  
Birthplace of mother (State or foreign country) Delphi, Indiana

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.  
County of \_\_\_\_\_

Signed Cheryl Wheeler  
New Address RR 4 Box 235 Brownsville

Subscribed and sworn to before me this 9 day of June, 1972  
John Santfeld, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other 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

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the \_\_\_\_\_ HENDRICKS \_\_\_\_\_ Circuit Court of Indiana dated the 13th day of June, 1972, authorizing the joining together as husband and wife of Richard A. Biggsby and Cheryl J. Wheeler  
Be it further remembered, the following marriage certificate was filed in my office, to-wit:  
I, M. L. Crawley, hereby certify that on the 23rd day of June, 1972, at Plainfield, County of Hendricks, State of Indiana, Groom Richard A. Biggsby of Hendricks County, State of Indiana, and, Bride Cheryl J. Wheeler of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS \_\_\_\_\_ County.  
Dated this 23rd day of June, 1972.

Signed M. L. Crawley  
Official Designation Justice of Peace  
Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 1972  
Signed John Santfeld, Jr. Clerk HENDRICKS Circuit Court