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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 217
File Bk 34
June 9, 1972
Date of Application

MALE
Medical Examination Report Dated 5-30-72
Name of Physician James Black

FEMALE
Medical Examination Report Dated 5-30-72
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 Michael Middle Edward Last Knose
Date of Birth: Month January Day 23 Year 1951
Place of Birth (State or foreign country): Martinsville Indiana
Residence Address: Street or R. R. R# 18 Box 114 E City Alpha County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Indiana Bell Cable Splicer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12 216 51 36

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

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

Signed ✕ Michael Edward Knose
New Address ✕ 120 William Apt I Brownsburg Ind.

Subscribed and sworn to before me this 9 day of June, 19 72.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Susan Middle Diane Last Crispin
Date of Birth: Month December Day 4 Year 1951
Place of Birth (State or foreign country): Columbus Indiana
Residence Address: Street or R. R. R# 1 Box 292 A City B'Burg 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: Bookkeeper
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-51-229114

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Roscoe Wayne Crispin
   Residence of father (if deceased so state) Same
   Occupation of father Conductor - Penn Central Race of father W
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Ida Mae Hamilton
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Columbus, Indiana

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

Signed ✕ Susan D. Crispin
New Address ✕ 120 William Apt I Brownsburg Ind.

Subscribed and sworn to before me this 9 day of June, 19 72.
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* June, 19 72, *authorizing the joining together as husband and wife* Michael Edward Knose *and* Susan Diane Crispin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R Nash *hereby certify that on the* 17 *day of* June, *one thousand nine hundred and* seventy-two *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Michael Edward Knose *of* Marion *County, State of* Indiana *and, Bride* Susan Diane Crispin *of* Hendricks *County, State of* Indiana, *were by me united 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, 19 72.

Signed Jerry R Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th *day of* June, 19 72.

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. 218
File Bk #33
June 9, 1972
Date of Application

MALE
Medical Examination Report Dated 6-5-72
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated 6-5-72
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle K. Last Storms
Date of Birth: Month December Day 28 Year 1952
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. 416 S. Carr Rd. 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 Machine Operator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 13929

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Wilbur Storms
    Residence of father (if deceased so state) 416 S. Carr Rd. Plainfield
    Occupation of father Grinder - Illinois Race of father W
    Birthplace of father (State or foreign country) Monroe County, Ind.
12. Full maiden name of mother Sybil Lucille McDermott
    Residence of mother (if deceased so state) Same
    Occupation of mother Reg. Nurse Race of mother W
    Birthplace of mother (State or foreign country) Springfield, Ill.

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

Signed X Joseph K. Storms
New Address X 1119 Whitcomb Ave. Apt A

Subscribed and sworn to before me this 9th 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, County of HENDRICKS } ss:

Signed X James W. Storms Father
Signed X Sybil L. Storms Mother
Subscribed and sworn to before me this 9th day of June, 1972.
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Glenda Middle J. Last Pitcock
Date of Birth: Month May Day 10 Year 1953
Place of Birth (State or foreign country) Monroe Co. Kentucky
Residence Address: Street or R. R. Carlisburg City County State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

Signed X Glenda J. Pitcock
New Address X 1119 Whitcomb Ave Apt A

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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in 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 13 day of June, 1972, authorizing the joining together as husband and wife Joseph K. Storms and Glenda J. Pitcock
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald C. Gailbard hereby certify that on the 23rd day of June, one thousand nine hundred and 72, at Clayton, State of Indiana, Groom Joseph Kevin Storms of Hendricks County, State of Indiana, and, Bride Glenda Jean Pitcock of Hendricks County, State of Indiana, were by me united 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 June, 1972.

Signed Ronald C. Gailbard
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of June, 1972.
Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

No. 218

File Bk #33

June 9, 1972
Date of Application

ated 6-5-72

Hadley

ense to marry by any false statement, represe

APPLICANT

Middle

Day
10

Last
Pitcock

Year
1953

Tenby
City

County

State

Number of Previous Marriages

Divorce ☐ Annulment ☐

Other ☐ (specify)

2

Judicial Decree

agnosed or considered as:

No ☑ Yes ☐

No ☑ Yes ☐

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No ☑ Yes ☐

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No ☐ Yes ☐

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No ☑ Yes ☐

Pitcock

Deceased

Race of father W

ry) Kentucky

ys Ray Hammer

Iowa

Race of mother W

y) Kentucky

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

J. Pitcock

comb Ave Apt A

day of June, 1972

Clerk HENDRICKS Circuit Court

AN

ent for this marriage. If only one parent

other parent unnecessary

Father

Mother

day of, 19

Clerk

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ICKS Circuit Court

together as husband and wife

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June

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HENDRICKS

Hubbard

Minister

, 1972.

Clerk

HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority Chap. 135, Ind. Acts 1963

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 219

File Bk #33

June 9, 1972
Date of Application

MALE
Medical Examination Report Dated 6-5-72

Name of Physician Harold Haggard

FEMALE
Medical Examination Report Dated 6-5-72

Name of Physician Harold Haggard

ALL QUESTIONS MUST BE ANSWERED. Chapter 139, Indiana Acts 1963 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or production shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David, Middle Anthony, Last Peak

Date of Birth: Month March, Day 7, Year 1951

Place of Birth (State or foreign country) Lebanon, Indiana

Residence Address: Street or R. R. 1121 W. Main St., City Lebanon, County Boone, State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Mechanic

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

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

Name	Age	Address

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

11. Full name of father Harold Lloyd Peak
    Residence of father (If deceased so state) Concord, California
    Occupation of father Heavy Equip Operat Race of father W
    Birthplace of father (State or foreign country) Oklahoma
12. Full maiden name of mother Estelle Evelyn [redacted] Endres
    Residence of mother (If deceased so state) Mountain Home, Arkansas
    Occupation of mother Secretary Race of mother W
    Birthplace of mother (State or foreign country) Lebanon, Indiana

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

Signed David Anthony Peak

New Address RR #2 Box 293 Clayton Ind

Subscribed and sworn to before me this 9th day of June, 1972.

John Tomball, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Joyce, Middle Marie, Last Gibson

Date of Birth: Month February, Day 13, Year 1952

Place of Birth (State or foreign country) Martinsville, Indiana

Residence Address: Street or R. F. D. RR 1 Box 140 D, City Clayton, County Hend, State Ind

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Condon Gibson
   Residence of father (If deceased so state) Moore Haven, Florida
   Occupation of father Self Employed Race of father W
   Birthplace of father (State or foreign country) Lodoga, Indiana
8. Full maiden name of mother Joanna Pauline Phillips
   Residence of mother (If deceased so state) Moore Haven, Florida
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Greenville, Ohio

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

Signed Joyce Marie Gibson

New Address RR #2 Box 293 Clayton, Ind. 46118

Subscribed and sworn to before me this 9 day of June, 1972.

John Tomball, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of June, 1972, authorizing the joining together as husband and wife David Anthony Peak and Joyce Marie Gibson

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

I, ... hereby certify that on the 16 day of June one thousand nine hundred and 72 at Plainfield, County of Hendricks State of Indiana, Groom David Anthony Peak of Baker County, State of Indiana, and Bride Joyce Marie Gibson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 16 th day of June, 1972.

Signed Robert L. Kitsis

Official Designation Roman Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 1972.

Signed John Tomball 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. 220
File Book 34
June 12 1972
Date of Application

MALE
Medical Examination Report Dated June 7 1972
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated June 7 1972
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle Randall Last Kalb
Date of Birth: Month October Day 18 Year 1953
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. RR1 Box 308 City Camby County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) I.D. Card 12-30-53-409

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Kenneth Randall Kalb
New Address —
Subscribed and sworn to before me this 12 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, County of HENDRICKS } ss: notorized father's signature 6-16-72
Signed .....Father
Signed Mary Jane Kalb .....Mother
Subscribed and sworn to before me this 12 day of June, 1972
John Gambold Jr .....Clerk

FEMALE APPLICANT

Name: First Linda Middle Kay Last Jones
Date of Birth: Month January Day 3 Year 1954
Place of Birth (State or foreign country) Gary Indiana
Residence Address: Street or R. R. R1 Box 514 City Plainfield County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Homer R. Jones
   Residence of father (if deceased so state) Same
   Occupation of father Maint Elect.-Chev Race of father W
   Birthplace of father (State or foreign country) Jasper Indiana
8. Full maiden name of mother Elizabeth R.
   Residence of mother (if deceased so state) Same
   Occupation of mother House wife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda Kay Jones
New Address —
Subscribed and sworn to before me this 12 day of June, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of June, 1972, authorizing the joining together as husband and wife Kenneth Randall Kalb and Linda Kay Jones
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ...hereby certify that on the.....day of....., one thousand nine hundred and.....at....., County of....., State of Indiana, Groom.....of....., County, State of....., and, Bride.....of....., County, State of....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this.....day of....., 19.....

Signed .....
Official Designation .....

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 220
File Book 34
June 12 1972
Date of Application

MALE
Medical Examination Report Dated June 7 1972
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated June 7 1972
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kenneth Middle Randall Last Kalb
Date of Birth: Month October Day 18 Year 1953
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. RR1 Box 308 City Camby County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) I.D. Card 12-30-53-409

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

Name / Age / Address

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

11. Full name of father Marvin K. Kalb
Residence of father (if deceased so state) Same
Occupation of father Mch. Repair Det Diesel Race of father W
Birthplace of father (State or foreign country) Martin Co Ind
12. Full maiden name of mother Mary Jane Maxwell
Residence of mother (if deceased so state) Same
Occupation of mother Unit Sec, Matl Hdlr Race of mother W
Birthplace of mother (State or foreign country) Marion Co Ind

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

FEMALE APPLICANT

Name: First Linda Middle Kay Last Jones
Date of Birth: Month January Day 3 Year 1954
Place of Birth (State or foreign country) Gary Indiana
Residence Address: Street or R. R. R1 Box 514 City Plainfield County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Homer R. Jones
Residence of father (if deceased so state) Same
Occupation of father Maint Elect.-Chem Race of father W
Birthplace of father (State or foreign country) Jasper Indiana
8. Full maiden name of mother Elizabeth R.
Residence of mother (if deceased so state) Same
Occupation of mother House wife Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda Kay Jones
New Address —
Subscribed and sworn to before me this 12 day of June, 1972
John Gambold Jr Clerk HENDRICKS Circuit Court

State of Indiana
County of Marion

I, Marvin K Kalb, hereby give my consent for my son, Kenneth Randall Kalb to marry Linda Kay Jones.

Marvin K Kalb

subscribed and sworn to before me this 15th day of June 1972

My commission expires: Feb. 11, 1973
Rosemary Jo Swift
Notary Public

ge. If only one parent
ssary
Father
Mother
, 19.....
Clerk
med parties, the
and filed

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of June, 1972, authorizing the joining together as husband and wife Kenneth Randall Kalb and Linda Kay Jones

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

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

Signed .....
Official Designation .....

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

Signed .....
Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 221
File Book 34
June 12, 1972
Date of Application

MALE
Medical Examination Report Dated June 9, 1972
Name of Physician Robert W. Kirtley, M. D.

FEMALE
Medical Examination Report Dated June 9, 1972
Name of Physician Robert W. Kirtley, M. D.

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

MALE APPLICANT

Name: First Steven Middle L. Last Price
Date of Birth: Month March Day 29, Year 1951
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. Rt 2 Box 63B City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanical Work - Indpls Oil Equip Supply
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St Vincents Hospital #3256

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Edgar Lewis Price
    Residence of father (if deceased so state) R 2 Box 63B Danville
    Occupation of father Truck Driver Race of father W
    Birthplace of father (State or foreign country) Drummond, Ky.
12. Full maiden name of mother Dorothy Elizabeth Copeland
    Residence of mother (if deceased so state) R2 - Box 63B Danville
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Beauford Ind.

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

X Signed Steven L. Price
New Address 115½ S. Wash. Apt 3, Danville

Subscribed and sworn to before me this 12th day of June, 1972
HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Danena Middle Rae Last Chalfant
Date of Birth: Month November Day 24, Year 1953
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 935 Jefferson City Danville County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Xerox Copy #12357

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Dale Edward Chalfant
   Residence of father (if deceased so state) 935 Jefferson Danville Ind.
   Occupation of father Danville Refuse Hauling Race of father W.
   Birthplace of father (State or foreign country) Muncie, Ind.
8. Full maiden name of mother Janet Bayle Agnew
   Residence of mother (if deceased so state) 935 S. Jefferson Danville
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Pittsboro Ind.

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

X Signed Danena Rae Chalfant
New Address 115½ S. Wash. Apt #3 Danville

Subscribed and sworn to before me this 12 day of June, 1972
HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, that there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 16th *day of* June, 1972, *authorizing the joining together as husband and wife* Steven L. Price *and* Danena Rae Chalfant

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

I, James O. Trowbridge hereby certify that on the 17th day of June, one thousand nine hundred and 72 at New Winchester, County of Hendricks, State of Indiana, Groom Steven L. Price of Hendricks County, State of Indiana, and Bride Danena Rae Chalfant of Hendricks County, State of Indiana, were by me united 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 James O. Trowbridge
Official Designation Minister

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

Signed John Gammon 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. 222
File Book 34
June 12, 1972
Date of Application

MALE
Medical Examination Report Dated June 9, 1972
Name of Physician Chet Lamber. M. D.

FEMALE
Medical Examination Report Dated June 9, 1972
Name of Physician Chet Lamber. M. D.

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

MALE APPLICANT

Name: First Donald Middle Jo Last Kalt
Date of Birth: Month Sept. Day 20 Year 1953
Place of Birth (State or foreign country): Pittsburgh Penn.
Residence Address: Street or R. R. 2 Wedding Lane City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Donald Vincent Kalt
    Residence of father (if deceased so state) 89 N. Duane Pittsburgh Pa
    Occupation of father Prof. Wrestler Race of father W
    Birthplace of father (State or foreign country) Pittsburgh, Penn.
12. Full maiden name of mother Joann Schwartzmiller
    Residence of mother (if deceased so state) 89 N. Duane, Pittsburgh Pa
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Pittsburgh Pa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
X Signed Donald Jo Kalt
New Address 2 Wedding Lane, Plainfield
Subscribed and sworn to before me this 12 day of June, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Patty Middle Lou Last Hayes
Date of Birth: Month March Day 29 Year 1953
Place of Birth (State or foreign country): St. Vincent's Hosp. Indianapolis Marion Ind.
Residence Address: Street or R. R. 2 Wedding Lane City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cashier - Photo Mat.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James George Hayes
   Residence of father (if deceased so state) 2 Wedding Lane, Plainfield
   Occupation of father Salesman Race of father W
   Birthplace of father (State or foreign country) Free Town Ind.
8. Full maiden name of mother Helen Pauline Myers
   Residence of mother (if deceased so state) 2 Wedding Lane Plainfield
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Brazil Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
X Signed Patty Lou Hayes
New Address 2 WD
Subscribed and sworn to before me this 12 day of June, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16 day of June, 1972, authorizing the joining together as husband and wife Donald Jo Kalt and Patty Lou Hayes
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 24 th day of June, one thousand nine hundred and 72, at Plainfield, County of Hendricks, State of Indiana, Groom Donald Jo Kalt of Hendricks County, State of Indiana, and, Bride Patty Lou Hayes of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 24 th 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 27 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. 222
File Book 34
June 12, 1972
Date of Application

MALE
Medical Examination Report Dated June 9, 1972
Name of Physician Chet Lambes, M. D.

FEMALE
Medical Examination Report Dated June 9, 1972
Name of Physician Chet Lambes, M.D.

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

MALE APPLICANT

Name: First Donald Middle Jo Last Kalt
Date of Birth: Month Sept. Day 20 Year 1953
Place of Birth (State or foreign country)
Residence A
Previous Ma
Last Marr
Color o
Usual C ation
Date of veri
☐ C
1. Are
2. Are
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State of In
County of.

Subscribed and sworn to before me this 12 day of June, 19 72

CONSENT
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signs, state
State of Ind
County of...
Subscribed
COMPLE
in.....

of Indiana
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and, Bride
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County.
Dated this..

Filed and r ded

FEMALE APPLICANT

Name: First Patty Middle Lou Last Hayes
Date of Birth: Month March Day 29 Year

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

---

CERTIFICATE OF CONSENT FOR MARRIAGE

STATE OF New York
COUNTY OF Erie

BE IT KNOWN, that ~~We~~ (I) the ~~Parents~~ (Parent) of Donald Jo Kalt
name of minor

who is 18 years of age, do hereby give ~~our~~ (my) consent to (his) (~~her~~) marriage to Patty Lou Hayes.

Married, temporarily living separately; wife signing separate consent.

BOTH PARENTS MUST SIGN CONSENT UNLESS THEY ARE DIVORCED AND ONE PARENT WAS GIVEN CUSTODY OF MINOR BY A COURT ORDER, OR IF ONE PARENT IS DECEASED, THIS AFFIDAVIT MUST SO STATE. **PLEASE INDICATE BELOW.**

~~DIVORCED, GRANTED FULL CUSTODY~~ ☐ ~~Yes~~ ☐ ~~No~~

~~DECEASED~~ ☐ ~~Yes~~ ☐ ~~No~~

Donald V. Kalt
Signature of Parent(s) or Guardian

Sworn to and subscribed before me,
this 25th day of MAY, 1972
Notary Public or ~~Other~~ Authorized Official

V. S. No. 303 My Commission expires: MARCH 31st, 1973

ANGELO F. LA DUCA
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN ERIE COUNTY
My Commission Expires March 30, 1973

CERTIFICATE OF CONSENT FOR MARRIAGE

STATE OF Florida
COUNTY OF Escambia

BE IT KNOWN, that ~~We~~ (I) the ~~Parents~~ (Parent) of Donald Jo Kalt
name of minor

who is 18 years of age, do hereby give ~~our~~ (my) consent to (his) (~~her~~) marriage to Patty Lou Hayes

Married; temporarily living separately; husband signing separate consent.

BOTH PARENTS MUST SIGN CONSENT UNLESS THEY ARE DIVORCED AND ONE PARENT WAS GIVEN CUSTODY OF MINOR BY A COURT ORDER, OR IF ONE PARENT IS DECEASED, THIS AFFIDAVIT MUST SO STATE. **PLEASE INDICATE BELOW.**

~~DIVORCED, GRANTED FULL CUSTODY~~ ☐ ~~Yes~~ ☐ ~~No~~

~~DECEASED~~ ☐ ~~Yes~~ ☐ ~~No~~

Joann Kalt
Signature of Parent(s) ~~or Guardian~~

Sworn to and subscribed before me,
this 15th day of May, 1972
Karen S. Cox
Notary Public or Other Authorized Official

V. S. No. 303 My Commission expires: June 25, 1972

Form Prescribed By Indiana State Board of Health under Authority Chap. 134, Acts 1939

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 222

File Book 34

HENDRICKS County

6-12-72 Date of Application

MALE
Medical Examination Report Dated June 12 1972
Name of Physician David Haggard MD

FEMALE
Medical Examination Report Dated June 12 1972
Name of Physician David Haggard MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 134, Indiana Acts 1939 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or omission shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kyle Middle Adam Last Wildman

Date of Birth: Month June Day 19 Year 1952

Place of Birth (State or foreign country) Terre Haute Ind

Residence Address: Street or R.F.D. 1122 W 10th City Apt 13 Town Indpls County Marion State Ind

Previous Marital Status: Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Univ Instructor

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

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

Name	Age	Address

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

11. Full name of father Maurice R. Wildman Jr.
    Residence of father (If deceased so state) RR 1 Box 91 Plainfield
    Occupation of father Engineer Race of father W
    Birthplace of father (State or foreign country) Vigo Co. Ind.
12. Full maiden name of mother Frances Dulce Coleman
    Residence of mother (If deceased so state) Same
    Occupation of mother Sales Clerk Race of mother W
    Birthplace of mother (State or foreign country) Clinton Co Ind.

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

Signed X Kyle Adam Wildman
New Address 1122 W. 10th Indpls

Subscribed and sworn to before me this 12 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, County of HENDRICKS } ss: Written verified consent given 6-12-72

Signed X Maurice R. Wildman Father
Signed Mother

Subscribed and sworn to before me this 12 day of June 1972
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Judy Middle Kay Last Barron

Date of Birth: Month Nov Day 2 Year 1953

Place of Birth (State or foreign country) Pulaski Co Ind. Ky

Residence Address: Street or R.F.D. RR 2 Town Crayton County Hend State Ind

Maiden Name If Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   (a) Imbecile? No ☑ Yes ☐
   (b) Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑
7. Full name of father Marshall Ellis Barron
   Residence of father (If deceased so state) Same
   Occupation of father Deceased Race of father
   Birthplace of father (State or foreign country) Bellevue Ky
8. Full maiden name of mother Nellie Anderson
   Residence of mother (If deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Woodstock

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

Signed X Judy K. Barron
New Address 1122 W. 10th

Subscribed and sworn to before me this 12 day of June
John Gambold Jr Clerk HENDRICKS Circuit

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother

Subscribed and sworn to before me this day of 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 16th day of June, 1972, authorizing the joining together as husband and wife Kyle Adam Wildman and Judy Kay Barron

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

I Bobby Garland hereby certify that on the 16th day of June one thousand nine hundred and 72 at Central Baptist Church, County of Hendricks State of Indiana, Groom Kyle Adam Wildman of Marion County, State of Indiana and, Bride Judy Kaye Barron of Hendricks County, State of Indiana were by me united 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 Bobby Garland
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June, 1972

Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

No. 222
File Book 34
June 12, 1972
Date of Application

t Dated June 9, 1972
t Lamber M.D.

license to marry by any false statement, pena

LE APPLICANT
Middle
Lou Hayes
Day Year
29 1953
Indianapolis Marion
City County
Plainfield Hendricks

Number of Previous Marriages
Divorce ☐ Annulment ☐
Other ☐ (specify)
ate Md.
] Judicial Decree

diagnosed or considered as:
No Yes
No Yes
f unsound mind? No Yes
ase? No Yes
econd cousin? No Yes
cating liquor? No Yes
otic drug? No Yes
George Hayes
2 Wedding Band
Race of father W
ry) Farmer
Pauline Myers
2 Wedding Band
e Race of mother W
y) Brazil Ind.

I depose and state the information giv
in this application is true and corre
ou Hayes
day of June 19 72
Clerk HENDRICKS Circuit Cou

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Father
Mother
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Clerk
he above named parties, the
and file
Circuit Court
gether as husband and wife
June
of Hendricks
of Indiana
of Indiana
HENDRICKS
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Clerk
dr
NDRICKS Circuit Court

State Furnished By
Indiana State Board of
Health under Authority
Chap. 134, Acts 1949

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 222
File Book 34
6-12-72
Date of Application

MALE
Medical Examination Report Dated June 12 1972
Name of Physician Donald Haggard M.D.

FEMALE
Medical Examination Report Dated June 12 1972
Name of Physician Donald Haggard M.D.

THIS QUESTIONNAIRE MUST BE ANSWERED. Chapter 134, Indiana Acts 1949 provides "False statements: Whoever procures the issuance of a license to marry by any false statement, represents that all portions shall be true to the best and full knowledge and belief of the knowledge applicant (shall be)"

MALE APPLICANT

Name First Middle Last
Full Name Kyle Alan Wildman
Date of Birth Day Month Year
January 12 1952
Place of Birth (State or Foreign Country)
Indiana
Residence Address Number and Street City County State
1102 E. 38th St. Apt 12 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 Student
Name of Parent Furnishing Information Relationship
Address of Parent Furnishing Information
Birthplace of Father
Maiden Name of Mother
Birthplace of Mother
Has applicant ever been married?
Is applicant now married?
Is applicant a male?
Is applicant under guardianship?
Is applicant under the influence of liquor?
Is applicant under the influence of narcotics?
Is applicant under 21 years of age?
Is applicant under 18 years of age?

FEMALE APPLICANT

Name First Middle Last
Full Name Linda Kay Barnes
Date of Birth Day Month Year
3 1953
Place of Birth (State or Foreign Country)
Indiana
Residence Address Number and Street City County State
R.R. 2 Clayton Hendricks Ind
Maiden Name if Different
Previous Marital Status Never Married ✓ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ✓ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Name of Parent Furnishing Information Relationship
Address of Parent Furnishing Information
Birthplace of Father
Maiden Name of Mother
Birthplace of Mother
1. Has you ever or have you been adjudged, diagnosed or considered as:
Its Imbecile? No ✓ Yes
Of Unsound Mind? No ✓ Yes
2. Are you under guardianship as a person of unsound mind? No ✓ Yes
3. Are you afflicted with a transmissible disease? No ✓ Yes
4. Are you related to the groom closer than second cousin? No ✓ Yes
5. Are you now under the influence of intoxicating liquor? No ✓ Yes

I, Frances J Wildman, hereby give my consent for my son Kyle Alan Wildman to marry Judy Barnes.

Frances J Wildman

subscribed and sworn to before me this 13 day of June 72

Mildred F. Lowe
Notary Public

Subscribed and sworn to before me this 12 day of June 1972
Delbert Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENT OR GUARDIAN

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

State of Indiana
County of HENDRICKS } ss:
Signed Spencer R. Wildman Father
Signed Mother
Subscribed and sworn to before me this 12 day of June 1972
Delbert Gambold Jr Clerk

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I, D Ramsbarger, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court
of Indiana dated the 12th day of June 19 72, authorizing the joining together as husband and wife
Kayle Alan Wildman and Judy Kay Barnes
I further remember, the following marriage certificate was filed in my office, to-wit:
I Bobby Garland hereby certify that on the 12th day of June
one thousand nine hundred and 72
at Central Baptist Church, County of Hendricks
State of Indiana, Groom Kayle Alan Wildman son of Jo Ann and County, State of Indiana
and, Bride Judy Kay Barnes of Hendricks County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County
Dated this 12th day of June 19 72.
Signed Bobby Garland
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 19 day of June 19 72.
Signed Delbert 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. 224
File Book 34
June 13 1972
Date of Application

MALE
Medical Examination Report Dated 6-12-72
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated
Name of Physician

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

MALE APPLICANT

Name: First Jack Middle — Last McClain II

Date of Birth: Month April Day 24 Year 1949

Place of Birth (State or foreign country): Methodist Hospital Indpls Marion Ind

Residence Address: Street or R. R. 80 N. Rd. 200 E. City Danville County Hend State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: miller

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 Jack McClain
    Residence of father (if deceased so state) Same
    Occupation of father Retired — army Race of father W
    Birthplace of father (State or foreign country) Indpls Ind
12. Full maiden name of mother Dorotha Joan Walton
    Residence of mother (if deceased so state) Same
    Occupation of mother Home wife Race of mother W
    Birthplace of mother (State or foreign country) N. Salem Ind

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

Signed x Jack McClain II
New Address 797 Mackey Rd Danville

Subscribed and sworn to before me this 13 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, County of HENDRICKS } ss:

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

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

.....Clerk

FEMALE APPLICANT

Name: First Jan Middle Ellen Last Lynch

Date of Birth: Month Sept Day 25 Year 1953

Place of Birth (State or foreign country) John Warner Hosp. DeWitt Dec. Ill.

Residence Address: Street or R. R. 265 ½ S. Ind. City Danville County Hend State Ind

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: mail clerk

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Paul Daniel Lynch
   Residence of father (if deceased so state) 99 W. Broadway
   Occupation of father Tr. Driver Race of father W
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Mary Margaret May
   Residence of mother (if deceased so state) Same as father
   Occupation of mother Cook Race of mother W
   Birthplace of mother (State or foreign country) Indpls. Indiana

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

Signed x Jan Ellen Lynch
New Address 797 Mackey Rd Danville

Subscribed and sworn to before me this 13 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, County of HENDRICKS } ss:

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

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Jack McClain II and Jan Ellen Lynch

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

I, Norman L. Weaver hereby certify that on the 17th day of June, one thousand nine hundred and Seventy two at Danville, County of Hendricks, State of Indiana, Groom Jack McClain II of Hendricks County, State of Indiana, and, Bride Jan Ellen Lynch of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 17th day of June, 1972.

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

Signed Norman L Weaver
Official Designation Minister

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. 225
File B1 # 34
June 13, 1972
Date of Application

MALE
Medical Examination Report Dated June 12, 1972
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated June 12, 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, representation or profession shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Rex Middle [illegible] Last Bond
Date of Birth: Month December Day 23 Year 1907
Place of Birth (State or foreign country): Carlton Indiana
Residence Address: 4244 West Michigan Ave Marion 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: Maintenance Work for State of Ind.
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 Claude Carl Bond
    Residence of father (if deceased so state) Deceased
    Occupation of father [illegible] Race of father W
    Birthplace of father (State or foreign country) Oakland, Indiana
12. Full maiden name of mother Bessie Liley
    Residence of mother (if deceased so state) Deceased
    Occupation of mother [illegible] Race of mother W
    Birthplace of mother (State or foreign country) Illinois

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

Signed x Rex Bond
New Address x 525 Dunn, [illegible]

Subscribed and sworn to before me this 13 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Ann Middle Lee R. Last Wayman
Date of Birth: Month December Day 17 Year 1947
Place of Birth (State or foreign country) Converse Arkansas
Residence Address: 525 Dunn St. Plainfield Ind. Ind
Maiden Name if Different Ann Lee Rateliffe
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)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Howard W. Rateliffe
   Residence of father (if deceased so state) Deceased
   Occupation of father [illegible] Race of father W
   Birthplace of father (State or foreign country) Pocahontas Arkansas
8. Full maiden name of mother Ethel Pugsley
   Residence of mother (if deceased so state) Deceased
   Occupation of mother [illegible] Race of mother W
   Birthplace of mother (State or foreign country) Fedora Iowa

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

Signed x Ann Lee R. Wayman
New Address x 525 Dunn, Plainfield

Subscribed and sworn to before me this 13 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* June, 1972, *authorizing the joining together as husband and wife* Rex Bond *and* Ann Lee R. Wayman

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

I, Teal O. Younce, *hereby certify that on the* 16 *day of* June *one thousand nine hundred and* 72 *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Rex Bond *of* Marion *County, State of* Indiana *and, Bride* Ann Lee R. Wayman *of* Hendricks *County, State of* Indiana, *were by me united 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* June, 1972.

Signed Teal O. Younce
Official Designation Minister

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 226
File Bk 34
June 14 1972
Date of Application

MALE
Medical Examination Report Dated 6-5-72
Name of Physician Joseph C Kuhn

FEMALE
Medical Examination Report Dated 6-5-72
Name of Physician Joseph C. Kuhn

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

MALE APPLICANT

Name: First David Middle Lee Last Nichols
Date of Birth: Month December Day 2 Year 1951
Place of Birth (State or foreign country) Beech Grove
Residence Address: 1215 Buchanan St. Street or R. R. Plainfield City Hend. County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Yard Salesman Southern Lumber Co.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

Signed x David Lee Nichols
New Address x 1111 Bitteroot Ct. Indianapolis

Subscribed and sworn to before me this 14 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sally Middle Jo Last Wilson
Date of Birth: Month February Day 17 Year 1952
Place of Birth (State or foreign country) Greencastle Indiana
Residence Address: R#2 Box 302K Street or R. R. Plainfield City Hend. County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
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 Hubert Allen Wilson
   Residence of father (if deceased so state) Same
   Occupation of father Industrial Engineer Race of father W
   Birthplace of father (State or foreign country) Morgan Co. Indiana
8. Full maiden name of mother Beulah Jay Matheny
   Residence of mother (if deceased so state) Same
   Occupation of mother Factory Race of mother W
   Birthplace of mother (State or foreign country) Hendricks Co. Indiana

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

Signed x Sally Jo Wilson
New Address x 1111 Bitteroot Ct. Indpls.

Subscribed and sworn to before me this 14 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, County of HENDRICKS } ss:

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of June, 1972, authorizing the joining together as husband and wife David Lee Nichols and Sally Jo Wilson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 30th day of June, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom David Lee Nichols of Hendricks County, State of Indiana, and, Bride Sally Jo Wilson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 30th 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 5th day of July, 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. 226
File Bk 34
June 14 1972
Date of Application

MALE
Medical Examination Report Dated 6-5-72
Name of Physician Joseph C Kuhn

FEMALE
Medical Examination Report Dated 6-5-72
Name of Physician Joseph C. Kuhn

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

MALE APPLICANT

Name: First David Middle Lee Last Nichols
Date of Birth: Month December Day 2 Year 1951
Place of Birth (State or foreign country) Beech Grove
Residence Address: Street or R. R. 1215 Buchanan St. City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Yard Salesman Hoskins Lumber Co.
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 [illegible]

FEMALE APPLICANT

Name: First Sally Middle Jo Last Wilson
Date of Birth: Month February Day 17 Year 1952
Place of Birth (State or foreign country) Greencastle Indiana
Residence Address: Street or R. R. R#2 Bk 302K City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
   No ☑ Yes ☐
   No ☑ Yes ☐
   No ☑ Yes ☐
   No ☑ Yes ☐
   No ☑ Yes ☐
   No ☑ Yes ☐

TO: John J. Gambold, Clerk of the Circuit Court

We, the undersigned, hereby give our permission for our son David Lee Nichols to marry Sally Jo Wilson on Friday, June 30.

Robert C Nichols
Donna J. Nichols

County of Hendricks State of Indiana
Hubert A Wilson Notary Public
My Commission Expires 9-28-74

...day of July, 19 72
Signed John Gambold Jr. ...Clerk
HENDRICKS ...Circuit Court

No. 226
File Bk 34
June 14 1972
Date of Application
Dated 6-5-72
...ed C. Keller
...license to marry by any false statement, represe...
E APPLICANT
Middle
Day 17
Last Wilson
Year 1952
Indiana
City Plainfield
County Hend
State Ind
Number of Previous Marriages
Divorce ☐ Annulment ☐
Other ☐ (specify)
☐ Judicial Decree
diagnosed or considered as:
No ☑ Yes ☐
No ☑ Yes ☐
of unsound mind?
No ☑ Yes ☐
ease?
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
☑ Yes ☐
...ation given ...nd correct.
...Father
...Mother
..., 19...
...Clerk
...Circuit Court
...parties, the ...and filed
...Circuit Court ...nd and wife
...Father
...Mother
..., 19...
...Clerk
...Circuit Court

Form Prescribed By Indiana State Board of Health under Authority Chap. 136, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 227
File Book 34
June 14 1972
Date of Application

MALE
Medical Examination Report Dated 6-12-72
Name of Physician

FEMALE
Medical Examination Report Dated 6-12-72
Name of Physician L. W. Condra M D

ALL QUESTIONS MUST BE ANSWERED. Chapter 136, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or profession shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harland Middle Clyde Last Miller
Date of Birth: Month October Day 3 Year 1950
Place of Birth (State or foreign country) Washington Ind.
Residence Address: Street or R.F.D. RR 2 City Spencer County Owen State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Student - Purdue
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, home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Miller
    Residence of father (If deceased so state) Deceased
    Occupation of father Carpenter Race of father W
    Birthplace of father (State or foreign country) Kansas
12. Full maiden name of mother Doris Irene Dillon
    Residence of mother (If deceased so state) Same
    Occupation of mother Cook Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Harland Clyde Miller
New Address 2450 Sycamore Lane W. Lafayette

Subscribed and sworn to before me this 16 day of June, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of ____ } ss:

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

FEMALE APPLICANT

Name: First Maida Middle Jean Last Maupin
Date of Birth: Month September Day 19 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R.F.D. 317 N East St. City Plainfield County Hend State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father George W Maupin
   Residence of father (If deceased so state) Same
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Broadhead Kentucky
8. Full maiden name of mother Lena L Barnett
   Residence of mother (If deceased so state) Same
   Occupation of mother Nurses wife Race of mother W
   Birthplace of mother (State or foreign country) Broad Head Kentucky

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

Signed Maida Jean Maupin
New Address 2450 Sycamore Lane

Subscribed and sworn to before me this 16 day of June, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed George W. Maupin Father
Signed Lena Lillian Maupin Mother
Subscribed and sworn to before me this 16 day of June, 19 72
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 20th day of June, 19 72, authorizing the joining together as husband and wife Harland Clyde Miller and Maida Jean Maupin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman L Weaver hereby certify that on the 1st day of July one thousand nine hundred and seventy two at Danville, County of Hendricks State of Indiana, Groom Harland Clyde Miller of Tippecanoe County, State of Indiana and, Bride Maida Jean Maupin of Hendricks County, State of Indiana were by me united 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 June, 19 72.

Signed Norman L. Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6th day of July, 19 72.
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. 228
File Bk 34
6-16-72
Date of Application

MALE
Medical Examination Report Dated 6-14-72
Name of Physician M.D. Scanalon M.D.

FEMALE
Medical Examination Report Dated 6-14-72
Name of Physician M.D. Scanalon

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

Date of Birth: Month 3 Day 1 Year 1948

Place of Birth (State or foreign country): Brown County Indiana

Residence Address: Street or R. R. Box 147 City Pittsboro County State Indiana

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Truck driver

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service 12-30-48-74

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Saul M. Armstrong
    Residence of father (if deceased so state) Box 147 Pittsboro, Indiana
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Margaret Olive Wiley
    Residence of mother (if deceased so state) Box 147 Pittsboro, Indiana
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Brown County Indiana

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

Signed X Robert Wayne Armstrong
New Address X

Subscribed and sworn to before me this 16th day of June, 1972.
John Dandell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Diana Middle Marie Last Edwards

Date of Birth: Month 4 Day 25 Year 1954

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. R.R. #2 City Roachdale County Indiana State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Unemployed

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

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

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

Signed X Diana Edwards
New Address X

Subscribed and sworn to before me this 16th day of June, 1972.
John Dandell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of July, 1972, authorizing the joining together as husband and wife Robert Wayne Armstrong and Diana Marie Edwards

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

I, Frank Burns hereby certify that on the 4th day of July, one thousand nine hundred and seventy-two at Montgomery Co. Parkersburg, County of Montgomery, State of Indiana, Groom Robert W Armstrong of Hendricks County, State of Indiana, and, Bride Diana M Edwards 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 20 day of June, 1972.

Signed Frank Burns
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of July, 1972.

Signed John Dandell 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. 229
File BK 34
6-16-72
Date of Application

MALE
Medical Examination Report Dated 6-13-72
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 6-13-72
Name of Physician Elmer L. Koch, M.D.

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

MALE APPLICANT

Name: First Jack Middle Edward Last Dove

Date of Birth: Month 6 Day 30 Year 1937

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 244 Main Street City Danville County Indiana State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Tree trimer

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 Harold Joseph Dove
    Residence of father (if deceased so state) Deceased
    Occupation of father Truck driver Race of father W
    Birthplace of father (State or foreign country) Indianapolis, Indiana
12. Full maiden name of mother Ruth Cardart
    Residence of mother (if deceased so state) Indianapolis, Indiana
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indianapolis Indiana

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

Signed X Jack Dove
New Address 244 Main Street, Danville, Indiana

Subscribed and sworn to before me this 16th 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Betty Middle Lee Last Price

Date of Birth: Month 2 Day 25 Year 1927

Place of Birth (State or foreign country) Hundred West Virginia

Residence Address: Street or R. R. 244 Main Street City Danville County Indiana State

Maiden Name if Different Betty Lee Yost

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Housewife

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Scott Yost
   Residence of father (if deceased so state) Hundred, West Virginia
   Occupation of father Foreman - construction Race of father W.
   Birthplace of father (State or foreign country) Hundred, West Virginia
8. Full maiden name of mother Genevie Babbitt
   Residence of mother (if deceased so state) Hundred, West Virginia
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Hundred, West Virginia

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

Signed X Betty Lee Price
New Address 244 Main St. Danville Ind.

Subscribed and sworn to before me this 16th 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, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued June 16, 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* 16th *day of* June, 1972, *authorizing the joining together as husband and wife* Jack Edward Dove *and* Betty Lee Price

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

I, Keith Purcell *hereby certify that on the* 16th *day of* June, *one thousand nine hundred and* Seventy two *at* Belle ville, *County of* Hendricks, *State of Indiana, Groom* Jack Edward Dove *of* Hendricks *County, State of* Indiana, *and, Bride* Betty Lee Price *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 16th *day of* June, 1972.

Signed Keith Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 19 *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. 230
File Book 34
June 16, 1972
Date of Application

MALE
Medical Examination Report Dated 6/16/72
Name of Physician Dr. M. O. Seamahorn

FEMALE
Medical Examination Report Dated 6/12/72
Name of Physician Dr. M. O. Seamahorn

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

MALE APPLICANT

Name: First Mark Middle E Last Hubbell
Date of Birth: Month July Day 4 Year 1943
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. 6405 Consulate Ct. City Indianapolis, County, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Service Engineer
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☑ Other (Specify) Selective Service -12-221-43-162

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Paul Franklin Hubbell
    Residence of father (if deceased so state) 3211 Breckenridge Dr Indpls.
    Occupation of father Engr. Race of father.....
    Birthplace of father (State or foreign country) Indianapolis Ind
12. Full maiden name of mother Helen Aureata Beebe
    Residence of mother (if deceased so state) 3211 Breckenridge Dr Indpls.
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Indianapolis, Ind

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

Signed Mark E. Hubbell
New Address 6405 Consulate Ct, Apt 1728 Indpls.
Subscribed and sworn to before me this 16th day of June, 19 72.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Cheryl Middle Last Meunier
Date of Birth: Month March Day 7 Year 1951
Place of Birth (State or foreign country) Lebanon
Residence Address: Street or R. R. R. #3 Box 250 City Brownsburg, 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 Key punch Operator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 51-015801

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Bernard Dwight Meunier
   Residence of father (if deceased so state) R#250 R.3 Brownsburg.
   Occupation of father Self Employed Race of father.....
   Birthplace of father (State or foreign country) Clermont, Ind.
8. Full maiden name of mother Betty Mae Smith
   Residence of mother (if deceased so state) 933 North Morgan Lushville
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Greenville, Ind.

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

Signed Cheryl Meunier
New Address 6405 Consulate Ct. Apt 1728 Indpls
Subscribed and sworn to before me this 16th day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20th day of June, 19 72, authorizing the joining together as husband and wife Mark E. Hubbell and Cheryl Meunier
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Loid L Carlile hereby certify that on the 7th day of July, one thousand nine hundred and seventy-two at 3211 Breckenridge, County of Marion, State of Indiana, Groom Mark E. Hubbell of Marion County, State of Indiana, and, Bride Cheryl Meunier of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 11th day of July, 1972.

Signed Loid Carlile
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of July, 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. 231
File Bap 34
June 16, 1972
Date of Application

MALE
Medical Examination Report Dated June 12, 1972
Name of Physician Arno Weiss Jr. M.D.

FEMALE
Medical Examination Report Dated 6/12/72
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 Paul Middle A. Last Berg Jr.
Date of Birth: Month January Day 21 Year 1950
Place of Birth (State or foreign country) Bellevue Penn.
Residence Address: Street or R. R. 3477 M.A.B. MTN. Home AFB City Idaho County Elmore State 83648
Previous 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. Air Force
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 110-42-9813

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Alexander Berg Jr.
    Residence of father (if deceased so state) Kingston New York.
    Occupation of father Morgan Trucking Race of father.....
    Birthplace of father (State or foreign country) Penn
12. Full maiden name of mother Charlotte Anne McCartney
    Residence of mother (if deceased so state) Kingston New York.
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Joplin Missouri

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

Signed x Paul A Bergh
New Address 2714 BANNOCK, BOISE ID
Subscribed and sworn to before me this 16th day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Peggy Middle Sue Last Pritchett
Date of Birth: Month March Day 10 Year 1948
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. Lizton Ind City County State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Sec.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Marion Co. Volume 62 Page 189 #2334

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

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

Signed x Peggy Sue Pritchett
New Address 2714 Bannock, Boise, Idaho
Subscribed and sworn to before me this 16th day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* June, 19 72, *authorizing the joining together as husband and wife* Paul A. Berg Jr. *and* Peggy Sue Pritchett

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

I, Paul A. Berg Sr. *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 72 *at* Lizton, *County of* Hendricks, *State of Indiana, Groom* Paul Alexander Berg Jr *of* Lizton *County, State of* New York *and, Bride* Peggy Sue Pritchett *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 1st *day of* July, 19 72.

Signed Paul A. Berg
Official Designation Minister, Assemblies of God

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* July, 19 72.

Signed John Gambold Sr *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 232
File Book 34
June 16, 1972
Date of Application

MALE
Medical Examination Report Dated June 16, 1972
Name of Physician M E. Chavez M D

FEMALE
Medical Examination Report Dated 6-16-72
Name of Physician M. E. Chavez M.D.

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

MALE APPLICANT

Name: First ~~Bill~~ William; Middle Allen; Last Burnett

Date of Birth: Month June; Day 21; Year 1953

Place of Birth (State or foreign country) Marion

Residence Address: Street or R. R. R. #4; City Brownsburg; County; State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Farmer

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

☐ Other (Specify) 5953

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

    Name Age Address

    (b) Are you supporting or contributing to their 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 Allen Burnett
    Residence of father (if deceased so state) R. R. #4 Brownsburg
    Occupation of father Farmer Race of father
    Birthplace of father (State or foreign country) Marion County
12. Full maiden name of mother Mary Joann Koechel
    Residence of mother (if deceased so state) R. R. #4 Brownsburg
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Bridgeport, Ind

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

Signed William Allen Burnett
New Address

Subscribed and sworn to before me this 16th 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, County of HENDRICKS } ss:

Signed X Richard Allen Burnett Father
Signed X Mary Joann Burnett Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Sally; Middle Ann; Last Allison

Date of Birth: Month Sept; Day 10, 1953; Year

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

Residence Address: Street or R. R. 9507 Harmony Street; City Indianapolis; 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 ~~Student~~ Secretary

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

☐ Other (Specify) 6027

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Billie Ray Allison
   Residence of father (if deceased so state) 1314 Stafford Rd. Plfd.
   Occupation of father Supervisor Race of father
   Birthplace of father (State or foreign country) Covington Ind.
8. Full maiden name of mother Joyce Helen Bingham
   Residence of mother (if deceased so state) 1311 Stafford Rd.
   Occupation of mother Personal Rep. Race of mother
   Birthplace of mother (State or foreign country) Washington, Ind.

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

Signed Sally Ann Allison
New Address

Subscribed and sworn to before me this 16th 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, County of HENDRICKS } ss:

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

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of June, 19 72, authorizing the joining together as husband and wife William Allen Burnett and Sally Ann Allison
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 25 th day of June, one thousand nine hundred and 72, at Plainfield Christian Church, County of Hendricks, State of Indiana, Groom William A. Burnett of Hendricks County, State of Indiana, and, Bride Sally A. Allison of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 25 th 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 27 day of June, 19 72.

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. 233
File Book 84
June
Date of Application

MALE
Medical Examination Report Dated June 7, 1972
Name of Physician R W. Kirtley M.D.

FEMALE
Medical Examination Report Dated June 7, 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Edward Middle J. Last Caylor Jr.
Date of Birth: Month July Day 20 Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 10 Martin Drive City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Warranty Clerk.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 7004

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Edward J. Caylor Sr.
    Residence of father (if deceased so state) 10 Martin Dr. Danville, Ind.
    Occupation of father Retired from Army Race of father.....
    Birthplace of father (State or foreign country) Centerville, Ind.
12. Full maiden name of mother Lina Geis
    Residence of mother (if deceased so state) 10 Martin Dr. Danville
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Germany

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

Signed Edward J Caylor Jr
New Address 125 WELCOME Way APT 205 INDIS. IND. 46224
Subscribed and sworn to before me this 16th 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Diane Middle Marie Last Larsen
Date of Birth: Month Feb. Day 4 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R.R. #1 Box 88J City Danville, Ind. County State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Hendricks County Hospital
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 1239

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carl Georg Larsen
   Residence of father (if deceased so state) R.R. #1 Box 88 J. Danville
   Occupation of father Tank Butt Race of father.....
   Birthplace of father (State or foreign country) Indianapolis Ind
8. Full maiden name of mother Marie Imogene Long
   Residence of mother (if deceased so state) R.R. #1, Box 88J Danville Ind.
   Occupation of mother Hendricks Co. Hospital Race of mother.....
   Birthplace of mother (State or foreign country) Fresno, California

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

Signed Diane Larsen
New Address same
Subscribed and sworn to before me this 16th 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 20th day of June, 1972, authorizing the joining together as husband and wife Edward J. Caylor Jr. and Diane Marie Larsen
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Herman G. Lutz hereby certify that on the 1st day of July, one thousand nine hundred and 72 at Danville, County of Hendricks State of Indiana, Groom Edward Caylor Jr. of Hendricks County, State of Indiana, and, Bride Diane Marie Larsen of Hendricks County, State of Indiana were by me united 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 Rev Herman G. Lutz
Official Designation Catholic Priest
Filed and recorded in accordance with the laws of the State of Indiana this 6th day of July, 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. 284
File Book 84
June 16, 1972
Date of Application

MALE
Medical Examination Report Dated 6/7/72
Name of Physician Dr. J.M. Cooper

FEMALE
Medical Examination Report Dated 6-7-72
Name of Physician Dr J.M Cooper

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

MALE APPLICANT

Name: First William Middle Dale Last Shepler
Date of Birth: Month 3 Day 12 Year 1949
Place of Birth (State or foreign country) Frankfort
Residence Address: Street or R. R. 224 Hartman Rd City Anderson County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service B5469-96

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lester Carl Shepler
    Residence of father (if deceased so state) R.R. #6 Box 496 Anderson
    Occupation of father Mech. & Equipt. Spc. Race of father.....
    Birthplace of father (State or foreign country) Sullivan, Ind
12. Full maiden name of mother Betty Joan Jones
    Residence of mother (if deceased so state) R.R. #6 Box 496 Anderson
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Frankfort, Ind

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

Signed William Dale Shepler
New Address 224 Hartman Rd. Anderson
Subscribed and sworn to before me this 16th day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sylvia Middle Carol Last Smith
Date of Birth: Month Aug Day 5 Year 1951
Place of Birth (State or foreign country) Chicago Ill.
Residence Address: Street or R. R. 224 E Road 300 S City Danville County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 112-51-656654

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Allen Horton Smith
   Residence of father (if deceased so state) 224 E Rd 300 S Danville, Ind.
   Occupation of father Teacher Race of father.....
   Birthplace of father (State or foreign country) New York
8. Full maiden name of mother Carol Eileen Crickson
   Residence of mother (if deceased so state) 224 E Rd 300 S Danville
   Occupation of mother Teacher Race of mother.....
   Birthplace of mother (State or foreign country) Ohio

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

Signed Sylvia Carol Smith
New Address 224 Hartman Rd., Anderson, Ind. 46011
Subscribed and sworn to before me this 16th day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 23rd day of June, 19 72 authorizing the joining together as husband and wife William Dale Shepler and Sylvia Carol Smith
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Douglas A Dickey hereby certify that on the 24 day of June, one thousand nine hundred and 72 at Danville, County of Hendricks, State of Indiana, Groom William Dale Shepler of Madison County, State of Indiana, and, Bride Sylvia Carol Smith of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 24 day of June, 19 72.

Signed Douglas A Dickey
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29th day of June, 19 72.
Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 835
File Book 84
June 16, 1972
Date of Application

MALE
Medical Examination Report Dated 6/12/72
Name of Physician David Taggard

FEMALE
Medical Examination Report Dated 6/12/72
Name of Physician David Taggard

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

MALE APPLICANT

Name: First Raymond Middle Courtney Last Shannon
Date of Birth: Month May Day 2 Year 1949
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 3124 Roswell Dr City Indianapolis 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 Body Shop Assy-Way
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Baptism Officiate
Affidavit 2-333-45-143

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Hugh Shannon
    Residence of father (If deceased so state) 3124 Roswell Dr. Indpls
    Occupation of father Sheet Metal Race of father
    Birthplace of father (State or foreign country) Rhode Island
12. Full maiden name of mother Jean ~~Hook~~ Patricia Harding
    Residence of mother (If deceased so state) 3124 Roswell Dr.
    Occupation of mother Hobby Van Carrier Race of mother
    Birthplace of mother (State or foreign country) Belfast Northern Ireland

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

Signed Raymond Courtney Shannon
New Address 4923 Rockville Rd Indianapolis, Ind
Subscribed and sworn to before me this 16th 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sherry Middle Lynn Last Lawrence
Date of Birth: Month Sept. Day 29 Year 1950
Place of Birth (State or foreign country) Bruceville, Ind.
Residence Address: Street or R. R. RR #2 City Clayton County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation School Teacher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Bell Hole F.D. #1829
Baptism Record

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Franklin Lawrence
   Residence of father (If deceased so state) RR #2 Clayton, Ind.
   Occupation of father Truck Driver Race of father
   Birthplace of father (State or foreign country) Coatesville, Ind
8. Full maiden name of mother Barbara J. Edmondson
   Residence of mother (If deceased so state) RR #2 Clayton, Ind.
   Occupation of mother Secretary Race of mother
   Birthplace of mother (State or foreign country) Brookville, Ind.

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

Signed Sherry Lynn Lawrence
New Address 4923 Rockville Road, Indpls.
Subscribed and sworn to before me this 16th 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* June, 19..., *authorizing the joining together as husband and wife* Raymond Courtney Shannon *and* Sherry Lynn Laurence

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

I, Glenn R. Ramsey Jr. hereby certify that on the 24th day of June, one thousand nine hundred and 72 at Clayton, County of Hendricks, State of Indiana, Groom Raymond Courtney Shannon of Marion County, State of Indiana, and Bride Sherry Lynn Laurence of Hendricks County, State of Indiana, were by me united 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 Glenn Ramsey Jr.
Official Designation Presbyterian Pastor

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. 236
File Book 34
19 June 1972
Date of Application

MALE
Medical Examination Report Dated 14 June 1972
Name of Physician Mark V. Folkening MD

FEMALE
Medical Examination Report Dated 14 June 1972
Name of Physician Mark V. Folkening MD.

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

MALE APPLICANT

Name: First Jerry Middle W. Last Riggan
Date of Birth: Month March Day 11 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 126 S. Jefferson City Moorsville County Morgan 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: Sub Contractor. Gracie Wells
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Se/Se 12 57 54 65

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

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jerry W Riggan
New Address 126 S. Jefferson Moorsville
Subscribed and sworn to before me this 19th day of June, 19 72
John Crawford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Fathers notarized consent dated 17 June 72 attached
Mother " " " 19....

State of Indiana,
County of HENDRICKS } ss:
Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this 19th day of June, 19 72
John Crawford Clerk

FEMALE APPLICANT

Name: First Marianne Middle [illegible] Last Flaw
Date of Birth: Month June Day 6 Year 1954
Place of Birth (State or foreign country) Germany.
Residence Address: Street or R. F. D. 219 W. Center City Pitts County Hen State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) No 68/1954 Trav.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Richard Orrall Flaw
   Residence of father (if deceased so state) W. Va.
   Occupation of father US Army Ret. Race of father White
   Birthplace of father (State or foreign country) W. Va.
8. Full maiden name of mother Maria Theresa Marshall Faulkner
   Residence of mother (if deceased so state) Same Pitts, Ind
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Budapest, Hungry.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Marianne Flaw
New Address
Subscribed and sworn to before me this 19th day of June, 19 72
John Crawford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* June, 19 72 *authorizing the joining together as husband and wife* Jerry W. Riggan *and* Marianne Flaw

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

I, Cruden Brayshaw, hereby certify that on the 24th day of June, one thousand nine hundred and 72, at Moorsville, County of Morgan, State of Indiana, Groom Jerry W. Riggan of Morgan County, State of Indiana, and, Bride Marianne Flaw of Hendricks County, State of Indiana, were by me united 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, 19 72.

Signed Cruden Brayshaw
Official Designation Minister, First Christian Church Moorsville

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* June, 19 72.

Signed John Crawford Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 236
File Book 34
19 June 1972
Date of Application

MALE
Medical Examination Report Dated 14 June 1972
Name of Physician Mark V. Folkening MD

FEMALE
Medical Examination Report Dated 14 June 1972
Name of Physician Mark V. Folkening MD.

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

MALE APPLICANT

Name: First Jerry Middle W. Last Riggan
Date of Birth: Month March Day 11 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 126 S. Jefferson City Moorsville County Morgan 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: Sub Contractor. Gracie Wife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Se/Se 12 57 54 65

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influ
7. Are you now under th
8. Are you able to su
9. Are you likely to
10. Do you have minor
    (If yes, answer que
    (a) List their full
    Name
    (b) Are you suppo
    (c) Are you comply their support?
11. Full name of fathe
    Residence of father
    Occupation of fath
    Birthplace of fathe
12. Full maiden name
    Residence of moth
    Occupation of mot
    Birthplace of mother (State or foreign country) [illegible]

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jerry W Riggan
New Address 126 S. Jefferson Moorsville
Subscribed and sworn to before me this 19th day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.
Fathers notarized consent dated 17 June 72 attached
Mother

State of Indiana,
County of
Subscribed and swor

COMPLETE IF
HEN
in

FEMALE APPLICANT

Name: First Marianne Middle Last Flaw
Date of Birth: Month June Day 6 Year 1954
Place of Birth (State or foreign country) Germany.
Residence Address: Street or R. F. 249 N. Center City Pittsboro County Hen State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) No 68/1954 Trav.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐

Subscribed and sworn to before me this [illegible]
[illegible] Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

I, Isabelle Riggan, hereby give my consent for my son, Jerry W Riggan to marry Mary Elder.

Isabelle Riggan

Subscribed and sworn to before me this 19 day of June 1972

Martha Copeland
Notary Public
Com Exp. 7-10-1972

I, Walter Riggan, hereby give my consent for my son, Jerry Riggan to marry Marianne Flaw.

FILED
JUN 19 1972
John Gambold Jr.
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

Walter Riggan

Subscribed and sworn to before me this 17 day of June 1972

Martha Copeland
Notary Public
Com. Exp. 7-10-1972

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of Indiana dat

Be it further r
I, Cruden
one thousand
State of India
and, Bride Marianne Flaw of Hendricks County.
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 24th day of June, 1972.

Signed Cruden Bray shaw
Official Designation Minister, Forest Christian Church Moorsville
Filed and recorded in accordance with the laws of the State of Indiana this 27 day of June, 1972.
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

AAP

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 237
File Book 34
19 June 1972
Date of Application

MALE
Medical Examination Report Dated 13 June 1972
Name of Physician Jams. Black M.D.

FEMALE
Medical Examination Report Dated 13 June 1972
Name of Physician Fred A. Hendricks. M.D.

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

MALE APPLICANT

Name: First Jerry Middle Layne Last Wilson
Date of Birth: Month September Day 9 Year 1952
Place of Birth (State or foreign country) Crawfordsville (Iw.
Residence Address: Street or R. R. 745 Maple Ln, City Bbury County Hen State Iw.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Asst Mgr. Bonanza
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sel Ser. 123052 347

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

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

Signed Jerry Layne Wilson
New Address 440 Norwalde, Indpls, Iw
Subscribed and sworn to before me this 19th day of June, 19 72
John Lambdin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Edna Middle Christine Last Studer
Date of Birth: Month December Day 3 Year 1954
Place of Birth (State or foreign country) Indpls, Iw.
Residence Address: Street or R. R. 3617 Faculty Dr., City Indpls Mar. Iw.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Counter grl: Bonanza
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 13200

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Louis Orval Styder
   Residence of father (if deceased so state) Same Indpls Iw.
   Occupation of father Supr. R.C.A. Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Frances Hotmeister
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Iw.

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

Signed Edna Christine Studer
New Address Same
Subscribed and sworn to before me this 19th day of June, 19 72
John Lambdin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* June, 19 72, *authorizing the joining together as husband and wife* Jerry Layne Wilson *and* Edna Christine Studer

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

I, Larry P. Crawford *hereby certify that on the* 30 *day of* June, *one thousand nine hundred and* 72 *at* St. Gabriel Church Indianapolis, *County of* Marion, *State of Indiana, Groom* Jerry Layne Wilson *of* Hendricks *County, State of* Indiana *and, Bride* Edna Christine Studer *of* Marion *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 30 *day of* June, 19 72.

Signed Larry P. Crawford
Official Designation R.C. Priest

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 19 72.

Signed John Lambdin Jr. Clerk
HENDRICKS Circuit Court

ABP

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 237
File Book 34
19 June 1972
Date of Application

MALE
Medical Examination Report Dated 13 June 1972
Name of Physician Jams. Black M.D.

FEMALE
Medical Examination Report Dated 13 June 1972
Name of Physician Fred A. Hendricks. M.D.

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

MALE APPLICANT

Name: First Jerry Middle Layne Last Wilson
Date of Birth: Month September Day 9 Year 1952
Place of Birth (State or foreign country) Crawfordsville (Iw.
Residence Address: Street or R. R. 745 Maplelm, City Bburg Hwy County State Iw.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Asst Mgr. Bonanza
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) S.S. Cr. 123 05 2347

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

FEMALE APPLICANT

Name: First Edna Middle Christine Last Studer
Date of Birth: Month December Day 3 Year 1954
Place of Birth (State or foreign country) Indpls, Iw.
Residence Address: Street or R. R. 3617 Faculty Dr., City Indpls County Mar. State Iw.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Counter girl: Bonanza
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 13200

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐

Yes ☐
Yes ☐
Yes ☐

We
I, Louis & Dolores Studer, hereby give ~~my~~ our consent for
~~my~~ our daughter, Edna Christine Studer to
marry Jerry L. Wilson

Louis O. Studer — (Mrs.) Dolores F. Studer

Subscribed and sworn to before me this 21 day of May 1972

Patricia A. Meyer
Notary Public 2-17-1974

We Phyllis Wilson
I, Clark Wilson, hereby give ~~my~~ our consent for
our son, Jerry Layne Wilson to
marry Edna Christine Studer.

Clark Wilson — Phyllis Wilson

Subscribed and sworn to before me this 21 day of June 1972

Janet M. Klerkjan
Notary Public
My Commission expires 25 April 1974

State of Indiana, County of HENDRICKS, ss:
Subscribed and sworn to before me this ... day of ..., 19 72
Clerk HENDRICKS Circuit Court

CONSENT
We, the ... signs, s...

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 23rd *day of* June, 19 72, *authorizing the joining together as husband and wife* Jerry Layne Wilson *and* Edna Christine Studer

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

I, Larry P. Crawford *hereby certify that on the* 30 *day of* June, *one thousand nine hundred and* 72 *at* St. Gabriel Church Indianapolis, *County of* Marion, *State of Indiana, Groom* Jerry Layne Wilson *of* Hendricks *County, State of* Indiana *and, Bride* Edna Christine Studer *of* Marion *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 30 *day of* June, 19 72.

Signed Larry P. Crawford
Official Designation R. C. Priest

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* July, 19 72.

Signed John Bamberger Jr. *Clerk*
HENDRICKS *Circuit Court*

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

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

HENDRICKS County

No. 238
File Book 34
20 June 1972
Date of Application

MALE
Medical Examination Report Dated 12 June 1972
Name of Physician Jos. C. Kerlin MD

FEMALE
Medical Examination Report Dated 12 June 1972
Name of Physician Jos. C. Kerlin MD

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

MALE APPLICANT

Name: First Charles Middle Ronald Last Main
Date of Birth: Month June Day 28 Year 1947
Place of Birth (State or foreign country) Patterson N.J.
Residence Address: Street or R. R. RI 9 Richfield Ln. City Danville County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Graduate DePauw
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sel. Ser. 45 13 47 321

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
(b) Are you supporting or contributing to their 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 Magnus Main
Residence of father (if deceased so state) 1919 Granville Ln. Dr. Tacoma Wash.
Occupation of father Engineer. Retired. Race of father White
Birthplace of father (State or foreign country) Luverne, Minn
12. Full maiden name of mother Mary Beck
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Ottawa, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Charles Ronald Main
New Address RI 9 Richfield Ln Danville Ind
Subscribed and sworn to before me this 20th day of June, 19 72
John [illegible] Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Edith Middle Kathleen Last Peterson
Date of Birth: Month June Day 9 Year 1946
Place of Birth (State or foreign country) Mo Line Ill
Residence Address: Street or R. R. RI 9 Richfield Ln City Danville County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Teacher. Indpls P.S.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Warren Edgar Peterson
Residence of father (if deceased so state) 1810 40th St. Ct Moline Ill.
Occupation of father Engineer. Retired Race of father White
Birthplace of father (State or foreign country) Moline Ill.
8. Full maiden name of mother Ruth Elinor Christianson
Residence of mother (if deceased so state) Same
Occupation of mother Teacher. Retired. Race of mother White
Birthplace of mother (State or foreign country) Sharpsburg, Iowa.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Edith Kathleen Peterson
New Address [illegible] 20th San
Subscribed and sworn to before me this 20th day of June, 19 72
[illegible] Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 26 day of June, 19 72, authorizing the joining together as husband and wife Charles Ronald Main and Edith Kathleen Peterson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N Graham hereby certify that on the 28th day of June, one thousand nine hundred and 72 at Danville, County of Hendricks, State of Indiana, Groom Charles Ronald Main of Hendricks County, State of Indiana, and, Bride Edith Kathleen Peterson of Hendricks County, State of Indiana, were by me united 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 June, 19 72.

Signed Fred N Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 19 72.
Signed John Ronald 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. 239
File Book 34
20 June 1972
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 12 June 1972
Name of Physician E.K. Stucky M.D.

FEMALE
Medical Examination Report Dated 12 June 1972
Name of Physician E.K. Stucky M.D.

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

MALE APPLICANT

Name: First Jack Middle — Last Osborne
Date of Birth: Month April Day 6 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 132 Bx 147 City Biburg County Hen State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Night Mgr: Rick Roast Beef.
Date of birth verified by: ☑ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) 3546

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

    Name — Age — Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wayne Burtram Osborne
    Residence of father (if deceased so state) Sam Biburg Ind
    Occupation of father Sergeant. Cap. Burd. Race of father White
    Birthplace of father (State or foreign country) Bainbridge Ind.
12. Full maiden name of mother Glenda June Osborne
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Jack Osborne
New Address 132 Pin Oak Dr. Biburg Ind.
Subscribed and sworn to before me this 20th day of June, 19 72
John Gambold — HENDRICKS Clerk — Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed Glenda June Osborne Mother
Subscribed and sworn to before me this 20th day of June, 19 72
John Gambold — Clerk

FEMALE APPLICANT

Name: First Elaine Middle — Last Fout
Date of Birth: Month September Day 17 Year 1951
Place of Birth (State or Foreign country) Indpls Ind.
Residence Address: Street or R. R. 1165 N. Goodlet City Indpls County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Steno: Comm Union Ins.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 9688

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carnell Lee Fout
   Residence of father (if deceased so state) Same Indpls Ind.
   Occupation of father Dental Tech: Ft Harrison Race of father White
   Birthplace of father (State or foreign country) Louisville, Ky.
8. Full maiden name of mother Marilyn Elaine Hassold
   Residence of mother (if deceased so state) Same
   Occupation of mother Cashier. Shoppers Fair. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Elaine Fout
New Address Same
Subscribed and sworn to before me this 20th day of June, 19 72
John Gambold — HENDRICKS Clerk — Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27th *day of* June, 19 72, *authorizing the joining together as husband and wife* Jack Osborne *and* Elaine Fout

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

I, Jerry R. Nash *hereby certify that on the* first *day of* July, *one thousand nine hundred and* Seventy-two *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Jack Wayne Osborne *of* Hendricks *County, State of* Indiana *and, Bride* Elaine Kay Fout *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 1 *day of* July, 19 72.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* July, 19 72.

Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

No. 238
File Book 34
20 June 1972
Date of Application

ort Dated 12 June 1972
Jos. C. Kerlin MD

of a license to marry by any false statement, repres

MALE APPLICANT

Kathleen Peterson
Middle Last
Day 9 Year 1946

try) Ill
City County State

ried ☑ Number of Previous Marriages
th ☐ Divorce ☐ Annulment ☐
ro ☐ Other ☐ (specify)
Indpls P.S.
rt. ☐ Judicial Decree

dged, diagnosed or considered as:

No ☑ Yes ☐
No ☑ Yes ☐
erson of unsound mind? No ☑ Yes ☐
ble disease? No ☑ Yes ☐
r than second cousin? No ☑ Yes ☐
f intoxicating liquor? No ☑ Yes ☐
f a narcotic drug? No ☑ Yes ☐

ren Edgar Peterson
state) 1810 46th St. Ct Molne Ill
er - Retired Race of father White
gn country) Molne Ill
uth Elmer Christy
state) Same
r. Retired Race of mother White
gn country) Sharpsburg, Iowa

} ss: I depose and state the information give in this application is true and correct.

Kathleen Peterson

20th day of June 72

HENDRICKS Clerk Circuit Cou

GUARDIAN

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

} ss:

Father
Mother
day of Clerk

efused to the above named parties, the and filed
d parties.

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

Graham
the Place
, 19 72
Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 239
File Book 34
20 June 1972
Date of Application

MALE
Medical Examination Report Dated 12 June 1972
Name of Physician E.K. Stucky MD.

FEMALE
Medical Examination Report Dated 12 June 1972
Name of Physician E.K. Stucky 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 profession shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jack Middle Osborne Last
Date of Birth: Month April Day 6 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. F. D. 132 3rd City Brg County Hend State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Nat Mgr: Rick Roast Beef
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) 3546

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wayne Burtram Osborne
    Residence of father (If deceased so state) Same B'burg Ind
    Occupation of father Carpenter Cap. Bond. Race of father White
    Birthplace of father (State or foreign country) Bainbridge, Ind.
12. Full maiden name of mother Glenda June Etter
    Residence of mother (If deceased so state) Same
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country)
    State
    County

FEMALE APPLICANT

Name: First Elaine Middle Gay Last Fout
Date of Birth: Month September Day 17 Year 1951
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. F. D. 1165 N. Goodlet City Indpls County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Steno: Comm Union Ins.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) 9688

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carnell Lee Fout
   Residence of father (If deceased so state) Same Indpls Ind.
   Occupation of father Dental Tech: Ret'd Race of father White
   Birthplace of father (State or foreign country) Louisville Ky.
8. Full maiden name of mother Marilyn Elaine Hassold
   Residence of mother (If deceased so state) Same
   Occupation of mother Cashier, Shoppers Fair Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Elaine Fout

I, Wayne Burtain Osborne, hereby give my consent for my Son, Jackie Wayne Osborne to marry Elaine Fout.

Wayne Burtain Osborne

Subscribed and sworn to before me this 21st day of June 19 72

My commission expires 4/3/73

Lloyd E. Wilson
Notary Public

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 19 72, authorizing the joining together as husband and wife Jack Osborne and Elaine Fout

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

I, Jerry R. Nash hereby certify that on the first day of July, one thousand nine hundred and Seventy-two at Brownsburg, County of Hendricks, State of Indiana, Groom Jack Wayne Osborne of Hendricks County, State of Indiana, and, Bride Elaine Gay Fout 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 1 day of July, 19 72.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd day of July, 19 72.

Signed John Gambrel Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 240
File Book 34
20 June 1972
Date of Application

MALE
Medical Examination Report Dated June 21, 1972
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated June 21, 1972
Name of Physician Thomas Walker M.D.

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

MALE APPLICANT

Name: First Kerry Middle Glenn Last Wilson
Date of Birth: Month September Day 26 Year 1954
Place of Birth (State or foreign country): Louisville Ky.
Residence Address: Street or R. R. R3 Box 99 City Bibury County Hen State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Ser Sta Attendant:
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 Joseph Ray Wilson
    Residence of father (if deceased so state) Sand Bibury (In).
    Occupation of father Mnrs & Cust. Race of father White
    Birthplace of father (State or foreign country) Louisville, Ky.
12. Full maiden name of mother Nancy Carol King
    Residence of mother (if deceased so state) Sand
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Paragould, Ark.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Kerry Glenn Wilson
New Address R3 Box 186 Bibury, In.
Subscribed and sworn to before me this 20th day of June, 19 72
John Dunbold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Parents notarized consent dated 19 June 72 attached

State of Indiana, County of HENDRICKS } ss:
Signed.....
Signed.....
Subscribed and sworn to before me this 20th day of June, 19 72
John Dunbold Clerk

FEMALE APPLICANT

Name: First Pamela Middle Joy Last Gehrich
Date of Birth: Month December Day 11 Year 1953
Place of Birth (State or foreign country) Beech Grove Ind.
Residence Address: Street or R. R. R3 Box 186 City Bby County Hen State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student: 11th Bend Band
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-55-9049 80

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ernest Joseph Gehrich
   Residence of father (if deceased so state) Sand Bibury Ind
   Occupation of father Sales Mgr Ind Bell Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Loretta Ruby Vance
   Residence of mother (if deceased so state) Sand
   Occupation of mother Waitress. Hostess Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Pamela Joy Gehrich
New Address Sand
Subscribed and sworn to before me this 20th day of June, 19 72
John Dunbold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary fathers notarized consent dated 20 June 1972 attached

State of Indiana, County of HENDRICKS } ss:
Signed.....
Signed Loretta R Gehrich
Subscribed and sworn to before me this 20th day of June, 19 72
John Dunbold Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Clerk HENDRICKS County Superior Court by written order issued 20 June 1972 and filed in authorizes and directs the issuance of a marriage license to the above named parties. 3da & Groom Wish

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 June, 19 72, authorizing the joining together as husband and wife Kerry Glenn Wilson and Pamela Joy Gehrich
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R Nash hereby certify that on the 24th day of June, one thousand nine hundred and 72 at Brownsburg, County of Hendricks, State of Indiana, Groom Kerry Glenn Wilson of Hendricks County, State of Indiana, and, Bride Pamela Joy Gehrich of Hendricks County, State of Indiana, were by me united 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 June, 19 72.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 19 72
Signed John Dunbold Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 240
File Book 34
20 June 1972
Date of Application

MALE
Medical Examination Report Dated June 21, 1972
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated June 21, 1972
Name of Physician Thomas Walker M.D.

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

MALE APPLICANT

Name: First Kerry Middle Glenn Last Wilson
Date of Birth: Month September Day 26 Year 1954
Place of Birth (State or foreign country) Louisville Ky.
Residence Address: Street or R. R. 133 Dx99 City Sbury County Hen State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Ser Sta Attendant:
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 now or have you been under the guardianship of a court? No ☐ Yes ☐
(c) Has the guardianship been terminated? No ☐ Yes ☐

FEMALE APPLICANT

Name: First Pamela Middle Joy Last Gehrich
Date of Birth: Month December Day 11 Year 1953
Place of Birth (State or foreign country) Beech Grove Ind.
Residence Address: Street or R. R. R3 Dx186 City Bby County Hen State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student: 11(Th Bend East
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-55-9049 80

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ernest Joseph Gehrich
   Residence of father (if deceased so state) Bby Ind
   Occupation of father Sales Mgr (Ind Bell) Race of father White
   Birthplace of father (State or foreign country) Ind
   Maiden name of mother Loretta R. Gehrich
   Residence of mother (if deceased so state) Bby Ind
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Ind
   Number of former marriages of mother 1
   Is consent of parent given? Yes ☑ No ☐
   If consent is not given, state which parent refuses consent.....
   Does the consent of the other parent render the consent of the other parent unnecessary.....
   Parents notarized consent dated 19 June 72 attached

State of Indiana,
County of HENDRICKS } ss:

Signed.....
Signed.....
Subscribed and sworn to before me this 20 day of June 1972
Loralee Tersip
Notary Public

FILED
JUN 20 1972
John Hamblet Jr
CLERK HENDRICKS CIRCUIT COURT

I, Ernest J Gehrich, hereby give my consent for my daughter, Pamela J Gehrich to marry Kerry Wilson.
Ernest J Gehrich
subscribed and sworn to before me this 20th day of June 1972
Loralee Tersip
Notary Public

State of Indiana,
County of HENDRICKS } ss:

Signed.....
Signed Loretta R Gehrich
Subscribed and sworn to before me this 20 day of June 1972
Loralee Tersip
Notary Public

COMPLE...
...in...

FILED
JUN 20 1972
John Hamblet Jr
CLERK HENDRICKS CIRCUIT COURT

I, Joseph R. Wilson
WE, Nancy C. Wilson
our son, Kerry Glenn Wilson, hereby give my consent for
marry Pamela Joy Gehrich to

Joseph R. Wilson
Nancy C. Wilson

subscribed and sworn to before me this 19th day of June 1972
My commission expires
Notary Public

NOTARY PUBLIC SEAL 1972 INDIANA

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of June, 19...
Official Designation.....
Signed John Hamblet Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 241
File June 20 1972
Book 34
Date of Application

MALE
Medical Examination Report Dated 6-19-72
Name of Physician Elmer L. Koch MD

FEMALE
Medical Examination Report Dated 6-9-72
Name of Physician John Peett M D

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Hugh Last Weaver
Date of Birth: Month May Day 21 Year 1945
Place of Birth (State or foreign country) Anderson Madison Co Ind.
Residence Address: Street or R. R. 3 Woodland Pl. City Danville County Hend State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Funeral Director
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 Hugh Wilford Weaver
    Residence of father (if deceased so state) Same
    Occupation of father Funeral Director Race of father W
    Birthplace of father (State or foreign country) Putts Grove Ind.
12. Full maiden name of mother Viola LaVerne Francisco
    Residence of mother (if deceased so state) Same
    Occupation of mother Secretary Race of mother W
    Birthplace of mother (State or foreign country) Indianapolis Ind.

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

Signed x David Hugh Weaver
New Address P O Box Clayton Ind.

Subscribed and sworn to before me this 20 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Jacqueline Middle Faye Last Carter
Date of Birth: Month March Day 2 Year 1952
Place of Birth (State or foreign country) Simpson Co. Ky.
Residence Address: Box 23 Street or R. R. Arno City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Hayden Carter
   Residence of father (if deceased so state) Same
   Occupation of father Pipe Fitter Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Della Jane Devaney
   Residence of mother (if deceased so state) Same
   Occupation of mother Home wife Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

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

Signed x Jacqueline Faye Carter
New Address Clayton Ind.

Subscribed and sworn to before me this 20 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of June, 1972, authorizing the joining together as husband and wife David Hugh Weaver and Jacqueline Faye Carter
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Gary R Kirchoff hereby certify that on the 24th day of June, one thousand nine hundred and 72 at Arno, County of Hendricks, State of Indiana, Groom David Hugh Weaver of Hendricks County, State of Indiana and, Bride Jacqueline Faye Carter of Hendricks County, State of Indiana, were by me united 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 Rev. Gary L. Kirchoff
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27th 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. 242
File Book 34
June 20 1972
Date of Application

MALE
Medical Examination Report Dated 6-19-72
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated 6-19-72
Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 C. Last Bundy-Sr
Date of Birth: Month Jan. Day 15 Year 1950
Place of Birth (State or foreign country): Marion Co Ind.
Residence Address: Street or R. R. RR 2 City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Grill Cook
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) S. S. card

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

Name	Age	Address
Stephen Edward	2 1/2	—
Shane Duane	10 mos.	
		Putnam Co.

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

11. Full name of father Edward C. Bundy Sr.
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Frances Madeline Cochran
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed ✕ Edward C. Bundy Jr.
New Address Clayton Ind.

Subscribed and sworn to before me this 20 day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Donna Middle Sue Last Kidwell
Date of Birth: Month April Day 1 Year 1954
Place of Birth (State or foreign country): Greencastle Putnam Ind.
Residence Address: Street or R. R. 501 N. Pearl City Amo County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed ✕ Donna Sue Kidwell
New Address Clayton Ind

Subscribed and sworn to before me this 20 day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County in ..... 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 23rd day of June, 1972, authorizing the joining together as husband and wife Edward C. Bundy Jr. and Donna Sue Kidwell

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

I, Floyd Neal hereby certify that on the 24 day of June, one thousand nine hundred and 72 at Martinsville, County of Morgan, State of Indiana, Groom Edward C. Bundy Jr. of Hendricks County, State of Indiana, and, Bride Donna Sue Kidwell of Hendricks County, State of Indiana, were by me united 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 June, 19 72.

Signed Floyd Neal
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of June, 19 72

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. 243
File Book 34
21 June 1972
Date of Application

MALE
Medical Examination Report Dated 6-19-72
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 19 June 1972
Name of Physician James Black MD.

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

MALE APPLICANT

Name: First Bruce Middle A. Last Caster
Date of Birth: Month July Day 26 Year 1948
Place of Birth (State or foreign country) Portland Maine
Residence Address: Street or R. R. 1224 Algonquin Rd. City Apt 12 Schaumburg County Ill State
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Manager - Marshall Field & Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service -11-115-48-460

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Groover Caster
    Residence of father (if deceased so state) 27 Dunlap Park Joliet Ill
    Occupation of father Production Engr. Race of father.....
    Birthplace of father (State or foreign country) Chicago Ill.
12. Full maiden name of mother Katrena Maurine Trivas
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Eminence, Ind.

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

Signed Bruce A. Caster
New Address Apt 621 1310 N. Valley Lake Rd., Schaumburg, Ill.

Subscribed and sworn to before me this 7 day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Beverly Middle Ann Last Linton
Date of Birth: Month October Day 1 Year 1949
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. RT 3 Bx 208 City Pittsboro, In County In State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Teacher. Westchester, Ill.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-49-07554

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Marion Ridgeway Linton
   Residence of father (if deceased so state) Pittsboro, Ind.
   Occupation of father Farmer. Race of father White
   Birthplace of father (State or foreign country) Lebanon, Ind.
8. Full maiden name of mother Mary Louise Cox
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Head Rite, Ore.

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

Signed Beverly Ann Linton
New Address Same

Subscribed and sworn to before me this 21st day of June, 19 72
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of July, 19 72, authorizing the joining together as husband and wife Bruce A. Caster and Beverly Ann Linton

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

I, Rev Ben A Strasser hereby certify that on the 9th day of July, one thousand nine hundred and seventy two at Pittsboro, County of Hendricks, State of Indiana, Groom Bruce A. Caster of Cook County, State of Illinois and, Bride Beverly Ann Linton of Hendricks County, State of Indiana, were by me united 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 July, 19 72.

Signed Rev. Ben A. Strasser
Official Designation Minister Christian Ch.

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of July, 19 72.

Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 244
File Book 34
June 22, 1972
Date of Application

MALE
Medical Examination Report Dated 6-17-72
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 6-17-72
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 Robert Middle E. Last Williams
Date of Birth: Month Aug. Day 9 Year 1953
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R.R. # 2 Box 15, City Indianapolis County Hend. 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 U. S Air Force
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-53-0637 18

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
(b) Are you supporting or contributing to their 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 Glenn Williams
Residence of father (if deceased so state) R.R. #2 Box 15, Indpls.
Occupation of father Television & Appliances Race of father.....
Birthplace of father (State or foreign country) Morgan County
12. Full maiden name of mother Delores Jerri Trisler
Residence of mother (if deceased so state) R.R. #2 Box 15 Indpls
Occupation of mother Secretary Race of mother.....
Birthplace of mother (State or foreign country) Monroe County

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robert E Williams
New Address RR 2 Box 15 INDPLS 46231
Subscribed and sworn to before me this 22nd day of June, 19 72.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Robert E. Williams Father
Signed Delores F. Williams Mother
Subscribed and sworn to before me this 22 day of June, 19 72.
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Kathy Middle Jo Last Bennett
Date of Birth: Month May Day 16 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 9602 Harmony Dr. City Indianapolis 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 —
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 04684

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Hamilton Bennett Jr.
Residence of father (if deceased so state) 9602 Harmony Dr.
Occupation of father Allison Race of father.....
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Kathleen Joanne Forney
Residence of mother (if deceased so state) 9602 Harmony Dr.
Occupation of mother Housewife Race of mother.....
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Kathy Jo Bennett
New Address RR 2 Box 15 Indpls. Ind. 46231
Subscribed and sworn to before me this 22nd day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 26 *day of* June, 19 72, *authorizing the joining together as husband and wife* Robert E. Williams *and* Kathy Jo Bennett

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

I, Danny H. Hays *hereby certify that on the* 1st *day of* July, *one thousand nine hundred and* 72, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Robert E. Williams *of* Hendricks *County, State of* Ind. *and, Bride* Kathy Jo Bennett *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 26th *day of* June, 19 72.

Signed Danny H. Hays
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* July, 19 72

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. 245
File Book 34
22 June 1972
Date of Application

MALE
Medical Examination Report Dated 19 June 1972
Name of Physician Lincoln Stevens M.D.

FEMALE
Medical Examination Report Dated 19 June 1972
Name of Physician Lincoln Stevens M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 [illegible] Last Heckathorn
Date of Birth: Month July Day 22 Year 1947
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. P.O. Box 105 City Clayton County Hen. State In.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Hen 6971
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Disabled Vet $ College Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sel Sv 12 20 47 252

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

Name	Age	Address
Jeffrey Daniel	17mo	Clayton RR 1

    (b) Are you supporting or contributing to their 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 Harold Heckathorn
    Residence of father (if deceased so state) P.O. Box 105 Clayton,
    Occupation of father Tr. Driver; Hen Co. Race of father white
    Birthplace of father (State or foreign country) Thorn Town, Ind.
12. Full maiden name of mother Lilly Marie Stewart
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Heckathorn
New Address 219 N. Mill Pitt, Ind.

Subscribed and sworn to before me this 22nd day of June, 19 72
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Beth Middle [illegible] Last Felix
Date of Birth: Month July Day 12 Year 1953
Place of Birth (State or foreign country) Ironton Michigan.
Residence Address: Street or R. F. Monrovia City Morgan County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation 11th Yr Sch Grad: Monrovia.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 53-2341

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harry Noland Felix
   Residence of father (if deceased so state) Monrovia, Ind.
   Occupation of father Tr. Driver; Brady Line Race of father White
   Birthplace of father (State or foreign country) Milan, Ind.
8. Full maiden name of mother Dora Mae Kellems
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother white
   Birthplace of mother (State or foreign country) Pineville, Ky.

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

Signed Beth Felix
New Address Same

Subscribed and sworn to before me this 22nd day of June, 19 72
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Clerk HENDRICKS County Circuit Court by written order issued 22 June 1972 Accepted Ohio Blood Ct and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. Bond 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* 22nd *day of* June, 1972, *authorizing the joining together as husband and wife* John Heckathorn *and* Beth Felix

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

I, Brian Campbell *hereby certify that on the* 23rd *day of* June, *one thousand nine hundred and* 72 *at* Clayton, *County of* Hendricks, *State of* Indiana, *Groom* John W Heckathorn *of* Hendricks *County, State of* Indiana *and, Bride* Beth A Felix *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 23 *day of* June, 19 72.

Signed Brian Campbell
Official Designation Pastor, Clayton Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* June, 19 72.

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. 246
File Book 34
22 June 1972
Date of Application

MALE
Medical Examination Report Dated 17 June 1972
Name of Physician Thos Walker M.D.

FEMALE
Medical Examination Report Dated 17 June 1972
Name of Physician Thos Walker M.D.

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

MALE APPLICANT

Name: First Frederick Middle L. Last Smith
Date of Birth: Month December Day 3 Year 1947
Place of Birth (State or foreign country) Boone Co. (In.)
Residence Address: Street or R. R. 120 Willing Dr. City Bby County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ 70 Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Machinist: Tank Belt
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sel. Serv. No. 12-6-47-223

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

Name	Age	Address
Sherri Gail	2	Pittsboro, Ind.

    (b) Are you supporting or contributing to their support? Groom Wants Rights visitation Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☑
11. Full name of father Robert Malcolm Smith
    Residence of father (if deceased so state) Springville, Ind.
    Occupation of father Ind. Worker. Machinist Race of father White
    Birthplace of father (State or foreign country) Lebanon, Ind.
12. Full maiden name of mother Farlatta Mae Cummings
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Lebanon Ind.

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

Signed Frederick L. Smith
New Address 527 K ave Apt 8 Bby
Subscribed and sworn to before me this 22nd day of June, 19 72
John J. Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle Irene Last Hyland
Date of Birth: Month September Day 9 Year 1951
Place of Birth (State or foreign country) Boone Co. Ind.
Residence Address: Street or R. R. RR1 Box 103 City Pittsboro County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Secy: Gram Dealey Mut.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp - Witham Mem. Hosp. Lebanon

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Richard Dean Hyland
   Residence of father (if deceased so state) Same Pittsboro Ind.
   Occupation of father Assembly Union Carb. Race of father White
   Birthplace of father (State or foreign country) Boone Co. Ind.
8. Full maiden name of mother Doris May Hughes
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Marion Co., Ind.

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

Signed Linda Irene Hyland
New Address Same
Subscribed and sworn to before me this 22nd day of June, 72
John J. Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22 day of June, 1972, authorizing the joining together as husband and wife Frederick L. Smith and Linda Irene Hyland

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

I, Norman L. Weaver hereby certify that on the 7th day of July, one thousand nine hundred and seventy two, at Danville, County of Hendricks, State of Indiana, Groom Frederick L. Smith of Hendricks County, State of Indiana, and, Bride Linda Irene Hyland of Hendricks County, State of Indiana, were by me united 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 July, 1972.

Signed Norman L. Weaver
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. 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. 247
File Book 34
June 23, 1972
Date of Application

MALE
Medical Examination Report Dated 6-19-72
Name of Physician Dr. D. M. Jones

FEMALE
Medical Examination Report Dated 5-25-72
Name of Physician Dr. F. M. Cooper.

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

MALE APPLICANT

Name: First Daniel; Middle George; Last Shaw
Date of Birth: Month Nov.; Day 22; Year 1948
Place of Birth (State or foreign country) Torrance, California
Residence Address: Street or R. R. R.R.#4; City Lafayette; County Tippecanoe; State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service 4-117-48-2724

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

Name	Age	Address

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

11. Full name of father Daniel Lee Shaw
Residence of father (if deceased so state) 2229 Nelson Ave. Redondo Beach California
Occupation of father Mech. Engr. Race of father.....
Birthplace of father (State or foreign country) St. Louis Mo.
12. Full maiden name of mother Addie Low Duncan
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother.....
Birthplace of mother (State or foreign country) Russellville, Ky.

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

Signed Daniel George Shaw
New Address RR #4 Lafayette, Indiana
Subscribed and sworn to before me this 23rd 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Susan; Middle Claudia; Last Sparks
Date of Birth: Month July; Day 27; Year 1951
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Box 328; Street or R. R.; City Pittsboro; County Hend.; 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).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Harold Edward Sparks
Residence of father (if deceased so state) Same
Occupation of father Greyhound Bus Driver Race of father.....
Birthplace of father (State or foreign country) Pittsboro, Ind.
8. Full maiden name of mother Blanch Maxine Folley
Residence of mother (if deceased so state) Same
Occupation of mother R. Nurse Race of mother.....
Birthplace of mother (State or foreign country) Missouri

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

Signed Susan Claudia Sparks
New Address RR#4 Lafayette, Indiana
Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30 *day of* June, 19 72, *authorizing the joining together as husband and wife* Daniel George Shaw *and* Susan Claudia Sparks

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

I, Rev. Ben Strasser *hereby certify that on the* 18 th *day of* August, *one thousand nine hundred and* 72 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Daniel George Shaw *of* Tippecanoe *County, State of* Ind. *and, Bride* Susan Claudia Sparks *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 18 th *day of* August, 19 72.

Signed Rev. Ben H. Strasser
Official Designation Minister Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* August, 19 72.

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. 248
File B wpk 34
June 23 1972
Date of Application

MALE
Medical Examination Report Dated 6-21-72
Name of Physician Dr David Haggard

FEMALE
Medical Examination Report Dated 6-21-72
Name of Physician Dr David Haggard

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

MALE APPLICANT

Name: First Steve Middle Alan Last Stilwell

Date of Birth: Month October Day 27 Year 1951

Place of Birth (State or foreign country) St. Louis Mo.

Residence Address: Street or R. R. 1535 Section St City Plainfield County Hend State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify).....

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

Name	Age	Address

   (b) Are you 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 Robert Alan Stilwell
Residence of father (if deceased so state) Same
Occupation of father Elect Eng. Race of father W
Birthplace of father (State or foreign country) Huntingburg Ind
Full maiden name of mother Viola Mae Cox
Residence of mother (if deceased so state) Same
Occupation of mother Houswife Race of mother W
Birthplace of mother (State or foreign country) Huntingburg Ind.

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

Signed x Steve Alan Stilwell
New Address West Lafayette Ind.
Subscribed and sworn to before me this 23 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 attached

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Janet Middle Lynn Last Hallberg

Date of Birth: Month October Day 12 Year 1951

Place of Birth (State or foreign country) Valparaiso Porter Ind

Residence Address: Street or R. R. RR1 City Hebron County Porter 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 Bruce Clarence Hallberg
   Residence of father (if deceased so state) Same
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Porter Co Ind.
8. Full maiden name of mother Beverly Joyce Henderson
   Residence of mother (if deceased so state) Same
   Occupation of mother Houswife Race of mother W
   Birthplace of mother (State or foreign country) Lake Co Ind

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

Signed x Janet Lynn Hallberg
New Address W. Lafayette Ind
Subscribed and sworn to before me this 23 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 27th day of June, 1972, authorizing the joining together as husband and wife Steve Alan Stilwell and Janet Lynn Hallberg

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

I, Warren L Lear hereby certify that on the 12 day of August, one thousand nine hundred and 72, at Hebron, County of Porter, State of Indiana, Groom Steve Alan Stilwell of Hendricks County, State of Indiana, and, Bride Janet Lynn Hallberg of Porter County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 27th day of July, 1972.

Signed Warren L Lear
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 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. 248
File B wafe 34
June 23 1972
Date of Application

MALE
Medical Examination Report Dated 6-21-72
Name of Physician Dr David Haggard

FEMALE
Medical Examination Report Dated 6-21-72
Name of Physician Dr David Haggard

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

MALE APPLICANT

Name: First Steve; Middle Alan; Last Stilwell

Date of Birth: Month October; Day 27; Year 1951

Place of Birth (State or foreign country): St. Louis Mo.

Residence Address: 1535 Section St; City Plainfield; County Hend; State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Student

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

☐ Other (Specify).....

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

FEMALE APPLICANT

Name: First Janet; Middle Lynn; Last Hallberg

Date of Birth: Month October; Day 12; Year 1951

Place of Birth (State or foreign country): Valparaiso

Residence Address: RR1; City Hebron; County Porter; 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 ☐

se? No ☑ Yes ☐
cond cousin? No ☑ Yes ☐
ting Liquor? No ☑ Yes ☐
ic drug? No ☑ Yes ☐

...ence Hallberg
...ame S
..... Race of father W
Porter Co. Ind.
Joyce Henderson
...ame
..... Race of mother W
Lake Co Ind

...e and state the information given ...application is true and correct.
...Hallberg
...er Ind
June, 19 72
HENDRICKS Circuit Court

...is marriage. If only one parent ...nt unnecessary

Father
Mother
19...
Clerk

...named parties, the
...and filed

Circuit Court
husband and wife
...t.
...ter
...diana
...dana
...
19 72
Clerk
Circuit Court

67TH JUDICIAL CIRCUIT OF INDIANA

JOHN W. RUGE
CLERK
PORTER CIRCUIT AND SUPERIOR COURTS
VALPARAISO, INDIANA

CONSENT OF PARENTS OR GUARDIAN TO MARRIAGE :(MINORS)

STATE OF INDIANA)
) SS.
COUNTY OF PORTER)

TO WHOM IT MAY CONCERN:

I, WE, ROBERT A. STILWELL [redacted], Father of : Steve Alan Stilwell
(and, ~~or~~) Mother of: Steve Alan Stilwell, give (my, our)
permission for the marriage of: STEVE ALAN STILWELL to
Janet Lynn Hallberg.
GUARDIAN: Robert A. Stilwell Viola M. Stilwell

SUBSCRIBED AND SWORN to before me this 20th day of JUNE, 1

Anthony C. Guido
NOTARY PUBLIC
COUNTY: Hendricks STATE: Indiana
MY COMMISSION EXPIRES: JUNE 23, 1974

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 249
File 34
June 23, 1972
Date of Application

MALE
Medical Examination Report Dated June 16, 1972
Name of Physician A. R. Boudder, M.D.

FEMALE
Medical Examination Report Dated June 16, 1972
Name of Physician A. R. Boudder, M.D.

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

MALE APPLICANT

Name: First Thomas Middle Frank Last Severe
Date of Birth: Month June Day 28 Year 1950
Place of Birth (State or foreign country)
Residence Address: Street or R. R. R.R. 1 Box 2045, City Pittsboro, County Hendricks, State Ind.
St. Vincents Hosp. 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: Carpenter
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp. Birth Certificate #5922

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

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

X Signed Thomas Frank Severe
New Address 2512 Deborah Terrace, apt. 15 Speedway, Ind.

Subscribed and sworn to before me this 23 day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Wanda Middle Gail Last Smith
Date of Birth: Month March Day 6, Year 1950
Place of Birth (State or foreign country) Wilmington, N. Carolina
Residence Address: Street or R. R. Box 26, City Pittsboro, County Hend., State Ind.
Maiden Name if Different Wanda Gail Inman
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) N.C. Rx. 132-50-020200

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Leon Roscoe Inman
   Residence of father (if deceased so state): Box 26 Pittsboro
   Occupation of father: Machinist Race of father: W
   Birthplace of father (State or foreign country): Freedom, N. Carolina
8. Full maiden name of mother: Magdalena Richards
   Residence of mother (if deceased so state): Box 26 Pittsboro
   Occupation of mother: Typist Race of mother: W
   Birthplace of mother (State or foreign country): Texas

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

X Signed Wanda Gail Smith
New Address 2512 Deborah Terrace, apt. 15 Speedway, Ind.

Subscribed and sworn to before me this 23 day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 27 *day of* June, 19 72, *authorizing the joining together as husband and wife* Thomas Frank Severe *and* Wanda Gail Smith

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

I, Rev. Ben H. Strassen *hereby certify that on the* 29 th *day of* June, *one thousand nine hundred and* 72 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Thomas Frank Severe *of* Hendricks *County, State of* Indiana *and, Bride* Wanda Gail Smith *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29 th *day of* June, 1972.

Signed Rev. Ben H. Strassen
Official Designation Minister of Pittsboro Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* July, 19 72.

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. #256

File Bk #34

June 28, 1972
Date of Application

MALE
Medical Examination Report Dated June 28, 1972
Name of Physician Donald D. Cheesman

FEMALE
Medical Examination Report Dated June 28, 1972
Name of Physician Donald D. Cheesman

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

MALE APPLICANT

Name: First Larry Middle K. Last Thurman

Date of Birth: Month February Day 21 Year 1951

Place of Birth (State or foreign country): Louisville Kentucky

Residence Address: Street or R. R. R.R.1, Box 173A City Danville County Hendricks State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Clerk - Auto Parts Store

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Soc. Sec. No. 15-43-51 39

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Roy Lee Thurman
    Residence of father (if deceased so state) R. 1, Kirklin, Ind.
    Occupation of father Dist. Sales Mgr. CTI - Chicago Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Louise May Spurrier
    Residence of mother (if deceased so state) 1113 Julia Ave. Louisville Ky.
    Occupation of mother Clerk Drug Store Race of mother W
    Birthplace of mother (State or foreign country) Bloomfield, Kentucky

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

✕ Signed Larry K Thurman

New Address 5410 Bertha, Indianapolis Ind

Subscribed and sworn to before me this 28 day of June, 19 72

..... Clerk HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Beth Middle E. Last Scales

Date of Birth: Month Aug. Day 12 Year 1954

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

Residence Address: Street or R. R. R.R.1, Box 178B City Danville County Hen. State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Beautary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 313-54-06829

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Lee Scales
   Residence of father (if deceased so state) Indianapolis
   Occupation of father R. C. A. Race of father W.
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Shirley Ann Drollinger
   Residence of mother (if deceased so state) Indianapolis
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indianapolis

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

✕ Signed Beth E Scales

New Address 5410 Bertha . Indianapolis

Subscribed and sworn to before me this 28 day of June, 19 72

..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

Parents divorced mother given notarized consent dated 29 June 1972

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this 3rd day of July, 19 72

..... Clerk

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

RICKS 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*

e 3rd *day of* July, 19 72 *authorizing the joining together as husband and wife*

mbered, the following marriage certificate was filed in my office, to-wit:

I, Wayne D. Shoulders *hereby certify that on the* 8th *day of* July,

one thousand nine hundred and seventy-two *at* Plainfield, *County of* Hendricks,

State of Indiana, Groom Larry K. Thurman *of* Hendricks *County, State of* Indiana,

and, Bride Beth Scales *of* Hendricks *County, State of* Indiana,

were by me united 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* July, 19 72.

Signed Wayne D. Shoulders

Official Designation Minister, Missionary Baptist

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* July, 19 72.

Signed John Hamilton 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. #256
File Bk #34
June 28, 1972
Date of Application

MALE
Medical Examination Report Dated June 28, 1972
Name of Physician Donald D. Chesman

FEMALE
Medical Examination Report Dated June 28, 1972
Name of Physician Donald D. Chesman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 R. Last Thurman
Date of Birth: Month February Day 21 Year 1951
Place of Birth (State or foreign country): Louisville Kentucky
Residence Address: Street or R. R. R.R.1, Box 173A City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Clerk - Auto Parts Store
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
No. 15-43-51 39

FEMALE APPLICANT

Name: First Beth Middle E Last Scales
Date of Birth: Month Aug. Day 12 Year 1954
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. R.R.1 Box 178B City Danville County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Secretary

1.
2. Are
Are
hor
M

No ☐ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☐ Yes ☑

Shirley Ann Scales, hereby give my consent for
my daughter, Beth E Scales
to marry Larry K Thurman.

FILED
JUL 10 1972
John Hamblen Jr.
CLERK HENDRICKS CIRCUIT COURT

& Shirley Scales

Subscribed and sworn to before me this 29 day of June 19 72

Notary Public
Expires 5/27/75

I depose and state the information given in this application is true and correct.
E Scales
Berita, Indianapolis
8 day of June, 19 72
HENDRICKS
Clerk Circuit Court

DIAN
consent for this marriage. If only one parent
he other parent unnecessary.....
mother
consent
1972

Father
Mother
day of July, 19 72
Clerk

ed to the above named parties, the
and filed
arties.

HENDRICKS Circuit Court
ning together as husband and wife
Beth E. Scales

Dear Sirs,

Being Beth Scales' legal guardian, I hereby give my consent to her so that she may obtain this marriage licnse. If you need to contact me, my phone number is below.

Sincerely,

Mrs. Karen Shoulders
745-2188

of

Be it further remembered, the following marriage certificate was filed in my office, to-wit: Larry R. Thurman and Beth E. Scales

I, Elder Wayne D. Shoulders hereby certify that on the 11 day of July,
one thousand nine hundred and seventy-two at Plainfield,
State of Indiana, Groom Larry K Thurman of Hendricks County, State of Indiana,
and, Bride Beth Scales of Hendricks County, State of Indiana,
were by me united 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 July, 1972.

Signed Wayne D. Shoulders
Official Designation Minister, Missionary Baptist

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of July, 19 72.
Signed John Hamblen Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 338, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 251
File Book 34
June 23, 1972
Date of Application

MALE
Medical Examination Report Dated June 10, 1972
Name of Physician A. R. Beadles M.D.

FEMALE
Medical Examination Report Dated June 10, 1972
Name of Physician A. R. Beadles M.D.

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

MALE APPLICANT

Name: First Richard Middle Osborne Last Reatrio, Jr.
Date of Birth: Month February Day 6 Year 1943
Place of Birth (State or foreign country) St. Vincent Hosp. Indianapolis Marion Ind.
Residence Address: Street or R. F. D. 2212 Boston Court City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Tool Engineer Tech Rep
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp #1227

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Osborne Reatrio
    Residence of father (If deceased so state) 2212 Boston Court
    Occupation of father Tool Engr - Aerospace Race of father W
    Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Mary Lou Burnett
    Residence of mother (If deceased so state) 2212 Boston Court
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Wichita Falls, Texas

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

Signed Richard Osborne Reatrio Jr.
New Address 123 E Bixby Rd Mapleville Ind

Subscribed and sworn to before me this 23 day of June, 19 72
John Bamberger Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Karen Middle Marie Last Atkins
Date of Birth: Month Jan Day 22 Year 1949
Place of Birth (State or foreign country) Methodist Hosp Indianapolis
Residence Address: Street or R. F. D. R.R. 3 Box 29 City Brownsburg County Hen State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp # 0677

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Harry Leroy Atkins
   Residence of father (If deceased so state) R.R. 3 Brownsburg
   Occupation of father Tool Tech Fl Lathe Race of father W
   Birthplace of father (State or foreign country) Terre Haute Ind
8. Full maiden name of mother Betty Marie Young
   Residence of mother (If deceased so state) R. R. 3 Brownsburg
   Occupation of mother Receptionist Race of mother W
   Birthplace of mother (State or foreign country) Terre Haute

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

Signed Karen Marie Atkins
New Address 123 E. Bixby Rd. Mapleville Ind

Subscribed and sworn to before me this 23 day of June, 19 72
John Bamberger Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 th day of June, 19 72, authorizing the joining together as husband and wife Richard Osborne Reatrio Jr. and Karen Marie Atkins.

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

I, George A. Boyle hereby certify that on the first day of July one thousand nine hundred and Seventy Two at Indianapolis, County of Marion, State of Indiana, Groom Richard Osborne Reatrio Jr. of Marion County, State of Indiana, and, Bride Karen Marie Atkins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this first day of July, 19 72.

Signed George A. Boyle
Official Designation Preacher, Second Presbyterian Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of July, 19 72.

Signed John Bamberger Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 252
File Book 34
June 23, 1972
Date of Application

MALE
Medical Examination Report Dated June 12, 1972
Name of Physician David B. Huggard M.D.

FEMALE
Medical Examination Report Dated June 12, 1972
Name of Physician David Huggard.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Howard Last Leech
Date of Birth: Month December Day 16 Year 1950
Place of Birth (State or foreign country) Methodist Hosp. - Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. 427 Avon Ave. City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp. # 12023

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

    Name | Age | Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Howard McDowell Leech
    Residence of father (if deceased so state) 427 Avon Ave.
    Occupation of father Retired (Ldr Co Owner) Race of father W
    Birthplace of father (State or foreign country) Greenwood, Mo.
12. Full maiden name of mother Bessie Lorraine Smith
    Residence of mother (if deceased so state) Deceased
    Occupation of mother..... Race of mother W
    Birthplace of mother (State or foreign country) Pleasantville, Mo.

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

Signed William Howard Leech
New Address 6111 C - Cheshire Rd. Indpls.

Subscribed and sworn to before me this 23 day of June, 1972
John Sandvold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Deborah Middle Ann Last Rodarmel
Date of Birth: Month May Day 16 Year 1951
Place of Birth (State or foreign country) Methodist Hosp Indianapolis Marion Ind.
Residence Address: Street or R. R. 601 Raymond St. City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Data Systems Analyst Asst.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hosp Cert # 4794

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Richard Rodarmel
   Residence of father (if deceased so state) 601 Raymond St.
   Occupation of father Wholesale Ldr Salesman Race of father W.
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Rosemary Queen
   Residence of mother (if deceased so state) 601 Raymond St
   Occupation of mother High School Teacher Race of mother W.
   Birthplace of mother (State or foreign country) Indianapolis

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

Signed Deborah Ann Rodarmel
New Address 6111C - Cheshire Rd. Indpls.

Subscribed and sworn to before me this 23 day of June, 1972
John Sandvold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in 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 27 day of June, 1972, authorizing the joining together as husband and wife William Howard Leech and Deborah Ann Rodarmel
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Maurice L Brockman hereby certify that on the 8th day of July, one thousand nine hundred and Seventy-Two at Plainfield, County of Hendricks, State of Indiana, Groom William Howard Leech of Hendricks County, State of Indiana, and, Bride Debrah Ann Rodarmel of Hendricks County, State of Indiana, were by me united 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 July, 1972.

Signed Maurice L Brockman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of July, 1972.
Signed John Sandvold 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. 253
File Book 34
June 26, 1972
Date of Application

MALE
Medical Examination Report Dated 6-23-72
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated 6-23-72
Name of Physician Thomas Walker M.D.

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

MALE APPLICANT

Name: First Timothy Middle — Last Ellis
Date of Birth: Month 6 Day 11 Year 1951
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 125 Prairie Parkway - City Brownsburg, County — State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Body-Repair man
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 5845

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name — Age — Address
    (b) Are you supporting or contributing to their 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 Roy Dale Ellis
    Residence of father (if deceased so state) 125 Prairie Pkwy, Brownsburg
    Occupation of father Lab Tech. Race of father.....
    Birthplace of father (State or foreign country) Washington Ind.
12. Full maiden name of mother Patricia Ann Sum
    Residence of mother (if deceased so state) 125 Prairie Pkwy Brownsburg
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Washington, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Timothy Ellis
New Address 22 N. Jefferson Brownsburg Ind.
Subscribed and sworn to before me this 26th day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Debbie Middle Ann Last Gray
Date of Birth: Month 2 Day 12 Year 1954
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. R. #1 Box 50 Sheila Dr. City Brownsburg 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 Display
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Memorial Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Francis Eugene Gray
   Residence of father (if deceased so state) R. #1 Box 50 Sheila Dr. Brownsburg
   Occupation of father Draftsman Race of father.....
   Birthplace of father (State or foreign country) Shelbyville Ind.
8. Full maiden name of mother Norma Frances Booher
   Residence of mother (if deceased so state) R #1 Box 50 Sheila Dr.
   Occupation of mother Beautician Race of mother.....
   Birthplace of mother (State or foreign country) Shelbyville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Debbie Ann Gray
New Address 22 N. Jefferson
Subscribed and sworn to before me this 26th day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 30th *day of* June, 19 72, *authorizing the joining together as husband and wife* Timothy Ellis *and* Debbie Ann Gray
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Noll *hereby certify that on the* 3rd *day of* July, *one thousand nine hundred and* 72 *at* Brownsburg, *County of* Hendricks *State of Indiana, Groom* Timothy Ellis *of* Hendricks *County, State of* Ind. *and, Bride* Debbie Ann Gray *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 30th *day of* June, 19 72.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* July, 19 72.
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. 254
File Book 34
June 27, 1972
Date of Application

MALE
Medical Examination Report Dated 6/26/72
Name of Physician Dr. M.O. Scamahorn M.D

FEMALE
Medical Examination Report Dated 6/26/72
Name of Physician Dr. M. O. Scamahorn M.D.

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

MALE APPLICANT

Name: First Teddy Middle L. Last Smith
Date of Birth: Month 9 Day 28 Year 1949
Place of Birth (State or foreign country) Lebanon
Residence Address Box 35A Street or R. R. Pittsboro City Ind. County State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☒ Other (Specify) Selective Service 12-30-49-329

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Teddy L Smith
New Address Box 24 Lizton Ind
Subscribed and sworn to before me this 27th 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, County of ..... } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Kathy Middle J. Last Leak
Date of Birth: Month 10 Day 5 Year 1950
Place of Birth (State or foreign country) Lebanon
Residence Address Box 24 Street or R. R. Lizton City Ind. County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Stenographer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Witham Memorial Hospital

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Lindall Leak
Residence of father (if deceased so state) Box 53 Lizton
Occupation of father Allison Race of father
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Frances Brown
Residence of mother (if deceased so state) Box 53 Lizton
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Kathy J. Leak
New Address Box 24 Lizton, Ind.
Subscribed and sworn to before me this 27th 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, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of July, 1972, authorizing the joining together as husband and wife Teddy L. Smith and Kathy J. Leak
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Everett L. Wright hereby certify that on the 1st day of July, one thousand nine hundred and seventy-two at Lizton, County of Hendricks, State of Indiana, Groom Teddy L. Smith and, Bride Kathy J. Leak of Hendricks County, State of Indiana, were by me united 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 Everett L. Wright
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of July, 1972.
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

ENSE

No. 254

File Book 34

June 27

Date of Application

tion Report Dated 6/26/72

n Dr. M. O. Scanlon M.D.

issuance of a license to marry by any false statement,

FEMALE APPLICANT

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Date

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City

County

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Negro ☐ Other ☐ (specify)

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e of a narcotic drug?

s Kendall Leak

so state) Box 53 Lizton

son Race of father

eign country) Indiana

Mary Frances Bur

so state) Box 53 Lizton

wife Race of mother

gn country) Indiana

} ss: I depose and state the informatio in this application is true and

athy J. Leak

24 Lizton Ind.

21st day of June

Clerk HENDRICKS Circuit Co

GUARDIAN

ive consent for this marriage. If only one par

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Father

Mother

day of , 19

Clerk

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NDRICKS Circuit Cour

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County of Hendricks

State of Indiana

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Clerk

HENDRICKS Circuit Court

Form Prescribed by Indiana State Board of Health under Authority Chap. 106, Intl. Acts 1969

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 254

File Book 34

June 27 1972

Date of Application

MALE
Medical Examination Report Dated 27 June 1972

Name of Physician Jas. C. Kendall MD

FEMALE
Medical Examination Report Dated June 27, 1972

Name of Physician Dr. Joseph O. Perkins M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 106, Indiana Acts 1969 provides "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or concealment shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name Lester Vinson Baxter

Date of Birth September 20, 1953

Place of Birth (Indiana or foreign country) Indianapolis Ind

Residence Address R R #1 Box 82 Olivia, Ind IN.

Previous Marital Status Never Married ☐ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Recevy Mgr: Agr Way Wtr

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

☐ Other (Specify) SS#: 312 30 5239

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

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

(c) Are you complying with any court order for child support? Yes ☐ No ☐

11. Full name of father Lester Joseph Baxter Sr
    Residence of father (If deceased so state) 19 Pursue Dr Olivia.
    Occupation of father Wtr Supr Age 49 Color of Race White
    Birthplace of father (State or foreign country) Cleveland, Ohio.
12. Full maiden name of mother Grace Adaline Elm Saw
    Residence of mother (If deceased so state) Sdt: L.S. Age Color of Race White
    Occupation of mother
    Birthplace of mother (State or foreign country)

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

Signed Lester Vinson Baxter

Post Office Address Cleveland, Ohio.

Subscribed and sworn to before me this 30th day of June 1972

John Turnbold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this 30th day of June 1972

John Turnbold Clerk

FEMALE APPLICANT

Name Connie Sue Watson

Date of Birth May 16 1954

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address R R #2 Box 112 B Avondale 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 Nursing Student

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

☐ Other (Specify) SS#: 312-54-8461

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Marcus Ray Watson
   Residence of father (If deceased so state) R R #2 Box 112 B Avondale
   Occupation of father Union Carbide Title of father
   Birthplace of father (State or foreign country) Indianapolis, Ind
8. Full maiden name of mother Dorothy Jean Haggard
   Residence of mother (If deceased so state) Home
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Connie Sue Watson

New Address Danville, Indiana

Subscribed and sworn to before me this 28th day of June 1972

John Turnbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of July, 1972, authorizing the joining together as husband and wife Lester Vinson Baxter and Connie Sue Watson

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

I Keith Purcell hereby certify that on the 4th day of July one thousand nine hundred and seventy two at Pittsboro, County of Hendricks State of Indiana, Groom Lester V. Baxter of Hendricks County, State of Indiana, and, Bride Connie S. Watson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 3rd day of July, 1972.

Signed Keith Purcell

Official Designation Preacher of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of July, 1972.

Signed John Turnbold 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. 258
File Book 34
June 30, 1972
Date of Application

MALE
Medical Examination Report Dated 6/16/72
Name of Physician Phillip M. Coons

FEMALE
Medical Examination Report Dated 6/16/72
Name of Physician Betty J. Dukes M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 J.; Last Swift
Date of Birth: Month Nov.; Day 11; Year 1943
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 20 Fairfield Dr.; City Brownsburg; County Ind.; State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 Hend. Co.
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12-30-43-242

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name / Age / Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clayton Minor Swift Jr.
    Residence of father (if deceased so state) 20 Fairfield Dr. Brownsburg
    Occupation of father Merchant Assoc. Race of father
    Birthplace of father (State or foreign country) Indianapolis Ind.
12. Full maiden name of mother Ida May Bradshaw
    Residence of mother (if deceased so state) 20 Fairfield Dr. Brownsburg
    Occupation of mother City Securities Race of mother
    Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed William J Swift
New Address 2611 W. 79th Ind'pls.
Subscribed and sworn to before me this 30th 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, County of HENDRICKS } ss:
Signed.....
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Brenda; Middle J.; Last Myers
Date of Birth: Month Nov; Day 30; Year 1946
Place of Birth (State or foreign country) Sullivan Ind.
Residence Address: Street or R. R. Linton; City Ind.; County; State
Maiden Name if Different Brenda Cop
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 Hair Dresser
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 26635

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Albert L. Cop
   Residence of father (if deceased so state) Rt 3 10 Linton, Ind
   Occupation of father General Electric Race of father
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Jane Brone
   Residence of mother (if deceased so state) Rt 3 10 Linton Ind
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Jasonville Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Brenda J Myers
New Address 2611 W 79th St. Indpls.
Subscribed and sworn to before me this 30 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, County of HENDRICKS } ss:
Signed.....
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1972, and authorizing the joining together as husband and wife William J. Swift and Brenda J. Myers

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

I, John H. Chandler hereby certify that on the 8th day of July, one thousand nine hundred and 72 at Brownsburg, County of Hendricks, State of Indiana, Groom William J. Swift of Hendricks County, State of Indiana, and, Bride Brenda J. 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 8th day of July, 1972.

Signed John H. Chandler
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18th day of July, 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. 259
File Book 34
June 30, 1972.
Date of Application

MALE
Medical Examination Report Dated June 16, 1972
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated June 16, 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle Lynn Last Fischer
Date of Birth: Month June Day 7 Year 1951
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. R.R. #3 Box 83C City Danville County State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation: Crew Wagon Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service - 12-30-51-184

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Franklin Fischer
    Residence of father (if deceased so state) R.R. #3 Box 83C Danville Ind
    Occupation of father Yard Conductor - Railroad Race of father.....
    Birthplace of father (State or foreign country) Indianapolis
12. Full maiden name of mother Alice Marilyn Tissels
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Chicago

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

Signed x William L Fischer
New Address 135 Lawndale Apt C
Subscribed and sworn to before me this 30th 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Paula Middle Marie Last Adamcik
Date of Birth: Month March Day 16 Year 1952
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. 6045 Melbourne Rd. City Indianapolis 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: 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 Michael J. Adamcik
   Residence of father (if deceased so state) Unknown
   Occupation of father Unknown Race of father.....
   Birthplace of father (State or foreign country) Penn
8. Full maiden name of mother Alice Marilyn Shepard
   Residence of mother (if deceased so state) Deceased
   Occupation of mother..... Race of mother.....
   Birthplace of mother (State or foreign country) Indianapolis

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

Signed x Paula Marie Adamcik
New Address 135 Lawndale Apt C
Subscribed and sworn to before me this 30th day of June, 1972
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5th *day of* July, 19 72, *authorizing the joining together as husband and wife* William Lynn Fischer *and* Paula Marie Adamcik
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dennis N. McLain *hereby certify that on the* 15th *day of* July, *one thousand nine hundred and* 72 *at* South United Methodist Ch, *County of* Marion, *State of Indiana, Groom* William Lynn Fischer *of* Hendricks *County, State of* Indiana *and, Bride* Paula Marie Adamcik *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 15th *day of* July, 19 72.

Signed Dennis N McLain
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* July, 19 72.

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. 260
File Book 34
June 30, 1972
Date of Application

MALE
Medical Examination Report Dated 6-29-72
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 6-29-72
Name of Physician M. O. Scamahorn M.D.

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

MALE APPLICANT

Name: First Dennis Middle James Last Lounds
Date of Birth: Month [illegible] Day 28 Year 1951
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. Box 1 City Pittsboro County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Host - Frank & Mary's
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service -4-141-51-2838

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lowell Dale Lounds
    Residence of father (if deceased so state) 2210 Crestline California
    Occupation of father Retired Race of father.....
    Birthplace of father (State or foreign country) Indianapolis Ind.
12. Full maiden name of mother Dorothy Julia Lenet
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Dennis James Lounds
New Address P.O. Box 1 Pittsboro, Ind.
Subscribed and sworn to before me this 30 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Luann Middle May Last Kraken
Date of Birth: Month April Day 30 Year 1953
Place of Birth (State or foreign country) Lansing Mich.
Residence Address: Street or R. R. Box 15 City Pittsboro 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) 105159

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 John Kraken
   Residence of father (if deceased so state) Box 15 Pittsboro
   Occupation of father None Race of father.....
   Birthplace of father (State or foreign country) Chicago Ill.
8. Full maiden name of mother Rosemarie Jean McCall
   Residence of mother (if deceased so state) Box 15 Pittsboro Ind.
   Occupation of mother Secretary Race of mother.....
   Birthplace of mother (State or foreign country) Peterboro Ontario Canada

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Luann M. Kraken
New Address P.O. Box 15, Pittsboro
Subscribed and sworn to before me this 30th 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6 day of July, 1972, authorizing the joining together as husband and wife Dennis James Lounds and Luann May Kraken
Be it further remembered the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Brokaw hereby certify that on the 9th day of July, one thousand nine hundred and 72 at 2:00 P.M., County of Marion, State of Indiana, Groom Dennis James Lounds of Hendricks County, State of Indiana, and, Bride Luann May Kraken of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 10th day of July, 1972.

Signed.....
Official Designation Pastor, Holy Rosary Catholic Church

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of July, 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. 260
File Book 34
June 30, 1972
Date of Application

MALE
Medical Examination Report Dated 6-29-72
Name of Physician M. O. Scamahorn

FEMALE
Medical Examination Report Dated 6-29-72
Name of Physician M. O. Scamahorn M.D.

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

MALE APPLICANT

Name: First Dennis Middle James Last Pounds
Date of Birth: Month 8 Day 28 Year 1951
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. Box 1 City Pittsboro County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Host. Frank & Mary's.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service -4-141-51-2838

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑
9. Are you likely to so continue?
10. Do you ha
    (If yes, an
    (a) List th
    (b) Are you
    (c) Are you their sup
11. Full name of
    Residence of
    Occupation o
    Birthplace of
12. Full maiden
    Residence of
    Occupation o
    Birthplace of

State of Indiana,
County of.....

Signed.....
New Address P.O. Box 1 Pittsboro, Ind.

Subscribed and sworn to before me this 30 day of June, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the pare
signs, state f

State of India
County of.....

Subscribed and

COMPLETE
in.....

of Indiana

Be it furth
I, Joseph D. Bishop
one thousand nine hundred and 72
State of Indiana, Groom Dennis James Pounds
and, Bride Luann May Krahn
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 10th day of July, 19 72.

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of July, 19 72.
Signed.....
Official Designation Pastor, Holy Rosary Catholic Church
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Luann Middle May Last Krahn
Date of Birth: Month April Day 30 Year 1953
Place of Birth (State or foreign country) Lansing Mich.
Residence Address: Street or R. R. Box 15 City Pittsboro 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) 105159

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

.....Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

I, Lowell D Pounds, hereby give my consent for my son, Dennis James Pounds to marry Luann Krahn.

Lowell D Pounds

subscribed and sworn to before me this 21st day of June 1972

OFFICIAL SEAL
L. W. PATRICK
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires Dec. 20, 1974
P. O. Box 1220, Oceanside, Calif. 92054

L Patrick
Notary Public

I, Dorothy Pounds, hereby give my consent for my son, Dennis James Pounds to marry Luann Krahn.

Dorothy Pounds

subscribed and sworn to before me this 21 ST day of June 1972

OFFICIAL SEAL
L. W. PATRICK
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires Dec. 20, 1974
P. O. Box 1220, Oceanside, Calif. 92054

L Patrick
Notary Public

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 261
File Book 34
30 June 1972
Date of Application

MALE
Medical Examination Report Dated 28 June 1972
Name of Physician D.J. Hadley M.D.

FEMALE
Medical Examination Report Dated 28 June 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: First Frank Middle P. Last Anderson
Date of Birth: Month January Day 11 Year 1931
Place of Birth (State or foreign country) Columbus Ind.
Residence Address: Street or R. R. 324 W. North City P'fld County Hen. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3 Sandra
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ May 21 69 Hen.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Park Supt. P'fld Twp.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Dr. Lic. 5310 32-6342

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

Name	Age	Address
Frank P. Jr.	12	324 W. North

    (b) Are you supporting or contributing to their 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 Pierce Anderson Sr
    Residence of father (if deceased so state) Deceased.
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Unk.
12. Full maiden name of mother Sarah Rebecca Russell
    Residence of mother (if deceased so state) Deceased.
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Loggo tee, Ind.

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

Signed Frank P. Anderson
New Address 324 W. North, P'fld

Subscribed and sworn to before me this 30th day of June, 19 72
John Gambill Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Evelyn Middle M. Last Pearler
Date of Birth: Month April Day 26 Year 1926
Place of Birth (State or foreign country) Cincinnati Ohio
Residence Address: Street or R. R. 131 City Coatesville County Hen. State Ind.
Maiden Name if Different Evelyn Henderson
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☑ 60 Divorce ☑ Johnson 68 Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Waitress. Elks Martinsville
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 39112

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Homer Estil Henderson
   Residence of father (if deceased so state) Deceased.
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Casey Co. Ky.
8. Full maiden name of mother Bessie Ellen Pettrey
   Residence of mother (if deceased so state) Monrovia, Ind.
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Lincoln Co, Ky.

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

Signed Evelyn M Pearler
New Address Same

Subscribed and sworn to before me this 30th day of June, 1972
John Gambill Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, that there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of July 1972, authorizing the joining together as husband and wife Frank P. Anderson and Evelyn M. Pearler

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

I, B L Tallent hereby certify that on the 7th day of July, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Frank P. Anderson of Hendricks County, State of Indiana, and, Bride Evelyn M Pearler of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of July, 1972.

Signed Rev B L Tallent
Official Designation Pastor

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

Signed John LeBold Jr. Clerk
HENDRICKS Circuit Court

No. 262
File Book 34
30 June 1972
Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated 26 June 1972
Name of Physician Jas Black M.D.

FEMALE
Medical Examination Report Dated 26 June 1972
Name of Physician Jas Black M.D.

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

MALE APPLICANT

Name: First Harold Middle Bradford Last Oliver
Date of Birth: Month September Day 9 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 3 Box 172A City Sville County Hend State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Assembler, Bryant's.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sel Ser 12 30 53350

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Weldon Ernestine Oliver
    Residence of father (if deceased so state) Same Sville Ind.
    Occupation of father Welder, Bryant's Race of father White
    Birthplace of father (State or foreign country) Scottsville, Ky.
12. Full maiden name of mother Betty Ann Haskell
    Residence of mother (if deceased so state) Same
    Occupation of mother Assembler, Arvin Ind. Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Harold Bradford Oliver
New Address 305 Green St, Plfld, Ind.

Subscribed and sworn to before me this 30th day of June, 19 72
John Gambold
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
Consent Parents Notarized Dated 27th June 1972

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 30th day of June, 19 72
John Gambold
.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle Lee Last Sewell
Date of Birth: Month September Day 26 Year 1954
Place of Birth (State or foreign country) Marion Co Ind
Residence Address: Street or R. R. 1945 Patton Dr. City S'way County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student: Senior S'way HS.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 10384

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Ronald Sewell
   Residence of father (if deceased so state) Same S'way Ind.
   Occupation of father Gen. Chevrolet Race of father White
   Birthplace of father (State or foreign country) Wareland, Ind.
8. Full maiden name of mother Betty Louise Grere
   Residence of mother (if deceased so state) Same
   Occupation of mother R.N. Dr. J. Brownley Race of mother White
   Birthplace of mother (State or foreign country) Wareland, Ind.

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

Signed Nancy Lee Sewell
New Address Same

Subscribed and sworn to before me this 30th day of June, 19 72
John Gambold
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
Consent Parents Notarized Dated 29 June 1972
at Indianapolis

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 30th day of June, 19 72
John Gambold
.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of July, 19 72, authorizing the joining together as husband and wife Harold Bradford Oliver and Nancy Lee Sewell

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

I, Enos Nelson hereby certify that on the 7th day of July, one thousand nine hundred and seventy two at Speedway, County of Marion, State of Indiana, Groom Harold Bradford Oliver of Hendricks County, State of Indiana, and, Bride Nancy Lee Sewell of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7 day of July, 1972.

Signed Enos Nelson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of July, 19 72.

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. 262
File Book 34
30 June 1972
Date of Application

MALE
Medical Examination Report Dated 26 June 1972
Name of Physician Jas Black M.D

FEMALE
Medical Examination Report Dated 26 June 1972
Name of Physician Jas Black M.D.

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

MALE APPLICANT

Name: First Harold Middle Bradford Last Oliver
Date of Birth: Month September Day 9 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. [illegible] City Sirlle County Hend State Ind.
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FEMALE APPLICANT

Name: First Nancy Middle Lee Last Sewell
Date of Birth: Month September Day 26 Year 1954
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. 1945 Potter Dr. City S Way County Marion State Ind.
Maiden Name if Different
Never Married ☑ Number of Previous Marriages
Death ☐ Divorce ☐ Annulment ☐
White ☐ Negro ☐ Other ☐ (specify)
Student: Seniors S Way HS.
Birth Cert. ☐ Judicial Decree
10384
Have been adjudged, diagnosed or considered as:
Insane? No ☑ Yes ☐
Imbecile? No ☑ Yes ☐
Unsoundness as a person of unsound mind? No ☑ Yes ☐
Afflicted with a transmissible disease? No ☑ Yes ☐
Related to bride or groom closer than second cousin? No ☑ Yes ☐
Under the influence of intoxicating liquor? No ☑ Yes ☐
Under the influence of a narcotic drug? No ☑ Yes ☐
Father (if deceased so state) Robert Ronald Sewell
Born in (State or foreign country) Ind. Residence Same S Way (w.
Occupation Gen. Chevrolet Race of father White
Mother Maiden Name Betty Lou Waterbury Ind.
Born in (State or foreign country) Ind. Residence Same
Occupation R.N. Dr. J. Brownsburg Race of mother White
Guardian (State or foreign country) Waterbury, Ind.

HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Nancy Lee Sewell
New Address Same
Subscribed and sworn to before me this 30th day of June 72
Clerk HENDRICKS Circuit Court

CONSENTS, PARENT OR GUARDIAN

The parent of this applicant hereby give consent for this marriage. If only one parent

June 29, 1972

To whom it may Concern.

Robert R. Sewell & Betty L. Sewell the parents of Nancy Lee Sewell, have given our Consent for her to Marry, Mr. Harold Bradford Oliver Friday July 7, 1972 at 7:00 P.M.

Robert R. Sewell
Betty L. Sewell

STATE OF INDIANA)
):SS:
COUNTY OF MARION)

On this 29th day of June 29, 1972, before me personally appeared Robert R. Sewell and Betty L. Sewell, to me known and known to me to be the persons who executed the foregoing instrument, and duly acknowledged to me that they executed the same for the purpose therein set forth.

Michael A. Risk
Notary Public

My Commission Expires February 18, 1975

6-28-72 Wed.

To whom it may concern:

Weldon E. Oliver & Betty Ann Oliver the Parents of Harold Bradford Oliver have given our consent for him to Marry Miss Nancy Lee Sewell, Friday, July 7, 1972 at 7:00 P.M.

Mrs. Betty Ann Oliver
W. E. Oliver

Signed [illegible]
Subscribed and sworn to before me this 30th day of June 72
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage
HENDRICKS County
in Court by written o
authorizes and directs the issuance of a marriage lic

RETURN OF MARRIAGE LICENSE AND MARRI

Be It Remembered, there was filed in my office a marriage license issued by th
of Indiana dated the 30th day of June, 1
Harold Bradford Oliver and July
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Enos Nelson hereby certify t
one thousand nine hundred and seventy-two at Spenc
State of Indiana, Groom Harold Bradford Oliver of Hend
and, Bride Nancy Lee Sewell of Marion
were by me united in marriage as authorized by a marriage license issued for that purpose by
County.
Dated this 7 day of July, 1972.

Sig
Official Design
Filed and recorded in accordance with the laws of the State of Indiana this 11th
Signed

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 263
File Book 34
30 June 1972
Date of Application

MALE
Medical Examination Report Dated 19 June 1972
Name of Physician M.O. Scamahorn M.D.

FEMALE
Medical Examination Report Dated 31 May 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Neil Middle Scott Last Roberts
Date of Birth: Month February Day 9 Year 1952
Place of Birth (State or foreign country) Indpls (Mw).
Residence Address: Street or R. R. 133 Dx71 P'fld City, Hen County, Ind State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Elect Helper. clerk Elec.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 1182

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 Byron Roberts.
    Residence of father (if deceased so state) Same P'fld Hw.
    Occupation of father Lab Eqr. Star Warm. Race of father White
    Birthplace of father (State or foreign country) Indpls, In.
12. Full maiden name of mother Marjorie Freda Law.
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Ramtown, In.

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

Signed Neil Scott Roberts
New Address 555 Morland Ave, Indpls
Subscribed and sworn to before me this 30th day of June, 19 72
John Lambert Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

FEMALE APPLICANT

Name: First Valerie Middle Diane Last Copeland
Date of Birth: Month January Day 5, Year 1953
Place of Birth (State or foreign country) Bluefield W. Va.
Residence Address: Street or R. R. R8 Dx195 H.K. City Indpls, County Hen, State In.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Nurse Student. Sch. PN.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 1473 - 1302

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Ira Copeland.
   Residence of father (if deceased so state) Same Indpls Ind.
   Occupation of father Postal Carrier Race of father White
   Birthplace of father (State or foreign country) Rock Camp, W. Va.
8. Full maiden name of mother Clara Wynoka Hamby.
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Little Valley, Va.

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

Signed Valerie Diane Copeland
New Address Same
Subscribed and sworn to before me this 30th day of June, 19 72
John Lambert Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of July, 1972, authorizing the joining together as husband and wife Neil Scott Roberts and Valerie Diane Copeland
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Ronald Ricketts hereby certify that on the 8th day of July, one thousand nine hundred and seventy-two at Indianapolis, County of Marion, State of Indiana, Groom Neil Scott Roberts of Hendricks County, State of Indiana, and, Bride Valerie Diane Copeland of Hendricks County, State of Indiana, were by me united 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 Ronald Ricketts
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of July, 1972.

Signed John Lambert Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 263

File Book K 34

30 June 1972
Date of Application

MALE
Medical Examination Report Dated 19 June 1972

Name of Physician M.O. Scamahorn, M.D.

FEMALE
Medical Examination Report Dated 31 May 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: Neil (First) Scott (Middle) Roberts (Last)

Date of Birth: February (Month) 9 (Day) 1952 (Year)

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

Residence Address: 133 Bx 71 R'fld, Hen, Ind. (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: Fleet Helper, Clemment Fle[illegible]

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

FEMALE APPLICANT

Name: Valerie (First) Diane (Middle) Copeland (Last)

Date of Birth: January (Month) 5 (Day) 1953 (Year)

Place of Birth (State or foreign country): Bluefield W. Va.

Residence Address: R8 Bx 195 HK. Indpls, Hen, Ind. (Street or R. R. / City / County / State)

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

[illegible] h. Pat.

No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☑ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☑

[illegible] White
W. Va.
Hamby.
White
Va.

information given
true and correct.

[illegible]

....., 19 72

.....Circuit Court

f only one parent

.....Father

.....Mother

....., 19.....

.....Clerk

d parties, the

.....and filed

.....Circuit Court

and and wife

.....,

.....,

.....,

.....

To whom it may concern

We the undersigned parents of Neil Scott Roberts

hereby give our consent to his marriage to Valerie Diane Copeland

Signed Marjorie F. Roberts

Signed Charles B. Roberts

Witnessed this 3 day

of July, 1972

Hubert A Wilson Notary Public

My Commission Expires 9-28-1974

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

[illegible]

CONSENT OF PARENTS

[illegible]

Dated this 11th day of July, 1972.

Signed Gerald Ricketts

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of July, 19 72.

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. 264
File Book 34
30 June 1972
Date of Application

MALE
Medical Examination Report Dated 28 June 1972
Name of Physician M.O. Seamahorn MD

FEMALE
Medical Examination Report Dated 28 June 1972
Name of Physician M.O. Seamahorn MD

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

MALE APPLICANT

Name: First Eugene Middle M. Last Rothgerber Jr.
Date of Birth: Month May Day 11 Year 1952
Place of Birth (State or foreign country) Oaktown, Ind.
Residence Address: Street or R. R. RI Bx 84 City Lizton County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Laborer. Universal Tank.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-52-03483

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

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

Signed Eugene M Rothgerber Jr
New Address RI Lizton, Ind.
Subscribed and sworn to before me this 30th day of June, 1972
John Lambert Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Eugene M Rothgerber Jr Father
Signed Josephine Rothgerber Mother
Subscribed and sworn to before me this 30th day of June, 19 72
John Lambert Clerk

FEMALE APPLICANT

Name: First Peggy Middle L. Last Summers
Date of Birth: Month May Day 26 Year 1952
Place of Birth (State or foreign country) Richmond Ky.
Residence Address: Street or R. R. RI Bx 25A City Pittsboro County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation H.S. Grad. P'boro
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 116-54-3287

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Martin Thaddis Summers Sr.
   Residence of father (if deceased so state) Same P'boro Ky.
   Occupation of father Tr. Driver. Tr. Mgr. Race of father White
   Birthplace of father (State or foreign country) Casey Co. Ky.
8. Full maiden name of mother Mary Catherine Woods
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Casey Co. Ky.

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

Signed Peggy L. Summers
New Address Same
Subscribed and sworn to before me this 30th day of June, 19 72
John Lambert Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County in ..... 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 5th day of July, 1972, authorizing the joining together as husband and wife Eugene M. Rothgerber Jr and Peggy L Summers
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, James Allen Williams hereby certify that on the 8 day of July, one thousand nine hundred and 72 at Brownsburg, County of Hendricks, State of Indiana, Groom Eugene M. Rothgerber Jr. of Hendricks County, State of Indiana, and, Bride Peggy L. 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 8 day of July, 1972.

Signed James Allen Williams
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 1st day of August, 1972.

Signed John Lambert Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 265
File Book 34
5 July 1972
Date of Application

MALE
Medical Examination Report Dated 28 June 1972
Name of Physician Thos. Walker M.D.

FEMALE
Medical Examination Report Dated 19 June 1972
Name of Physician Donald K. Shanafelt 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 Hiram Middle Jerry Last Sams
Date of Birth: Month August Day 7 Year 1950
Place of Birth (State or foreign country) Enida Ky.
Residence Address: Street or R. R. R3 Box 68 City B. Bury Ind. County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Factory Worker: Link Belt
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 796

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

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

Signed Hiram Jerry Sams
New Address Apt 2 315 N. Mickley Ind PO
Subscribed and sworn to before me this 5th day of July, 1972
John Lambdin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Robyn Middle Volette Last Robertson
Date of Birth: Month June Day 21 Year 1952
Place of Birth (State or foreign country) Va
Residence Address: Street or R. R. Apt 2 315 N. Mickley City Indpls County Marion State
Maiden Name if Different Norton
Previous 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. Methodist.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Vol 563 No 14552046 474

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Franklin Robertson
   Residence of father (if deceased so state) Hope, Ind.
   Occupation of father Factory Worker. Alliance Elect. Race of father White
   Birthplace of father (State or foreign country) Appalachia, Va.
8. Full maiden name of mother Violet Ruth David
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Appalachia, Va

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

Signed Robyn Volette Robertson
New Address Same
Subscribed and sworn to before me this 5th day of July, 19 72
John Lambdin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9th day of July July, 1972, authorizing the joining together as husband and wife Hiram Jerry Sams and Robyn Volette Robertson

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

I, Everett Hayes hereby certify that on the 9th day of July, one thousand nine hundred and seventy-two at Hope, County of Bartholomew, State of Indiana, Groom Hiram Jerry Sams of Hendricks County, State of Indiana, and, Bride Robyn Volette Robertson of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of July, 1972.

Signed Everett Hayes
Official Designation Minister

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

Signed John Lambdin 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. 266
File B of 34
July 5, 1972
Date of Application

MALE
Medical Examination Report Dated June 30, 1972
Name of Physician John L. Calhoon

FEMALE
Medical Examination Report Dated June 30, 1972
Name of Physician John L. Calhoon

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 L. Last Baldwin
Date of Birth: Month June Day 21 Year 1948
Place of Birth (State or foreign country) Mooresville Ind.
Residence Address: Street or R. R. 3522 Dogie Rd. City Indpls 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 Stockman -
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-48-1411 31

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Baldwin
    Residence of father (if deceased so state) Deceased
    Occupation of father..... Race of father.....
    Birthplace of father (State or foreign country) Mooresville Ind.
12. Full maiden name of mother Ethel Leona Metzger
    Residence of mother (if deceased so state) 3522 Dogie Rd Indpls Ind.
    Occupation of mother Nursing Home Housekeeper Race of mother.....
    Birthplace of mother (State or foreign country) Mooresville, Ind.

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

Signed X Ronald L Baldwin
New Address 3522 Dogie Rd.

Subscribed and sworn to before me this 5th day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Carolyn Middle Marie Last Stanton
Date of Birth: Month May Day 16 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 140 S. Rd. 450 E City Danville County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 6160

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Frank Holland Stanton Jr.
   Residence of father (if deceased so state) 140 S. Rd 450 E Danville Ind.
   Occupation of father Truck Driver Race of father.....
   Birthplace of father (State or foreign country) Alabama
8. Full maiden name of mother Anne Vernell McLeod
   Residence of mother (if deceased so state) Same
   Occupation of mother Head Cashier-Maid Race of mother.....
   Birthplace of mother (State or foreign country) Alabama

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

Signed X Carolyn M Stanton
New Address 3522 Dogie Rd. Indpls.

Subscribed and sworn to before me this 5th day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 72, authorizing the joining together as husband and wife Ronald L Baldwin and Carolyn Marie Stanton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Teal O Younce hereby certify that on the 8 day of July, one thousand nine hundred and seventy-two at Avon, County of Hendricks, State of Indiana, Groom Ronald L Baldwin of Avon County, State of Indiana, and, Bride Carolyn Marie Stanton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 8 day of July, 19 72.

Signed Teal O Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of July, 19 72.

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. 267
File Book 34
July 5 1972
Date of Application

MALE
Medical Examination Report Dated 6-5-72
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Ray Last Truett
Date of Birth: Month March Day 9 Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. RR1 Box 262 City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Garage Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lewis D Truett
    Residence of father (if deceased so state) Same
    Occupation of father Garage owner Race of father W
    Birthplace of father (State or foreign country) Somerset Ky
12. Full maiden name of mother Marcia Amos
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Hendricks Ind

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

Signed x Michael Ray Truett
New Address —

Subscribed and sworn to before me this 5 day of July, 1972
John Gambrold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed attached Father
Signed x Marcia Truett Mother
Subscribed and sworn to before me this 5 day of July, 1972
John Gambrold Jr Clerk

FEMALE APPLICANT

Name: First Vicki Middle Earline Last Robinson
Date of Birth: Month November Day 30 Year 1954
Place of Birth (State or foreign country) Hendricks Co. Ind.
Residence Address: Street or R. R. R1 Box 103 City Danville County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation 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 Denver Robinson
   Residence of father (if deceased so state) Same
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Columbus Indiana
8. Full maiden name of mother Della Evelyn Malicoat
   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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Vicki Earlene Robinson
New Address —

Subscribed and sworn to before me this 5 day of July, 1972
John Gambrold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed attached Fath
Signed Della Robinson Mot
Subscribed and sworn to before me this day of, 19
Cle

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, t
HENDRICKS County Superiors Court by written order issued July 5 1972 and file
in Clerks office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 5 *day of* July, 1972, *authorizing the joining together as husband and wife* Michael Ray Truett *and* Vicki Earlene Robinson

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

I, M L Crawley *hereby certify that on the* 5th *day of* July, *one thousand nine hundred and* 72 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Michael Ray Truett *of* Hendricks *County, State of* Indiana, *and, Bride* Vicki Earline Robinson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* July, 1972.

Signed M L Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* July, 1972.

Signed John Gambrold Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 267
File Book 34
July 5 1972
Date of Application

MALE
Medical Examination Report Dated 6.5.72
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Ray Last Truett
Date of Birth: Month March Day 9 Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. RR1 Box 262 City Danville County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Garage mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name | Age | Address

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

11. Full name of father Lewis J Truett
Residence of father (if deceased so state) Same
Occupation of father Garage owner Race of father W
Birthplace of father (State or foreign country) Somerset Ky
12. Full maiden name of mother Marcia Amos
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indpls Ind

State of Indiana,
County of .....

Subscribed and sw
John

CONSENT OF PA
We, the parents, c
signs, state facts

State of Indiana,
County of .....

S
S
Subscribed and swor

COMPLETE IF
HENDRIC
.....County.....Superior.....Court by written order issued.....July 5.....19 72.....a.
in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties.

FEMALE APPLICANT

Name: First Vicki Middle Earline Last Robinson
Date of Birth: Month November Day 30 Year 1954
Place of Birth (State or foreign country) Hendricks Co. Ind.
Residence Address: Street or R. R. R1 Box 103 City Danville County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 Denver Robinson
Residence of father (if deceased so state) Same
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) Columbus Indiana
8. Full maiden name of mother Della Evelyn Malicoat
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,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Vicki Earlene Robinson
New Address .....
Subscribed and sworn to before me this 5th day of July 1972

I/We Denver Della Robinson, hereby give my consent for
our my Daughter, Vicki E. Robinson to
marry Michal Ray Truett.

Denver Robinson Father

Subscribed and sworn to before me this 8th day of June 1972

Hurlie Burdett
Notary Public
My Commission Expires August 28, 1975

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 1972., *authorizing the joining together as husband and wife* Michael Ray Truett *and* Vicki Earlene Robinson

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

I, M L Crawley *hereby certify that on the* 5th *day of* July, *one thousand nine hundred and* 72 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Michael Ray Truett *of* Hendricks *County, State of* Indiana, *and, Bride* Vicki Earline Robinson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 5th *day of* July, 1972.

Signed M. L. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* July, 1972.

Signed John Hanford B. *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 106, Ind. Acts 1941

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 267
File March 31
July 5 1972
Date of Application

MALE
Medical Examination Report Dated 6-2-72
Name of Physician Donald M. Hadley

FEMALE
Medical Examination Report Dated 6-2-72
Name of Physician Donald M Hadley

ALL QUESTIONS MUST BE ANSWERED. Chapter 136, Indiana Acts 1905 provides "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or interrogatory shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Ray Last Truett
Date of Birth: Month March Day 9 Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R.F.D. R.R. 6 Box 262 City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Laborer Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

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

Name	Age	Address

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

11. Full name of father Lewis J. Truett
    Residence of father (If deceased so state) Same
    Occupation of father Garage mechanic Race of father W
    Birthplace of father (State or foreign country) Somerset Ky
12. Full maiden name of mother Marcia Ann
    Residence of mother (If deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Draper Ind

State of Indiana, County of
Subscribed and sworn to before me this ___ day of ___, 19__.
(Official Title)

CONSENT OF P...
We, the parents, ... sign, state facts ...

State of Indiana, County of
Subscribed and sworn ...

COMPLETE IF ... GENDER:

In ... Circuit ...

FEMALE APPLICANT

Name: First Vickie Middle Carolene Last Robinson
Date of Birth: Month November Day 30 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R.F.D. R1 Box 22 City Danville County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation 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 Dennis Robinson
   Residence of father (If deceased so state) Same
   Occupation of father Barber Race of father W
   Birthplace of father (State or foreign country) Columbus Indiana
8. Full maiden name of mother Della Evelyn Malicoat
   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, County of HENDRICKS } ss:

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

Signed Vicky Carolene Robinson
New Address ———
Subscribed and sworn to before me this 5th day of July, 19 72
(Official Title) Deputy

We, Marcia and Lewis Truett, hereby give my consent for my son, Michael Ray Truett to marry Vicki Carolene Robinson

Lewis Jay Truett (FATHER)

subscribed and sworn to before me this 18th day of June 19 72

Hunter Burdett
Notary Public
My Commission Expires August 28, 1975

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1972, authorizing the joining together as husband and wife Michael Ray Truett and Vickie Carolene Robinson

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

I, H. L. Crawley hereby certify that on the 5th day of July one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Michael Ray Truett of Hendricks County, State of Indiana, and Bride Vicki Carolene Robinson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of July, 1972.

Signed H. L. Crawley
Official Designation Justice of Peace

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

Signed John Thomas Clerk
HENDRICKS Circuit Court

52

No. 268

File Book 34

July 5, 1972
Date of Application

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

MALE
Medical Examination Report Dated July 1, 1972
Name of Physician Russell L. Arbuckle, M.D.

FEMALE
Medical Examination Report Dated June 29, 1972
Name of Physician Frank L. Lally, M.D.

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

MALE APPLICANT

Name: First Charles Middle L. Last Horning

Date of Birth: Month June Day 15 Year 1917

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

Residence Address: Street or R. R. R.R.1 - Box 488F City Danville County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Ft. Cond. Penn. Central R.R.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License 305-2393-06

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

February 2, 1924
Charlyn Markham

Yes ☐ No ☐
Yes ☐ No ☐

Ind.
W
Ind.
W.
Indpls, Ind

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

X Signed Charles L Horning

New Address 225 W. 10th ave. Columbus, Ohio 43201

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

John Dambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Charlyn Middle M. Last Markham

Date of Birth: Month Feb. Day 2 Year 1924

Place of Birth (State or foreign country) Knox County - Ohio

Residence Address: Street or R. R. 225 W. 10th ave. City Columbus County Franklin State Ohio

Maiden Name if Different Charlyn M. Melick

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 Apt. House Owner -

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Lester Leroy Melick
   Residence of father (if deceased so state) Knox Co. Ohio (Dec.)
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Knox Co. Ohio
8. Full maiden name of mother Lillian Pearl Harder
   Residence of mother (if deceased so state) Centerburg, Ohio
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Bamber, Ohio

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

X Signed Charlyn M. Markham

New Address 225 W. 10th ave. Columbus, Ohio

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

John Dambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 72, authorizing the joining together as husband and wife Charles L Horning and Charlyn M. Markham

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

I, Fred N Graham hereby certify that on the 7th day of July, one thousand nine hundred and seventy-two at Danville, County of Hendricks, State of Indiana, Groom, Charles L Horning of Hendricks County, State of Indiana, and, Bride, Carlyn M. Markham of Franklin County, State of Ohio, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 7th day of July, 19 72.

Signed Fred N Graham

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of July, 1972

Signed John J Dambold Jr. Clerk

HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 269
File Book 34
July 6. 1972
Date of Application

MALE
Medical Examination Report Dated July 3, 1972
Name of Physician David B. Hoggard, M.D.

FEMALE
Medical Examination Report Dated July 3, 1972
Name of Physician David B. Hoggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 — Last Mitchener
Date of Birth: Month July Day 1 Year 1927
Place of Birth (State or foreign country) Bloomington, Monroe, Ind.
Residence Address: Street or R. R. R. - 2 City Greenwood County Johnson State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers Licence # 312-22-1566 07

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

Name	Age	Address
Gretchen Denise Mitchener	16	24 W. Main Greenwood
Charlotte Anette Mitchener	12	same
Holly Darlene Mitchener	9	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 ☐

11. Full name of father Robert D. Mitchener
Residence of father (if deceased so state) (Dec.) Bloomington Ind.
Occupation of father Cabinet Maker Race of father W
Birthplace of father (State or foreign country) Bloomington Ind.
12. Full maiden name of mother Dorothea Hampton
Residence of mother (if deceased so state) 1131 McDougal Indianapolis
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Bloomington Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
✗ Signed Charles Mitchener
New Address 156 W. Harrison Mooresville, Ind.
Subscribed and sworn to before me this 6 day of July, 19 72
John Bamboldt Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Pauline Middle A. Last Fields
Date of Birth: Month July Day 17 Year 1937
Place of Birth (State or foreign country) Watson Co. Mitchell South Dakota
Residence Address: Street or R. R. 214 Marten City Plainfield County Hendricks State Ind.
Maiden Name if Different Pauline A. Klipsch
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 General office Work
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers Licence # 504-40-5654 05

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Arthur P. Klipsch
Residence of father (if deceased so state) 5845 Vivian Rd. Kansas City Mo.
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Weissbaden, Germany
8. Full maiden name of mother Helen F. Snell
Residence of mother (if deceased so state) 5845 Vivian Rd. K.C. Mo.
Occupation of mother U.S.O.A. Inspector Race of mother W
Birthplace of mother (State or foreign country) Mitchell (Davidson Co.) South Dakota

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
✗ Signed Pauline A. Fields
New Address 156 W. Harrison Mooresville
Subscribed and sworn to before me this 6 day of July, 19 72
John Bamboldt Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3-Day Waiver and filed in Clerks office authorizes and directs the issuance of a marriage license to the above named parties. Judge Vernie Kellum

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 72, *authorizing the joining together as husband and wife* Charles Mitchener *and* Pauline A. Fields

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

I, Sonny A Hayes *hereby certify that on the* 8th *day of* July, *one thousand nine hundred and* Seventy-two *at* Plainfield, *County of* Hendricks, *State of Indiana,* Groom Charles Mitchener *of* Johnson *County, State of* Indiana *and,* Bride Pauline A. Fields *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 8th *day of* July, 19 72.

Signed Sonny A. Hayes
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* July, 19 72.

Signed John Bamboldt 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. 270
File Book 34
6 July 1972
Date of Application

MALE
Medical Examination Report Dated 3 July 1972
Name of Physician Carl Henkein MD

FEMALE
Medical Examination Report Dated 1 July 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 any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle G. Last Brown
Date of Birth: Month December Day 30 Year 1951
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address: Street or R. R. R1 Bx 203 City N. Salem County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Farming: Self
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Sel Sch. 12 30 51 457

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? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you 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 Herbert Harold Brown
Residence of father (if deceased so state) Same N. Salem, Ind
Occupation of father Farmer Race of father White
Birthplace of father (State or foreign country) Parke Co. Ind.
Full maiden name of mother Florence Marie Keitter
Residence of mother (if deceased so state) Same
Occupation of mother H/W. Race of mother White
Birthplace of mother (State or foreign country) Versailles, Ind.

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

Signed Harold G. Brown
New Address R1 Bx 203A N. Salem, Ind
Subscribed and sworn to before me this 6th day of July, 1972
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Parents not notarized consent dated 5 July 1972 attached

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 6th day of July, 1972
John Gambold Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Jane Last Kersey
Date of Birth: Month June Day 29 Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R3 Bx 370H City Danville County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secy: R.E.M.C.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 6678

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

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

Signed Rebecca Jane Kersey
New Address
Subscribed and sworn to before me this 6th day of July, 1972
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Harold G. Brown and Rebecca Jane Kersey
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert G. Norton hereby certify that on the 15th day of July, one thousand nine hundred and 72 at Hazelwood, County of Hendricks, State of Indiana, Groom Harold G. Brown of Hendricks County, State of Indiana, and, Bride Rebecca Jane Kersey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 15th day of July, 1972.

Signed Robert G. Norton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 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. 270
File Book 34
6 July 1972
Date of Application

MALE
Medical Examination Report Dated 3 July 1972
Name of Physician Carl Henkein MD

FEMALE
Medical Examination Report Dated 1 July 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 any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle G. Last Brown
Date of Birth: Month December Day 30 Year 1951
Place of Birth (State or foreign country) Greencastle, Ind.
Residence Address: Street or R. R. R1 Bx 205 City N. Salem County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Farming: & H
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Sel Ser. 12 30 51 457

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? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

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

FEMALE APPLICANT

Name: First Rebecca Middle Jane Last Kersey
Date of Birth: Month June Day 29 Year 1952
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R3 Bx 370A City Danville County Hen. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secy: R.E.M.C.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 6678

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Earl Kersey
   Residence of father (if deceased so state) Dan'ville, Ind
   Occupation of father Maint. RSI Race of father White
   Birthplace of father (State or foreign country) Indpls, Ind.
8. Full maiden name of mother Cordelia Bloomer
   Residence of mother (if deceased so state) Dan'ville H/W Race of mother White
   Birthplace of mother (State or foreign country) Hendricks Co, Ind

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

Rebecca Jane Kersey

Subscribed and sworn to before me this 6th day of July, 72

HENDRICKS
Clerk Circuit Court

GUARDIAN

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

.....

.....

.....

ss:

.....Father

.....Mother

.....day of....., 19.....

.....Clerk

...refused to the above named parties, the .....and filed ...med parties.

...E
HENDRICKS Circuit Court

Be It ...

of Indiana dated the 10th day of July, 1972, authorizing the joining together as husband and wife
Harold G. Brown and Rebecca Jane Kersey.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Robert G. Norton hereby certify that on the 15th day of July,
one thousand nine hundred and 72 at Hazelwood,
State of Indiana, Groom, Harold G. Brown of Hendricks County, State of Indiana,
and, Bride, Rebecca Jane Kersey of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
County.
Dated this 15th day of July, 1972.

Signed Robert G. Norton
Official Designation Minister

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

Signed John Hamblet, Jr. Clerk
HENDRICKS Circuit Court

FILED
JUL - 6 1972
John Hamblet Jr.
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

Witness signature 7/5/72

Mary N. Welch
Notary Public
My Commission expires 10/3/75.

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 271
File Book 34
July 6, 1972
Date of Application

MALE
Medical Examination Report Dated July 3, 1972
Name of Physician Walter Able, M. D.

FEMALE
Medical Examination Report Dated July 3, 1972
Name of Physician Walter Able. M. D.

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

MALE APPLICANT

Name: First Earl Middle Jr. Last Underwood
Date of Birth: Month March Day 7 Year 1938
Place of Birth (State or foreign country) Lebanon Marion Kentucky
Residence Address: 2443 Cottage ave. Columbus, Bartholomew Co. Indiana
(Street or R. R. / City / County / State)
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Meat Packing Co. - Columbus, Ind.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) (Commonwealth of Kentucky) #34059

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ethelbert Underwood
    Residence of father (if deceased so state) Rt. 8 Lebanon, Kentucky
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Bradfordsville, Ky.
12. Full maiden name of mother Mary Roby (Dec.)
    Residence of mother (if deceased so state) Rt. 8, Lebanon, Ky.
    Occupation of mother Race of mother W
    Birthplace of mother (State or foreign country) Lebanon, Ky.

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

Signed Earl Jr. Underwood
New Address 2443 Cottage ave., Columbus Ind.

Subscribed and sworn to before me this 6 day of July, 1972
John Bamberger Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Jeanne Middle Anne Last Dewitt
Date of Birth: Month November Day 19 Year 1944
Place of Birth (State or foreign country)
Residence Address: 1014 Harris Brownsburg, Hendricks Ind.
(Street or R. R. / City / County / State)
Maiden Name if Different Jeanne Ann Clem
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 Baby Sitter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree Marion Co. Ind.
☐ Other (Specify) Cert. No. 1887 Vol. 19 Page 177

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Herman LaVaughn Clem
   Residence of father (if deceased so state) 1014 Harris, Brownsburg.
   Occupation of father Maintenance Mechanic Race of father W
   Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Florence Imogene Brinson
   Residence of mother (if deceased so state) Clermont, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Ripley Co. Indiana

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

Signed Jeanne Anne DeWitt
New Address 2443 Cottage ave., Columbus Ind.

Subscribed and sworn to before me this 6 day of July, 1972
John Bamberger Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 10th *day of* July, 1972, *authorizing the joining together as husband and wife* Earl Jr. Underwood *and* Jeanne Anne Dewitt

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

I, Lee Statter *hereby certify that on the* 14 *day of* July, *one thousand nine hundred and* 72 *at* Columbus, *County of* Bath, *State of Indiana, Groom* Earl Underwood Jr. *of* Bath *County, State of* Indiana *and, Bride* Jeanne Anne De Witt *of* Hendricks *County, State of* Indiana, *were by me united 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* July, 1972.

Signed Lee Statter
Official Designation Justice of Peace

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

Signed John Bamberger, 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. 272
File Book 34
July 5, 1972
Date of Application

MALE
Medical Examination Report Dated 7-3-72
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 7-3-72
Name of Physician Elmer L Koch. M.D.

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

MALE APPLICANT

Name: First Manford Middle Everette Last Thompson Jr.
Date of Birth: Month March Day 25 Year 1954
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 3220 Clover Drive City Indianapolis County Indiana State
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Maintenance
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Draft card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Manford Everett Thompson Sr.
    Residence of father (if deceased so state) 3220 Clover Dr. Indianapolis
    Occupation of father Steel arc welder Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Bonnie Eleanor Mc Clain
    Residence of mother (if deceased so state) 3220 Clover Dr. Indianapolis
    Occupation of mother Salad girl Race of mother W.
    Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Manford Thompson Jr.
New Address.....
Subscribed and sworn to before me this 5th day of July, 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, County of HENDRICKS } ss:
Signed X Manford Everette Thompson Father
Signed X Bonnie Eleanor Thompson Mother
Subscribed and sworn to before me this 5th day of July, 1972.
..... Clerk

FEMALE APPLICANT

Name: First Michelle Middle Louise Last Hager
Date of Birth: Month March Day 29 Year 1954
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. R.R. #3 Box 184 City Plainfield County Indiana State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Herman Marion Hager
   Residence of father (if deceased so state) R.R. 3 Box 184 Plainfield Ind.
   Occupation of father Tool & Die Maker Race of father W.
   Birthplace of father (State or foreign country) Indianapolis, Indiana
8. Full maiden name of mother Mary Paula Blunk
   Residence of mother (if deceased so state) R.R. 3 Box 184 Plainfield Ind.
   Occupation of mother Factory worker Race of mother W.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Michelle Hager
New Address.....
Subscribed and sworn to before me this 5th day of July, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County in.....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 12th day of July, 1972, authorizing the joining together as husband and wife Manford Everett Thompson Jr. and Michelle Louise Hager
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. Raymond Earle hereby certify that on the 14th day of July, one thousand nine hundred and seventy two at Rt 3. Plainfield, County of Hendricks, State of Indiana, Groom Manford Everette Thompson Jr of Hendricks County, State of Ind., and, Bride Michelle Louise Hager 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 14th day of July, 1972.

Signed C. Raymond Earle
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 1972.
Signed John Dunbald 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. 273
File Book 34
July 7, 1972
Date of Application

MALE
Medical Examination Report Dated June 23, 1972
Name of Physician John L. Calhoon

FEMALE
Medical Examination Report Dated June 23, 1972
Name of Physician John L. Calhoon

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

MALE APPLICANT

Name: First Gerald Middle A. Last Depasse
Date of Birth: Month March Day 9 Year 1945
Place of Birth (State or foreign country) Illinois
Residence Address: Street or R. R. 2341 Second St. City Plfd. County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Public Service of Indiana
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name / Age / Address

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

11. Full name of father John Frank Depasse
    Residence of father (if deceased so state) Deceased.
    Occupation of father Machinist Race of father
    Birthplace of father (State or foreign country) Oklahoma
12. Full maiden name of mother Sarah I. Conte
    Residence of mother (if deceased so state) 2000 Prairie Terre Haute
    Occupation of mother Retired Race of mother
    Birthplace of mother (State or foreign country) Oklahoma

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

Signed Gerald A. Depasse
New Address 2341 Second St. Plainfield Ind.

Subscribed and sworn to before me this 7th day of July, 19 72.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Marilyn Middle Last Mc Clelland.
Date of Birth: Month Feb. Day 5 Year 1948
Place of Birth (State or foreign country) Lebanon
Residence Address: Street or R. R. R.R. #8 Box 277A City Indpls. County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Sec. Public Service
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-48-007972

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Forrest Mc Clellard
   Residence of father (if deceased so state) R.R. #8 Box 277A. Indpls. Ind.
   Occupation of father Truck Driver Race of father
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother L. Jane Hurin
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Indianapolis

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

Signed Marilyn McClelland
New Address 2341 Second Street, Plainfield, Ind.

Subscribed and sworn to before me this 7th day of July, 19 72.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14th *day of* July, 19 72, *authorizing the joining together as husband and wife* Gerald A. Depasse *and* Marilyn Mc Clelland.

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

I, Rev. James O. Moriarty hereby certify that on the 29th day of July, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Gerald A. Depasse of Hendricks County, State of Indiana, and, Bride Marilyn Mc Clelland of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29th day of July, 19 72.

Signed Rev. James O. Moriarty
Official Designation Pastor of St. Susanna Church

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* August, 19 72.

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. 274
File Book 34
July 7 1972
Date of Application

MALE
Medical Examination Report Dated 6-30-72
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 6-30-72
Name of Physician James Black M.D.

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

MALE APPLICANT

Name: First John Middle Edward Last Beinfohr

Date of Birth: Month August Day 27 Year 1952

Place of Birth (State or foreign country) Redbud Illinois

Residence Address: Street or R. R. 122 Apt. L. Williams Dr. City Brownsburg 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 Dock worker

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

☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clinton Elmer Beinfohr
    Residence of father (if deceased so state) 203 Bell Air Mascutah Illinois
    Occupation of father Supervisor Race of father W
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Lillian Elizabeth Lehr
    Residence of mother (if deceased so state) 203 Bell Air Mascutah Illinois
    Occupation of mother Waitress Race of mother W
    Birthplace of mother (State or foreign country) Illinois

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

Signed X John E. Beinfohr
New Address 122 Apt L Williams Dr Brownsburg

Subscribed and sworn to before me this 7th day of July, 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, County of HENDRICKS } ss:

Signed X Clinton Elmer Beinfohr Father
Signed Lillian Elizabeth Beinfohr Mother

Subscribed and sworn to before me this 7th day of July, 1972
.....Clerk

FEMALE APPLICANT

Name: First Leslie Middle Ann Last Martin

Date of Birth: Month June Day 2 Year 1954

Place of Birth (State or foreign country) Noblesville Indiana

Residence Address: Street or R. R. 414 Murphy Lane City Brownsburg County Indiana State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation unemployed

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Bobbie Bruce Martin
   Residence of father (if deceased so state) 414 Murphy Lane Brownsburg
   Occupation of father Service Manager Race of father.....
   Birthplace of father (State or foreign country) West Virginia
8. Full maiden name of mother Carol Ann Miller
   Residence of mother (if deceased so state) 414 Murphy Lane, Brownsburg
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Noblesville Indiana

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

Signed X Leslie Martin
New Address 122 Apt L Williams Dr Brownsburg

Subscribed and sworn to before me this 7th day of July, 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, County of HENDRICKS } ss:

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of July, 1972, authorizing the joining together as husband and wife John Edward Beinfohr and Leslie Ann Martin

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

I, Stephen R. Cherry hereby certify that on the 14th day of July, one thousand nine hundred and 72 at Brownsburg Un. Meth. Church, County of Hendricks, State of Indiana, Groom John E. Beinfohr of Hendricks County, State of Ind. and, Bride Leslie A. Martin 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 14th day of July, 1972.

Signed Rev. Stephen R. Cherry
Official Designation Minister Brownsburg Un. Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of July, 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. 275
File Book 34
7-7-72
Date of Application

MALE
Medical Examination Report Dated June 26 1972
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated June 26 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Oran Last Pierson
Date of Birth: Month January Day 12 Year 1952
Place of Birth (State or foreign country) St. Vincent's Judgs
Residence Address: Street or R. R. R.2 Box 418 City Judgs County marion State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Construction
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 Vancil Oran Pierson
    Residence of father (if deceased so state) Same
    Occupation of father Factory Worker Race of father W
    Birthplace of father (State or foreign country) Jasonville Ind.
12. Full maiden name of mother Minnie Lee Carroll
    Residence of mother (if deceased so state) Same
    Occupation of mother House wife Race of mother W
    Birthplace of mother (State or foreign country) Laurel Miss.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed ✕ James Oran Pierson
New Address 3236 Six Points Rd Judgs. 46123
Subscribed and sworn to before me this 7 day of July, 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, County of HENDRICKS } ss:
Signed attached Father
Signed ✕ Minnie Lee Pierson Mother
Subscribed and sworn to before me this 7 day of July, 1972
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Pamela Middle Kay Last McFall
Date of Birth: Month April Day 17 Year 1952
Place of Birth (State or foreign country) Judgs Ind. marion Ind
Residence Address: Street or R. R. 113 South St City Plainfield County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 Oral A. McFall
   Residence of father (if deceased so state) Deceased
   Occupation of father Store Mgr. Race of father W
   Birthplace of father (State or foreign country) Judgs Ind.
8. Full maiden name of mother Betty J. ~~Howard~~ Howard
   Residence of mother (if deceased so state) 427 Wayside P'field
   Occupation of mother House wife Race of mother W
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed ✕ Pamela Kay McFall
New Address 3236 Six Points Rd
Subscribed and sworn to before me this 7 day of July, 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, County of HENDRICKS } ss:
Signed.....
Signed.....
Subscribed and sworn to before me this.....day of.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named.....
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 Ci of Indiana dated the 13 day of July, 1972, authorizing the joining together as husband and wife James Oran Pierson and Pamela Kay Mc Fall
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C Raymond Earle hereby certify that on the 15th day of July, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom James Oran Pierson of Hendricks County, State of Indiana, and, Bride Pamela Kay Mc Fall of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 15 day of July, 1972.
Signed C. Raymond Earle
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 18 day of July, 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. 275
File Book 34
7-7-72
Date of Application

MALE
Medical Examination Report Dated June 26 1972
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated June 26 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Oran Last Pierson
Date of Birth: Month January Day 12 Year 1952
Place of Birth (State or foreign country) St. Vincent's
Residence Address: Street or R. R. R.2 Box 418 City Fudges County marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Construction
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 Vancil Oran Pierson
    Residence of father (if deceased so state) Same
    Occupation of father Factory Worker Race of father W
    Birthplace of father (State or foreign country) Jasonville Ind.
12. Full maiden name of mother Minnie Lee Carroll
    Residence of mother (if deceased so state) Same
    Occupation of mother House wife Race of mother W
    Birthplace of mother (State or foreign country) Laurel Miss.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed James Oran Pierson
New
Subscribed and sworn
John C

CONSENT OF PARE
We, the parents, of t
signs, state facts whi
State of Indiana, H
County of
Si
Si
Subscribed and swor

COMPLETE IF
HEND
in

FEMALE APPLICANT

Name: First Pamela Middle Kay Last McFall
Date of Birth: Month April Day 17 Year 1952
Place of Birth (State or foreign country) Fudges Marion Ind
Residence Address: Street or R. R. 112 South St City Plainfield County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 Oral A. McFall
   Residence of father (if deceased so state) Deceased
   Occupation of father Store Mgr. Race of father W
   Birthplace of father (State or foreign country) Fudges Ind.
8. Full maiden name of mother Betty S. ~~J~~ Howard
   Residence of mother (if deceased so state) 427 Wayside P'field
   Occupation of mother House wife Race of mother W
   Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Pamela Kay McFall
New Address 3236 Six Pines Rd
Subscribed and sworn to before me this 7 day of July, 19 72
John Gambrel Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, Vancil O. Pierson, hereby give my consent for my son, James O. Pierson to marry Pamela Kaye McFall

Vancil O Pierson

Subscribed and sworn to before me this 10 day of July 1972

Notary Public Hendricks Co. Jane R Spencer
My Comm Exp 2-26-74

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the ..... of Indiana dated the 13 day of July, 19 72, authorizing the joining together as husband and wife James Oran Pierson and Pamela Kay Mc Fall

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

I, C Raymond Earle hereby certify that on the 15th day of July, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom James Oran Pierson of Hendricks County, State of Indiana, and, Bride Pamela Kay Mc Fall of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of July, 19 72.

Signed C. Raymond Earle
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of July, 19 72.

Signed John Gambrell Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 276
File Book 34
July 7 1972
Date of Application

MALE
Medical Examination Report Dated July 5th 1972
Name of Physician Irving M Cohen

FEMALE
Medical Examination Report Dated July 5th 1972
Name of Physician Irwin 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 Donald Middle Richard Last Huber
Date of Birth: Month ~~June~~ April Day 25 Year 1924
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 56 Elm Dr City Plainfield County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers (Chauffeurs) License

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

Name	Age	Address
Lorena	13	Coatesville
Steve	15	
Stacy	8	

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Frank Huber
    Residence of father (if deceased so state) Deceased
    Occupation of father ~~Truck~~ R.R. Race of father W
    Birthplace of father (State or foreign country) Quincy Ind.
12. Full maiden name of mother Nellie May Graves
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Millgrove Ind.

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

Signed × Donald Richard Huber
New Address 56 Elm Dr.
Subscribed and sworn to before me this 7 day of July, 1972
John G Arnold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Edna Middle L. Last Blackwood
Date of Birth: Month January Day 18 Year 1920
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 56 Elm Dr City Plainfield County Hend State Ind
Maiden Name if Different Schmidt
Previous Marital Status: Never Married ☐ Number of Previous Marriages B
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Office Work
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

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

Signed × Edna L. Blackwood
New Address 56 Elm Dr
Subscribed and sworn to before me this 7 day of July, 1972
John G Arnold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... in 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 12th day of July, 1972, authorizing the joining together as husband and wife Donald Richard Huber and Edna L. Blackwood
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Purcell hereby certify that on the 15 day of July, one thousand nine hundred and 72, at Belleville, County of Hendricks, State of Indiana, Groom, Donald R. Huber of Hendricks County, State of Indiana, and, Bride Edna L. Blackwood of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 15 day of July, 1972.

Signed Keith Purcell
Official Designation Justice of the Peace

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 277
File Book 34
July 10 1972
Date of Application

MALE
Medical Examination Report Dated June 26, 1972
Name of Physician James S. Robertson, M.D.

FEMALE
Medical Examination Report Dated July 10, 1972
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Teddy Middle Allen Last Byers
Date of Birth: Month January Day 26 Year 1939
Place of Birth (State or foreign country) Coldwater Michigan
Residence Address: Street or R. R. 521 N. Cushing City South Bend County State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Hospital employee
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 Charles Dewitte Byers
    Residence of father (if deceased so state) Plymouth, Indiana
    Occupation of father Guard Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Brenda Evelyn Hardesty
    Residence of mother (if deceased so state) Plymouth, Indiana
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Lima, Colorado

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

Signed X Teddy Allan Byers
New Address 521 N. Cushing, South Bend, Ind.
Subscribed and sworn to before me this 10th day of July, 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,
County of HENDRICKS } ss:

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

.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle June Last Bodenhamer
Date of Birth: Month January Day 6 Year 1946
Place of Birth (State or foreign country) Hendricks County Indiana
Residence Address: Street or R. R. RR #2 Box 52 City Indianapolis County State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Marion Howard Bodenhamer
   Residence of father (if deceased so state) RR #2, Box 52 Indpls.
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Hendricks County Ind.
8. Full maiden name of mother Katherine Imogene Miller
   Residence of mother (if deceased so state) RR #2, Box 52, Indpls.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Lake County, Indiana

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

Signed X Barbara Bodenhamer
New Address 521 N. Cushing, South Bend, Indiana
Subscribed and sworn to before me this 10th day of July, 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,
County of HENDRICKS } ss:

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

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued July 10, 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* 10th *day of* July, 19 72, *authorizing the joining together as husband and wife* Teddy Allan Byers *and* Barbara June Bodenhamer

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

I, Sonny N. Hays *hereby certify that on the* 15 *day of* July, *one thousand nine hundred and* 72 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Teddy Allen Byers *of* St. Joseph *County, State of* Indiana *and, Bride* Barbara June Bodenhamer *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 15th *day of* July, 19 72.

Signed Sonny N. Hays
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 19 *day of* July, 19 72.

Signed John Hardesty 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. 278
File Book 34
July 11, 1972
Date of Application

MALE
Medical Examination Report Dated 6-14-72
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 6-14-72
Name of Physician James Black M.D.

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

MALE APPLICANT

Name: First David Middle E. Last Fincham
Date of Birth: Month January Day 12 Year 1956
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. R.R. #3 Box 12 City Danville County Indiana State
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Masonary - Hod carrier
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: James Arthur Fincham
    Residence of father (if deceased so state) 120 S. Blake Danville
    Occupation of father Truck driver Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen Juanita Wheeler
    Residence of mother (if deceased so state) Logansport, Indiana
    Occupation of mother Indiana State Hospital Patient Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Dave E. Fincham
New Address X RR 3 Box 12, Danville Indiana
Subscribed and sworn to before me this 11th day of July, 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
Notarized consent attached dated 7-8-72

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this 11th day of July, 1972
..... Clerk

FEMALE APPLICANT

Name: First Donna Middle J Last Stewart
Date of Birth: Month March Day 22 Year 1956
Place of Birth (State or foreign country) Boone County Indiana
Residence Address: Street or R. R. R.R. #3 Box 12 City Danville County Indiana State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Christopher Stewart
   Residence of father (if deceased so state) R.R. #3 Box 12 Danville
   Occupation of father Masonary Contractor Race of father W
   Birthplace of father (State or foreign country) Indianapolis Indiana
8. Full maiden name of mother Marian Jean Coons
   Residence of mother (if deceased so state) R.R. #3 Box 12, Danville
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indianapolis Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Donna J Stewart
New Address X R R 3 Box 12
Subscribed and sworn to before me this 11th day of July, 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
Father's notarized consent attached dated 7-7-72

State of Indiana, County of HENDRICKS } ss:
Signed X Marian J Stewart mother ~~Father~~
Signed ..... Mother
Subscribed and sworn to before me this 11th day of July, 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 July 11, 1972 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3-day & groom age waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of July, 1972, authorizing the joining together as husband and wife David E. Fincham and Donna J Stewart
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald E. Perry, Jr. hereby certify that on the 16th day of July, one thousand nine hundred and 72, at White Lick Presby. Church, County of Hendricks, State of Indiana, Groom David E. Fincham of Hendricks County, State of Indiana, and, Bride Donna Jean 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 17th day of July, 1972.
Signed Elder Donald E. Perry Jr.
Official Designation Pastor, Grace Bible Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of August, 1972
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

No. 278

File Book 34

July 1, 1972
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated 6-14-72
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 6-14-72
Name of Physician James Black M.D.

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

MALE APPLICANT

Name: First David Middle E. Last

Date of Birth: Month January Day 12 Year

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. R.R. #3 Box 12 City Danville

Previous Marital Status: Never Married ☒ Number of Previous M

Last Marriage Ended By: Death ☐ Divorce ☐ Ann

Color or Race: White ☒ Negro ☐ Other ☐ (speci

Usual Occupation Massman - Sod car

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

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or consid
   An Imbecile?
   Of Unsound Mind?
2. Are you under guardianship as a person of unsound mind?
3. Are you now or have you been within five (5) years an i
   home for indigent persons?
   If answer to 3 is "yes" has the cause of such condition been
4. Are you afflicted with a transmissible disease?
5. Are you related to the bride closer than second cousin?
6. Are you now under the influence of intoxicating liquor?
7. Are you now under the influence of a narcotic drug?
8. Are you able to support a family?
9. Are you likely to so continue?
10. Do you have minor children from one or more former marri
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name Age

(b) Are you supporting or contributing to their support?
(c) Are you complying with any court order or orders issued their support?

11. Full name of father James Arthur Finchu
    Residence of father (if deceased so state) 120 S. Blak
    Occupation of father Truck driver Race
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen Juanita W
    Residence of mother (if deceased so state) Logansport
    Occupation of mother Indiana State Hospital R. Race of
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state in this application i

Signed X David E. Finchum

New Address X R R 3 Box 12, Danville

Subscribed and sworn to before me this 11th day of Jul

Clerk HENDRICI

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

St... of India
Co...y of

Subscrib

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of India

Be it furt...

I, Don...

one thousand nine hundred and ...

State of Indiana, Groom David E. Finchum at ... Church, County of Hendricks,
and, Bride Donna Jean 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 17 it day of July, 1972.

Signed Elder Donald E. Perry Jr.
Official Designation Pastor, Bible Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of August, 1972

Signed John Barnhold Jr. Clerk
HENDRICKS Circuit Court

AFFIDAVIT

STATE OF INDIANA } SS:
COUNTY OF

JAMES C &OR MARIAN JEAN STEWART
NAME

R R 3 BOX 12 DANVILLE IN
ADDRESS

Deposes and says upon his (or her) oath that:

WE JAMES C & MARIAN JEAN STEWART DO HEREBY GIVE OUR CONSENT TO THE MARRIAGE OF DONNA JEAN STEWART & DAVID E FINCHUM.

FILED
JUL 11 1972
John Barnhold Jr.
CLERK HENDRICKS CIRCUIT COURT

Marian J Stewart
James Stewart
SIGNED

Subscribed and sworn to before me this 7 day of July 1972.

C. M. Davies
NOTARY PUBLIC

My commission expires 9-29-73

FILED
JUL 11 1972
John Barnhold Jr.
CLERK HENDRICKS CIRCUIT COURT

I, Jim Finchum, hereby give my consent for my son, David E. Finchum to marry Donna Stewart. I am presently confined consent herewith as my spouse is at the Logansport State Hospital

x James Finchum

Subscribed and sworn to before me this 8th day of July 1972

Virginia P Harrold
Notary Public
My commission expires June 11, 1973

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 279
File Book 34
Date of Application

MALE
Medical Examination Report Dated July 10, 1972
Name of Physician Harry I. Stout, M.D.

FEMALE
Medical Examination Report Dated July 10, 1972
Name of Physician Harry I. Stout, M.D.

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

MALE APPLICANT

Name: First Donald Middle C. Last Moore
Date of Birth: Month May Day 13 Year 1935
Place of Birth (State or foreign country) Virginia
Residence Address: Street or R. R. R.R. #1, Box 9179 City Danville County Indiana State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Mechanic
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? No ☐ Yes ☒
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Debra 14	Kimberly 9	Donald C. address 758 N. Columbia St
Darla 13	Michael 8	Frankfort, Ind.
Audra 11	Mary 5	

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

11. Full name of father Walter Moore
    Residence of father (if deceased so state) 1253 Second St. Frankfort, Ind.
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Virginia
12. Full maiden name of mother Estelle Bishop
    Residence of mother (if deceased so state) 1253 Second St. Frankfort
    Occupation of mother Matron Supervisor Race of mother W
    Birthplace of mother (State or foreign country) Virginia

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

Signed X Donald C Moore
New Address X R.R. #1 Box 9179 Danville
Subscribed and sworn to before me this 11th day of July, 1972
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Jo Ann Middle Last Thompson
Date of Birth: Month November Day 22 Year 1942
Place of Birth (State or foreign country) Frankfort Indiana
Residence Address: 801 Magnolia Street or R. R. City Frankfort County Indiana State
Tennessee
Maiden Name if Different Jo Ann Lowe
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Machine operator
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

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

Signed X Jo Ann Thompson
New Address X R.R. #1 Box 9179 Danville
Subscribed and sworn to before me this 11th day of July, 1972
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15th day of July, 1972, authorizing the joining together as husband and wife Donald C. Moore and Jo Ann Thompson

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

I, The Rev. Friedrich Rosenbaum hereby certify that on the 15 day of July, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom, Donald C. Moore of Hendricks County, State of Indiana, and, Bride Jo Ann Thompson of Clinton County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of July, 1972

Signed The Rev. Friedrich Rosenbaum
Official Designation St. Monica Episcopal Church, Rector

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

Signed John Hendricks 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. 279

File Book 34

Date of Application

MALE
Medical Examination Report Dated July 10, 1972
Name of Physician Harry I. Stout, M.D.

FEMALE
Medical Examination Report Dated July 10, 1972
Name of Physician Harry I. Stout, M.D.

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

MALE APPLICANT

Name: First Donald Middle C Last Moore

Date of Birth: Month May Day 13 Year 1935

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R. R. R.R. 4, Box 9129 City Danville County Indiana State

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Mechanic

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?	No ☐	Yes ☒

FEMALE APPLICANT

Name: First Jo Ann Middle Last Thompson

Date of Birth: Month November Day 22 Year 1952

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 581 Magnolia City Frankfort County Clinton State Indiana

Maiden Name if Different Jo Ann Lowe

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Machine operator

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

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile?	No ☒	Yes ☐
Of Unsound Mind?	No ☒	Yes ☐
2. Are you under guardianship as a person of unsound mind?	No ☒	Yes ☐
3. Are you afflicted with a transmissible disease?	No ☒	Yes ☐
4. Are you related to the groom closer than second cousin?	No ☒	Yes ☐
5. 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, James R. Scholer, hereby give my consent for my Son, James R. Scholer to marry Lucille Brock.

James R Scholer

Subscribed and sworn to before me this 11th day of July, 1972

Marian E. Phillips
Notary Public

My Commission expires Sept. 14, 1974

Subscribed and sworn to before me this 11th day of July, 1972

John Lambert
Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15th day of July, 1972, authorizing the joining together as husband and wife Donald C. Moore and Jo Ann Thompson

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

I, The Rev. Friedrich Rosenblank hereby certify that on the 15 day of July, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom, Donald C. Moore of Hendricks County, State of Indiana, and, Bride Jo Ann Thompson of Clinton County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15 day of July, 1972

Signed The Rev. Friedrich Rosenblank

Official Designation St. Mark's Episcopal Church, Rector

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of July, 1972

Signed John Lambert, Jr. Clerk

HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

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

HENDRICKS County

No. 280
File Book 34
Date of Application

MALE
Medical Examination Report Dated July 10, 1972
Name of Physician Donald Cheesman, M.D.

FEMALE
Medical Examination Report Dated July 10, 1972
Name of Physician Donald Cheesman, M.D.

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

MALE APPLICANT

Name: First James, Middle Paul, Last Schober
Date of Birth: Month November, Day 6, Year 1953
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. R.R. #2 Box 326, City Danville, County Hendricks, State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Lumber yard
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

    Name | Age | Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James Richard Schober
    Residence of father (if deceased so state) R.R.#2 Box 326 Danville Ind
    Occupation of father Parts clerk Race of father W
    Birthplace of father (State or foreign country) Marion County Indiana
12. Full maiden name of mother Dorothy Lucille Robinson
    Residence of mother (if deceased so state) R.R.#2 Box 326 Danville Ind
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Bartholomew County, Indiana

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

Signed X James Paul Schober
New Address X R.R.#2 Box 326 Danville
Subscribed and sworn to before me this 11th day of July, 19 72
John Dunbold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Father notarized signature of approval dated 7-11-72

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed X Dorothy L. Schober Mother
Subscribed and sworn to before me this 11th day of July, 19 72
John Dunbold Clerk

FEMALE APPLICANT

Name: First Lucille, Middle Dylene, Last Frock
Date of Birth: Month November, Day 19, Year 1953
Place of Birth (State or foreign country) Mountain Grove Missouri
Residence Address: Street or R. R. R.R.#1 Box 155A, City Clayton, County, State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Secretary
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Haskie William Frock
   Residence of father (if deceased so state) R.R.#1, Box 155A Clayton, Ind.
   Occupation of father Builder Race of father W
   Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Nancy Amelia West
   Residence of mother (if deceased so state) R.R.#1, Box 155A Clayton, Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Kansas

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

Signed X Lucille Dylene Frock
New Address X R.R.#2 Box 326 Danville
Subscribed and sworn to before me this 11th day of July, 1972
John Dunbold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in HENDRICKS County Superior Court by written order issued July 11, 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 15th day of July, 1972, authorizing the joining together as husband and wife James Paul Schober and Lucille Dylene Frock

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

I, Rev. Sterling C. Frock hereby certify, that on the 15th day of July, one thousand nine hundred and Seventy two, at Plainfield, County of Hendricks, State of Indiana, Groom James Paul Schober of Hendricks County, State of Indiana, and, Bride Lucille Dylene Frock of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of July, 1972.

Signed Rev. Sterling C. Frock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21st day of July, 1972

Signed John Dunbold Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 281
File Book 34
July 11, 1972
Date of Application

HENDRICKS County

Re. marriage

MALE
Medical Examination Report Dated July 10, 1972
Name of Physician Mark N. Tolkening

FEMALE
Medical Examination Report Dated July 10, 1972
Name of Physician Mark N. Tolkening

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Robert Last Meyer
Date of Birth: Month May Day 24 Year 1948
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 1627 Tarpon Ave. City Plainfield County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1971 Hendricks
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation: Public Service of Indiana
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 48-033596

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

Name	Age	Address
Michael Gene	2	1627 Tarpon Ave.
Richard Allen	5	1627 " "

(b) Are you supporting or contributing to their 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 O. Meyer
Residence of father (if deceased so state) 607 W. Main Pfld. Ind.
Occupation of father Buyer for Drug & Hooks Race of father
Birthplace of father (State or foreign country) Lafayette, Ind.
12. Full maiden name of mother Geneva Genevieve H. Miller
Residence of mother (if deceased so state) 607 W. Main, Pfld. Ind.
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country)

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

Signed William R. Meyer
New Address 1627 Tarpon Ave Plainfield
Subscribed and sworn to before me this 11th day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Nella Middle D. Last Meyer
Date of Birth: Month Aug 31 Day 1949 Year
Place of Birth (State or foreign country) Richmond Ind.
Residence Address: Street or R. R. 1627 Tarpon Ave. City Plainfield County State Ind.
Maiden Name if Different Nella Diane Napier
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 —
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Reid 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 Howard Meyer
Residence of father (if deceased so state) - Unknown
Occupation of father Race of father
Birthplace of father (State or foreign country) Unknown
8. Full maiden name of mother Melba Dean White
Residence of mother (if deceased so state) R. R. #1 Box 136-35 Danville
Occupation of mother Esterline Angus Race of mother
Birthplace of mother (State or foreign country) Macon Co. Tenn.

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

Signed Nella D. Meyer
New Address 1627 Tarpon Ave Pfld.
Subscribed and sworn to before me this 11th day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15 day of July, 1972, authorizing the joining together as husband and wife William Robert Meyer and Nella D. Meyer

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

I, Esthma O. Shadwick hereby certify that on the 15th day of July, one thousand nine hundred and 72 at Avon, County of Hendricks, State of Indiana, Groom William Robert Meyer of Hendricks County, State of Indiana, and, Bride Nella D. Meyer of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of July, 19 72.

Signed Esthma O. Shadwick
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th day of August, 19 72.

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. 282
File Book 34
July 13 1972
Date of Application

MALE
Medical Examination Report Dated July 3, 1972
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated July 3, 1972
Name of Physician A. N. Scudder M.D.

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

MALE APPLICANT

Name: First Daniel Middle N. Last Ramsey
Date of Birth: Month July Day 16 Year 1953
Place of Birth (State or foreign country): Marion County Indiana
Residence Address: Street or R. R. R.R. #3 Box 122 City Danville County Hendricks State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Chrysler factory worker
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Daniel Henry Lloyd Ramsey
    Residence of father (if deceased so state) R.R. #3 Box 122 Danville Ind.
    Occupation of father Chrysler Inspector Race of father W
    Birthplace of father (State or foreign country) Washington Indiana
12. Full maiden name of mother Mary Delores Mandaback
    Residence of mother (if deceased so state) R.R. #3, Box 122, Danville, Ind
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country).....

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

Signed X Daniel Neal Ramsey
New Address X 118 N Green #3 Brownsburg
Subscribed and sworn to before me this 13th day of July, 1972
John Bamboldt Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Father's notarized signed consent dated July 11, 1972

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed X Mary Delores Ramsey Mother
Subscribed and sworn to before me this 13th day of July, 1972.
John Bamboldt Jr. Clerk

FEMALE APPLICANT

Name: First ~~Debrah~~ Deborah Middle L. Last Blair
Date of Birth: Month November Day 12 Year 1952
Place of Birth (State or foreign country): Lebanon Indiana
Residence Address: Street or R. R. R.R. #, Box 94 City Pittsboro County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Lebanon Ind.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Harry L. Blair
   Residence of father (if deceased so state) R.R. #, Box 94 Pittsboro, Indiana
   Occupation of father Veterinarian Race of father W
   Birthplace of father (State or foreign country) Hendricks County, Indiana
8. Full maiden name of mother Marie Mae Holmes
   Residence of mother (if deceased so state) R.R. #, Box 94 Pittsboro, Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Finland, Indiana

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

Signed X Deborah L. Blair
New Address X 118 North Green #3 B'burg
Subscribed and sworn to before me this 13th day of July, 1972
John Bamboldt Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 17th day of July, 1972, authorizing the joining together as husband and wife Daniel N. Ramsey and Debrah L. Blair

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

I, Fred N. Graham hereby certify that on the 22nd day of July, one thousand nine hundred and 72, at Danville, County of Hendricks, State of Indiana, Groom Daniel N. Ramsey of Hendricks County, State of Indiana, and, Bride Deborah L. Blair of Hendricks County, State of Indiana, were by me united 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 July, 1972.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 1972.

Signed John Bamboldt Jr. Clerk
HENDRICKS Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

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

HENDRICKS County

No. 282
File Book 34
July 13 1972
Date of Application

MALE
Medical Examination Report Dated July 3, 1972
Name of Physician A. N. Scudder M D

FEMALE
Medical Examination Report Dated July 3, 1972
Name of Physician A. N. Scudder M.D.

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

MALE APPLICANT

Name: First Daniel; Middle N.; Last Ramsey
Date of Birth: Month July; Day 16; Year 1953
Place of Birth (State or foreign country): Marion County Indiana
Residence Address: Street or R. R. RR 3; City; County Hendricks; State Indiana
Previous Marital Status
Last Marriage Ended
Color or Race W
Usual Occupation
Date of birth verified by
☐ Other (Specify)...
1. Are you now or hav
An Imbecile?
Of Unsound Mi
2. Are you under guar
3. Are you now or ha
home for indigent p
If answer to 3 is "y
4. Are you afflicted w
5. Are you related to t
6. Are you now under
7. Are you now under
8. Are you able to su
9. Are you likely to
10. Do you have minor
(If yes, answer que
(a) List their full
Name
(b) Are you suppo
(c) Are you compl
their support?
11. Full name of fathe
Residence of father
Occupation of fath
Birthplace of fathe
12. Full maiden name
Residence of mother
Occupation of moth
Birthplace of moth
State of Indiana, MB
County of
New
Subscribed and sworn
Judge
CONSENT OF PARE
We, the parents, of t
signs, state facts whi
Father
State of Indiana, H
County of
Si
Si
Subscribed and sworn
COMPLETE IF
HEND
in
Be
of Indiana date
Daniel
Be it further remembered
I, Fred N. Graham
one thousand nine hundred and 72
State of Indiana, Groom Daniel N. Ramsey
and, Bride Deborah L. Blair
were by me united 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 July, 1972.
Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 1972.
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Deborah; Middle L.; Last Blair
Date of Birth: Month November; Day 12; Year 1952
Place of Birth (State or foreign country): Lebanon Indiana
Residence Address: Street or R. R. RR #1; City; County; State

DONALD L. McKEE
JUSTICE OF THE PEACE

MIDDLE TOWNSHIP
HENDRICKS COUNTY

FILED
JUL 13 1972
33 EAST MAIN STREET
PITTSBORO, INDIANA 46167
CLERK HENDRICKS CIRCUIT COURT

Hendricks County Clerk
Danville, Indiana

July 11, 1972

Mr Jack Gambold:

We the undersigned both agree & acknowledge that we want our son to obtain premission to be married, we here by give this premission to our son Daniel N. Ramsey this 11th day of July 1972.

Mary D. Ramsey
Henry L. Ramsey

Signed this 11th day of July 1972

Donald L. McKee

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 283
File Bk 34

HENDRICKS County

July 13, 1972
Date of Application

MALE
Medical Examination Report Dated July 12, 1972
Name of Physician Donald D. Sheaman

FEMALE
Medical Examination Report Dated July 12, 1972
Name of Physician Donald D. Sheaman

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Eugene Last Davis
Date of Birth: Month July Day 23 Year 1954
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. P.O. Box 97 City Clayton 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 Welding Inco Airport Maintenance
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 Ernest F. Davis
    Residence of father (if deceased so state) Same
    Occupation of father Clayton Home Race of father W
    Birthplace of father (State or foreign country) Virginia
12. Full maiden name of mother Addie B. Pastel
    Residence of mother (if deceased so state) Same
    Occupation of mother Asst. Manager Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed X Larry Eugene Davis
New Address.....

Subscribed and sworn to before me this 13 day of July, 1972.
John Hamblen Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed attached Father
Signed X Addie B Davis Mother
Subscribed and sworn to before me this 13 day of July, 1972
John Hamblen Jr Clerk

FEMALE APPLICANT

Name: First Sharon Middle Kay Last Lewis
Date of Birth: Month Oct. Day 11 Year 1957
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. R #1 Box City Clayton County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Joseph Lewis
   Residence of father (if deceased so state) Same
   Occupation of father Maintenance Work Race of father W
   Birthplace of father (State or foreign country) Poplar Bluff Missouri
8. Full maiden name of mother ~~Ester~~ May Shultz
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Ohio, Ky.

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

Signed X Sharon Lewis
New Address.....

Subscribed and sworn to before me this 13 day of July, 1972
John Hamblen Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed X May Lewis Mother
Subscribed and sworn to before me this 13 day of July, 1972
John Hamblen Jr Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 13 *day of* July, 1972, *authorizing the joining together as husband and wife* Larry Eugene Davis *and* Sharon Kay Lewis

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

I, Glenn R. Ramsey Jr *hereby certify that on the* 13th *day of* July, *one thousand nine hundred and* 72, *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Larry Eugene Davis *of* Hendricks *County, State of* Ind. *and, Bride* Sharon Kay Lewis *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 13 th *day of* July, 19 72.

Signed Glenn R. Ramsey Jr.
Official Designation Presbyterian Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* July, 19 72.

Signed John Hamblen Jr *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 283
File 34
July 13, 1972
Date of Application

MALE
Medical Examination Report Dated July 12, 1972
Name of Physician Donald D. Stevenson

FEMALE
Medical Examination Report Dated July 12, 1972
Name of Physician Donald D. Stevenson

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

MALE APPLICANT

Name: First Larry Middle Eugene Last Davis
Date of Birth: Month July Day 13 Year 1954
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street R.R. 2 City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Working for Airport Maintenance
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, home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐

FEMALE APPLICANT

Name: First Sharon Middle Kay Last Lewis
Date of Birth: Month Oct. Day 11 Year 1957
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street R.R. 1 City Clayton County Hendricks State Ind.
Maiden Name if Different:
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐

I, Ernest Davis, do hereby give my permission for my son, Larry Davis, to marry Sharon Lewis.

Signed Ernest H Davis this 12th day of July, 1972.

The above did before me appear, and of his own free will and accord did affix his signature thereto.

David L. Edmondson
Notary Public

My Commission expires February 20, 1974.

County of) to this application is true and correct.

Signed Larry Eugene Davis

New Address

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

My name is Joseph Lewis. I give my permission for my daughter, Sharon K. Lewis, to marry Larry Eugene Davis.

Signed Joseph Lewis this 11th day of July, 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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 13 day of July 1972, authorizing the joining together as husband and wife Larry Eugene Davis and Sharon Kay Lewis

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

I, Glenn R. Ramsey Jr. hereby certify that on the 12th day of July one thousand nine hundred and 72 at Clayton, County of Hendricks, State of Indiana, Groom Larry Eugene Davis of Hendricks County, State of Ind., and, Bride Sharon Kay Lewis 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 12th day of July, 1972.

Signed Glenn R. Ramsey Jr.
Official Designation Presbyterian Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 13th day of July, 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. 284
File Book 34
July 14 1972
Date of Application

MALE
Medical Examination Report Dated July 11 1972
Name of Physician Glenn Baker, M.D.

FEMALE
Medical Examination Report Dated July 12, 1972
Name of Physician R. N. Sanders

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

MALE APPLICANT

Name: First Philip Middle Michael Last Davis
Date of Birth: Month November Day 30 Year 1947
Place of Birth (State or foreign country) Shelbyville Indiana
Residence Address: Street or R. R. 137 Lincoln Ave City Brownsburg County Hendricks State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Allison Employee
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? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Robert Davis
    Residence of father (if deceased so state) 221 Lincoln Parkway, Brownsburg, Ind.
    Occupation of father Allison Employee Race of father W
    Birthplace of father (State or foreign country) Rush County, Indiana
12. Full maiden name of mother Beulah Jean Allee
    Residence of mother (if deceased so state) 221 Lincoln Parkway, Brownsburg, Ind.
    Occupation of mother Western Electric Employee Race of mother W
    Birthplace of mother (State or foreign country) Shelbyville, Indiana

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

Signed X Philip M. Davis
New Address X 137 Lincoln Ave. Brownsburg, Ind.
Subscribed and sworn to before me this 14th day of July, 1972.
John Barnhill, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Brenda Middle Ruth Last Wilhite
Date of Birth: Month March Day 21 Year 1948
Place of Birth (State or foreign country) Lebanon Indiana
Residence Address: Street or R. R. 223 Lincoln Ave City Brownsburg County Hendricks State Ind.
Maiden Name if Different Brenda Ruth Smith (Sub. 8, 1972 Jud.)
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 Assistant Purchasing Agent
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 Kenneth Carol Smith
   Residence of father (if deceased so state) Brownsburg, Indiana
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Brownsburg, Ind.
8. Full maiden name of mother Frances Pauline Bagsley
   Residence of mother (if deceased so state) Brownsburg, Indiana
   Occupation of mother Clerk Typist Race of mother W
   Birthplace of mother (State or foreign country) Brooklyn, Ind

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

Signed X Brenda R. Wilhite
New Address 137 Lincoln Avenue, Brownsburg, Ind.
Subscribed and sworn to before me this 14 day of July, 1972
John Barnhill Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 19 day of July, 1972, authorizing the joining together as husband and wife Philip Michael Davis and Brenda Ruth Wilhite
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, B. Howard Davidson hereby certify that on the 29th day of July, one thousand nine hundred and seventy two at United Methodist Church, Brownsburg, County of Hendricks, State of Indiana, Groom Philip Michael Davis of Hendricks County, State of Indiana, and, Bride Brenda Ruth Wilhite of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 29th day of July, 1972.

Signed B Howard Davidson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 1972.
Signed John Barnhill 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. 285
File Book 34
July 14 1972
Date of Application

MALE
Medical Examination Report Dated July 7, 1972
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated July 7, 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 C. Last Smith
Date of Birth: Month November Day 7 Year 1949
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 616 Hillcrest Drive City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Pharmacist Apprentice
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? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 Camden Smith
Residence of father (if deceased so state) 616 Hillcrest Dr. Plainfield
Occupation of father Pharmacist Race of father W
Birthplace of father (State or foreign country) Linton Indiana
12. Full maiden name of mother Delores June Davies
Residence of mother (if deceased so state) 616 Hillcrest Dr. Plainfield Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Dugger, Indiana

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

Signed X William C. Smith
New Address X Quaker Village Apt Plainfield, IN.

Subscribed and sworn to before me this 22 day of July, 19 72
John Bamford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Pamela Middle Joyce Last Cordray
Date of Birth: Month September Day 19 Year 1953
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 404 Buchanan St. City Plainfield County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 Roy Cordray
Residence of father (if deceased so state) 404 Buchanan St. Plainfield Ind
Occupation of father Tool & Die Maker Race of father W
Birthplace of father (State or foreign country) Clermont Indiana
8. Full maiden name of mother Shirley Anne Richardson
Residence of mother (if deceased so state) 404 Buchanan St. Plainfield
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indianapolis Indiana

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

Signed X Pamela Joyce Cordray
New Address X Quaker Village Apt. Plainfield, IN

Subscribed and sworn to before me this 22 day of July, 19 72
John Bamford Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of July, 1972, authorizing the joining together as husband and wife William C. Smith and Pamela Joyce Cordray

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

I, Warren A. Robbins hereby certify that on the 29th day of July, one thousand nine hundred and 72 at Plainfield, County of Hendricks State of Indiana, Groom William C. Smith of Hendricks County, State of Indiana and, Bride Pamela Joyce Cordray of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29th day of July, 1972.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 day of August, 1972.

Signed John Bamford 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. 286
File Book 34
July 14, 1972
Date of Application

MALE
Medical Examination Report Dated 7-7-72
Name of Physician R. W. W Von Bokkelen

FEMALE
Medical Examination Report Dated 7-7-72
Name of Physician R W. Von Bokkelen

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

MALE APPLICANT

Name: First Ronald, Middle D., Last Shafer
Date of Birth: Month 3, Day 12, Year 1950
Place of Birth (State or foreign country) Brooklyn New York.
Residence Address: Street or R. R. R. # 1, City Coatesville, County, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Steel Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 156-50-109792 - New York

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ronald G. Shafer
New Address R # 4 Mooresville, Ind.
Subscribed and sworn to before me this 14th day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Martha, Middle Ann, Last Collier
Date of Birth: Month 2, Day 22, Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. Route 4 Box 132, City Mooresville, 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
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 54-029330

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Clarance Ross Collier
   Residence of father (if deceased so state) R # 4 Box 132 Mooresville
   Occupation of father Self employed Race of father.....
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Myrtle Mae Pike
   Residence of mother (if deceased so state) R. # 4 Box 132 Mooresville
   Occupation of mother Beautician Race of mother.....
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Martha Ann Collier
New Address R # 4 Mooresville
Subscribed and sworn to before me this 14th day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana, dated the 18 day of July, 1972, authorizing the joining together as husband and wife Ronald G. Shafer and Martha Ann Collier
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Theron R. Castleman hereby certify that on the 22nd day of July, one thousand nine hundred and 72 at Salem U. Meth. Church, County of Hendricks, State of Indiana, Groom Ronald George Shafer of Hendricks County, State of Indiana, and, Bride Martha Ann Collier of Hendricks County, State of Indiana, were by me united 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 July, 19 72.

Signed Theron R. Castleman
Official Designation Minister, Salem U. Meth. Church

Filed and recorded in accordance with the laws of the State of Indiana this 25th day of July, 19 72.
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. # 297
File Bk 34
July 14 1972
Date of Application

MALE
Medical Examination Report Dated 7-14-72
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 7-14-72
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 Kenneth Middle Leon Last Steidle
Date of Birth: Month February Day 16 Year 1949
Place of Birth (State or foreign country) Chicago Illinois
Residence Address 648 Kentucky Ave. Street or R. R. Plainfield City Hendricks County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Teacher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 11-101-49-253

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

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Edward Steidle
    Residence of father (if deceased so state) Wheeling, Illinois
    Occupation of father Milkman Race of father W.
    Birthplace of father (State or foreign country) Chicago, Illinois
12. Full maiden name of mother Mary Catherine Lange
    Residence of mother (if deceased so state) Wheeling, Illinois
    Occupation of mother Waitress Race of mother W
    Birthplace of mother (State or foreign country) Chicago, Illinois

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

Signed x Kenneth L. Steidle
New Address 317½ N. Martin St. Muncie, Indiana
Subscribed and sworn to before me this 14 day of July, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Ellen Middle Louise Last Frieders
Date of Birth: Month November Day 30 Year 1951
Place of Birth (State or foreign country) Columbus Indiana
Residence Address 648 Ky. Ave. Street or R. R. Plainfield City Hendricks 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 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 Merlen Walter Frieders
   Residence of father (if deceased so state) Dalevill, Indiana
   Occupation of father Plant Engineer Race of father W
   Birthplace of father (State or foreign country) Marshfield, Wisconsin
8. Full maiden name of mother Martha Ellen Harris
   Residence of mother (if deceased so state) Plainfield, Indiana
   Occupation of mother PBX Receptionist Race of mother W
   Birthplace of mother (State or foreign country) Greenbrier, Indiana

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

Signed x Ellen Louise Frieders
New Address x 317½ N. Martin Muncie Ind
Subscribed and sworn to before me this 14 day of July, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of July, 1972, authorizing the joining together as husband and wife Kenneth Leon Steidle and Ellen Louise Frieders
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Maurice E. Brockman hereby certify that on the 19th day of August, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Kenneth Leon Steidle of Cook County, State of Illinois and, Bride Ellen Louise Frieders of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 19th day of August, 1972.

Signed Maurice E. Brockman
Official Designation Minister, United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of August, 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. 288
File 4k 34
July 14 1972
Date of Application

MALE
Medical Examination Report Dated July 11, 1972
Name of Physician Leon Levi

FEMALE
Medical Examination Report Dated July 11, 1972
Name of Physician Leon Levi

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

MALE APPLICANT

Name: First Joseph Middle Gordon Last Kreyling
Date of Birth: Month August Day 17 Year 1954
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 7446 N Caroline City Delphi County Marion State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Poetry Reader
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 Joseph George Kreyling
    Residence of father (if deceased so state) Indianapolis, Ind.
    Occupation of father Factory Worker Race of father W
    Birthplace of father (State or foreign country) Covington Ky.
12. Full maiden name of mother Lois May Berry
    Residence of mother (if deceased so state) Delphi, Indiana
    Occupation of mother Factory Worker Race of mother W
    Birthplace of mother (State or foreign country) Delphi, Indiana

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

Signed X Joseph Gordon Kreyling
New Address X 7446 N. Caroline Ave

Subscribed and sworn to before me this 14 day of July, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Deborah Middle Ann Last Faulk
Date of Birth: Month July Day 24 Year 1952
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. R#8 Box 232B City Delphi County Carroll 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 Permit Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 7457

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ralph Franklin Faulk
   Residence of father (if deceased so state) Delphi Indiana
   Occupation of father Lawyer Race of father W
   Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Norma Jean Lawrence
   Residence of mother (if deceased so state) Delphi Ind.
   Occupation of mother Secretary Race of mother W
   Birthplace of mother (State or foreign country) Delphi, Ind.

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

Signed X Deborah Ann Faulk
New Address X 7446 N. Caroline Ave

Subscribed and sworn to before me this 14 day of July, 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, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18th day of July, 19....., authorizing the joining together as husband and wife Joseph Gordon Kreyling and Deborah Ann Faulk

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

I, Byron F. Stark, hereby certify that on the 29th day of July, one thousand nine hundred and 72 at Indianapolis, County of Marion, State of Indiana, Groom Joseph Kreyling of Marion County, State of Indiana, and, Bride Deborah Faulk of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18th day of July, 19 72.

Signed Byron F. Stark (H)
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of August, 19.....

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. 289

File Bk #34

HENDRICKS County

July 14 1972
Date of Application

MALE
Medical Examination Report Dated July 10, 1972
Name of Physician Elmer L. Ford

FEMALE
Medical Examination Report Dated July 7, 1972
Name of Physician Elmer L. Ford

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Walton Last McClain
Date of Birth: Month January Day 25 Year 1951
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address 200 & 210 N. Danville Street or R. R. City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Laborer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #787

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

Name Age Address

(b) Are you supporting or contributing to their 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 McClain
Residence of father (if deceased so state) Same
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) Indpls. Ind.
12. Full maiden name of mother Dorothy Jean Walton
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) North Salem, Ind.

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

Signed William W. McClain
New Address 9217 Wellston Indpls, Ind.

Subscribed and sworn to before me this 14 day of July, 19 72.
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Catherine Middle Ann Last Lehr
Date of Birth: Month June Day 5 Year 1952
Place of Birth (State or foreign country) Indpls. Indiana
Residence Address 818 W. Main St. Street or R. R. City Danville County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cashier
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #5474

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Joseph Lehr
Residence of father (if deceased so state) Same
Occupation of father Truck Driver Race of father W
Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother Patricia Jean Foreman
Residence of mother (if deceased so state) Same
Occupation of mother Cashier Race of mother W
Birthplace of mother (State or foreign country) Indpls. Indiana

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

Signed Catherine Ann
New Address 9217 Wellston

Subscribed and sworn to before me this 14 day of July
John Gambold, Jr. Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3-day Waiv and filed in Clks 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* July, 19 72, *authorizing the joining together as husband and wife* William Walton McClain *and* Catherine Ann Lehr

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

I, Rev. Herman G. Lutz hereby certify that on the 15 day of July, one thousand nine hundred and 72 at Danville, County of Hendricks, State of Indiana, Groom William W. McClain of Marion County, State of Indiana, and, Bride Catherine Lehr of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 15th day of July, 19 72.

Signed Rev. Herman G. Lutz
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* July, 19 72.

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. 289
File Bk #34
July 14, 1972
Date of Application

MALE
Medical Examination Report Dated July 10, 1972
Name of Physician Elmer L. Koch

FEMALE
Medical Examination Report Dated July 7, 1972
Name of Physician Elmer L. Koch

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

MALE APPLICANT

Name: First William Middle Walton Last McClain
Date of Birth: Month January Day 25 Year 1951
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address 820 & 820 N. Danville Street or R. R. City Hendricks County State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Laborer
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #787
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☑ Yes ☐
Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
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FEMALE APPLICANT

Name: First Catherine Middle Ann Last Lehr
Date of Birth: Month June Day 5 Year 1952
Place of Birth (State or foreign country) Delphi, Indiana
Residence Address 818 W. Main St. Street or R. R. City Danville County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cashier
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #5474
1. Are you now or have you been adjudged, diagnosed or considered as:

STATE OF INDIANA)
) SS:
COUNTY OF MARION)

AFFIDAVIT

Joseph G. Kreyling and Lois M. Kreyling, being first duly sworn, upon their oaths depose and say:

That they are the parents and natural guardians of Joseph Gordon Kreyling, a minor under the age of twenty-one years, he being twenty years of age, born on the 17th day of August, 1951.

That affiants' said son, Joseph Gordon Kreyling, is desirous of marrying Deborah Ann Faulk, a resident of Hendricks County, Indiana, and affiants hereby consent to the marriage of their son to the said Deborah Ann Faulk and authorize the Clerk of Hendricks County, Indiana, to issue a marriage license to them if they are otherwise qualified by law.

Joseph G. Kreyling
Joseph G. Kreyling

Lois M. Kreyling
Lois M. Kreyling

Before me, a Notary Public in and for said County and State, personally appeared Joseph G. Kreyling and Lois M. Kreyling, who acknowledged the execution of the above Affidavit as their voluntary act and deed.

Witness my hand and Notarial Seal this 14th day of July, 1972.

NOTARY PUBLIC SEAL INDIANA

My Commission Expires:
October 22, 1973

Notary Public

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 290
File Bk # 34
July 14 1972
Date of Application

MALE
Medical Examination Report Dated 7-5-72
Name of Physician Lloyd A Imus

FEMALE
Medical Examination Report Dated 7-1-72
Name of Physician R W. Van Bakkelin (Bokkelin)

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

MALE APPLICANT

Name: First Robert Middle L. Last Franklin
Date of Birth: Month December Day 21 Year 1949
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. P.O. Box 9 City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Social Worker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

Signed x Robert L. Franklin
New Address x 119 S. Center Plainfield, Indiana

Subscribed and sworn to before me this 14 day of July, 19 72
John Hamblet, Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Christine Middle Emma Last Heaton
Date of Birth: Month December Day 10 Year 1950
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 19 West High Street City Monroville County Morgan State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: 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 Robert Lyman Heaton
   Residence of father (if deceased so state) Monroville, Indiana
   Occupation of father Analytic Accountant Race of father W
   Birthplace of father (State or foreign country) Mores Hill, Indiana
8. Full maiden name of mother Helen Ruth Huntington
   Residence of mother (if deceased so state) Monroville, Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Milan, Indiana

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

Signed x Christine Heaton
New Address x 119 S. Center St. Plainfield, Ind.

Subscribed and sworn to before me this 14 day of July, 19 72
John Hamblet Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21 st day of July, 19 72, authorizing the joining together as husband and wife Robert L. Franklin and Christine Emma Heaton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Rodney C. Willeke hereby certify that on the 22 nd day of July one thousand nine hundred and 72, at Faith Lutheran Church, County of Marion, State of Indiana, Groom Robert L. Franklin of Hendricks County, State of Indiana, and, Bride Christine Emma Heaton 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 22 day of July, 19 72.

Signed Rev. Rodney Willeke
Official Designation Pastor - Faith Lutheran Church

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of July, 19 72
Signed John Hamblet Jr Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 291
File Bk 34

HENDRICKS County

July 17, 1972
Date of Application

MALE
Medical Examination Report Dated 7-14-72
Name of Physician David Heggard

FEMALE
Medical Examination Report Dated 7-8-72
Name of Physician David B. Heggard

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

MALE APPLICANT

Name: First James; Middle Robert; Last Wagner Jr

Date of Birth: Month December; Day 2; Year 1950

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. 4619 Hedgewood Dr.; City Birmingham; County Oakland; State Mich.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Student

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

☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James Robert Wagner
    Residence of father (if deceased so state) Birmingham, Michigan
    Occupation of father Administrator Race of father W
    Birthplace of father (State or foreign country) Michigan
12. Full maiden name of mother Bernice Gertrude Hansen
    Residence of mother (if deceased so state) Birmingham, Michigan
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Idaho, Idaho

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

Signed James Robert Wagner Jr

New Address .....

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

.....Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Joyce; Middle Jean; Last Lind

Date of Birth: Month March; Day 3; Year 1951

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 629 Lauradel Dr.; 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: 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 Donald Charles Lind
   Residence of father (if deceased so state) Same
   Occupation of father Superintendent Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Jean Denise Drummond
   Residence of mother (if deceased so state) Same
   Occupation of mother Teacher Race of mother W
   Birthplace of mother (State or foreign country) Michigan

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

Signed x Joyce Jean Lind

New Address x .....

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

.....Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* July, 1972, *authorizing the joining together as husband and wife* James Robert Wagner Jr. *and* Joyce Jean Lind

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

I, Rev. Edward C. McCance *hereby certify that on the* 12 *day of* August, *one thousand nine hundred and* 72 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* James Robert Wagner, Jr. *of* Oakland *County, State of* Michigan *and, Bride* Joyce Jean Lind *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 1972.

Signed Rev. Edward C. McCance

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* August, 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. 292
File Bk #34
July 18, 1972
Date of Application

MALE
Medical Examination Report Dated 7-17-72
Name of Physician Eva D. Clark

FEMALE
Medical Examination Report Dated 7-17-72
Name of Physician Eva 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 Jack Middle [illegible] Last Whitaker
Date of Birth: Month February Day 24 Year 1918
Place of Birth (State or foreign country): Putnam Co. Indiana
Residence Address: 253 S. Indiana Street or R. R. St. Danville City Hend. County Ind. 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: Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License 316-10-3628-10

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Andrew Jackson Whitaker
    Residence of father (if deceased so state) Deceased
    Occupation of father —— Race of father W
    Birthplace of father (State or foreign country) Putnam Co. Ind.
12. Full maiden name of mother Ora Dell Lewis
    Residence of mother (if deceased so state) Deceased
    Occupation of mother —— Race of mother W
    Birthplace of mother (State or foreign country) Putnam Co. Ind.

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

Signed Jack Whitaker
New Address 253 S. Ind. St. Danville Ind.

Subscribed and sworn to before me this 18 day of July, 1972
John Dumbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Helen Middle [illegible] Last Cogswell
Date of Birth: Month January Day 27 Year 1919
Place of Birth (State or foreign country) Hamilton Co. Noblesville Indiana
Residence Address: 253 S Indiana St. Apt 2 Street or R. R. Danville City Hend. County Ind. 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 Cook
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 582020

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

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

Signed Helen Cogswell
New Address 253 S. Indiana St apt 2

Subscribed and sworn to before me this 18 day of July, 1972
John Dumbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of July, 19 72, authorizing the joining together as husband and wife Jack W Whitaker and Helen Cogswell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Purcell hereby certify that on the 20th day of July, one thousand nine hundred and seventy two at Belleville, County of Hendricks, State of Indiana, Groom Jack Whitaker of Hendricks County, State of Indiana, and, Bride Helen Cogswell of Hendrick County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 20th day of July, 19 72.

Signed Keith Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of July, 19 72.
Signed John Dumbold Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 293
File Book 34
July 18 1972
Date of Application

MALE
Medical Examination Report Dated M. O. Scamahorn
Name of Physician July 15-1972

FEMALE
Medical Examination Report Dated 6-26-72
Name of Physician 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 J. Last Mc Coy
Date of Birth: Month January Day 2 Year 1953
Place of Birth (State or foreign country) Shelbyville Ind.
Residence Address: Street or R. R. R.R. #2 Box 14 City Brownsburg 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 Blanck Chev. - Brownsburg
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Shelby County.

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

Name Age Address

(b) Are you supporting or contributing to their 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 Cherry Mc Coy
Residence of father (if deceased so state) R.R. #2 Box 14 Brownsburg
Occupation of father Salesman Race of father.....
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Ethel Pauline Hudson
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother.....
Birthplace of mother (State or foreign country) Tenteckey

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robert J McCoy
New Address 710 Franklin
Subscribed and sworn to before me this 18th day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Robert G. McCoy Father
Signed Pauline McCoy Mother
Subscribed and sworn to before me this 18th day of July, 19 72
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Anita Middle A. Last Wickiser
Date of Birth: Month April Day 19 Year 1955
Place of Birth (State or foreign country) Mattoon Ill.
Residence Address: Street or R. R. P.O. Box 2 City Pittsboro County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Mattoon, Ill.

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Armer Wickiser
Residence of father (if deceased so state) P.O. Box 2 Pittsboro Ind.
Occupation of father Railroad Race of father.....
Birthplace of father (State or foreign country) Illionis
8. Full maiden name of mother Orlene Leona Dew
Residence of mother (if deceased so state) Same
Occupation of mother Housewife Race of mother.....
Birthplace of mother (State or foreign country) Illionis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Anita A. Wickiser
New Address 710 Franklin
Subscribed and sworn to before me this 18th day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of July, 19 72, authorizing the joining together as husband and wife Robert J. Mc Coy and Anita A. Wickiser

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 22 nd day of July, one thousand nine hundred and 72 at Pittsboro, County of Hendricks State of Indiana, Groom Robert J. McCoy of Hendricks County, State of Indiana and, Bride Anita A. Wickiser of Hendricks County, State of Indiana, were by me united 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 July, 19 72

Signed Rev. Ben H. Strasser
Official Designation Minister of Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, 19 72

Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 293

File Book 34

HENDRICKS County

July 18, 1972
Date of Application

MALE
Medical Examination Report Dated M. O. Seamahorn
Name of Physician July 15-1972

FEMALE
Medical Examination Report Dated 6-26-72
Name of Physician M. O. Seamhorn

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

MALE APPLICANT

Name: First Robert | Middle J. | Last McCoy

Date of Birth: Month January | Day 2 | Year 1953

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

Residence Address: Street or R. R. R.R. #2 Box 14 | City Brownsburg, | County | State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Blanck Chev. - Brownsburg

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

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Cherry McCoy
    Residence of father (if deceased so state) R.R. #2 Box 14 Brownsburg
    Occupation of father Salesman Race of father.....
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Ethel Pauline Hudson
    Residence of mother (if deceased so state) Same

FEMALE APPLICANT

Name: First Anita | Middle A. | Last Wickiser

Date of Birth: Month April | Day 19 | Year 1955

Place of Birth (State or foreign country) Mattoon Ill.

Residence Address: Street or R. R. P.O. Box 2 | City Pittsboro, | 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

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

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Armer Wickiser
   Residence of father (if deceased so state) P.O. Box 2 Pittsboro, Ind.
   Occupation of father Railroad Race of father.....
   Birthplace of father (State or foreign country) Illionis
8. Full maiden name of mother Arlene Leona Dow
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Illionis

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

Signed Anita A. Wickiser

John a Wickiser

I, Arlene Leona Wickiser, hereby give my consent for my daughter, Anita Arlene Wickiser to marry Robert Terrell McCoy.

John a Wickiser - Arlene L. Wickiser

Subscribed and sworn to before me this 17th day of July 1972

NOTARY PUBLIC SEAL INDIANA

Norma J. Hamilton
Notary Public

My commission expires 5-1-1976

19 72
...t Court
...parent
Father
Mother
19.....
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1972, authorizing the joining together as husband and wife Robert J. McCoy and Anita A. Wickiser

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 22nd day of July, one thousand nine hundred and 72 at Pittsboro, County of Hendricks State of Indiana, Groom Robert J. McCoy of Hendricks County, State of Indiana, and, Bride Anita A. Wickiser of Hendricks County, State of Indiana were by me united 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 July, 1972

Signed Rev. Ben H. Strasser
Official Designation Minister of Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, 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. 294
File Book K 334
19 July 1972
Date of Application

MALE
Medical Examination Report Dated 18 July 1972
Name of Physician Wm M. Huse MD

FEMALE
Medical Examination Report Dated 18 July 1972
Name of Physician Wm M. Huse MD

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

MALE APPLICANT

Name: First Jerry; Middle W.; Last Gilley
Date of Birth: Month October; Day 26; Year 1951
Place of Birth (State or foreign country) Beech Grove Ind.
Residence Address: Street or R. R. 334 S. Grant; City Bibyy Hew; County; State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Retail Team Elect.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 31-08961-5

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

Name | Age | Address

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

11. Full name of father Bert B. Gilley
Residence of father (if deceased so state) Same Bibyy
Occupation of father Supr. Det Detec Race of father White
Birthplace of father (State or foreign country) Wise, Va
12. Full maiden name of mother Lottie Victoria Stallard
Residence of mother (if deceased so state) Same
Occupation of mother C/K. Safeway Foods Race of mother Wht.
Birthplace of mother (State or foreign country) Wise, Va

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Jerry W. Gilley
New Address R1 Bx 225M Bibyy
Subscribed and sworn to before me this 19th day of July, 19 72
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Debra; Middle Diane; Last Morris
Date of Birth: Month October; Day 11; Year 1953
Place of Birth (State or foreign country) Beech Grove Ind.
Residence Address: Street or R. R. R1 Bx 225M; City Bibyy Hew; County; State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation H.S. Grad. BHS
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-33-08345

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Ivan Morris
Residence of father (if deceased so state) San Bibyy
Occupation of father Long Sgt. FT Hamilton Race of father White
Birthplace of father (State or foreign country) Ind
8. Full maiden name of mother Barbara Ellen Weekly
Residence of mother (if deceased so state) Same
Occupation of mother Secy. Honeywell Race of mother White
Birthplace of mother (State or foreign country) Ind

State of Indiana, County of HENDRICKS } ss:
I depose and state the information given in this application is true and correct.
Signed Debra Diane Morris
New Address Same
Subscribed and sworn to before me this 19th day of July, 19 72
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in HENDRICKS County Superior Court by written order issued 18 July 1972 and filed 31 July 1972 authorizes and directs the issuance of a marriage license to the above named parties. Judge Wawr

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 72, *and* Jerry W. Gilley *and* Debra Diane Morris.

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

I, James L. Snyder, *one thousand nine hundred and* 72, *hereby certify that on the* 21st *day of* July, *State of Indiana, Groom* Jerry W. Gilley *at* Indianapolis, *County of* Marion, *and, Bride* Debra Diane Morris *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County, State of* Indiana, *County.*

Dated this 21st *day of* July, 19 72.

Signed James L. Snyder
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* August, 19 72.

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

No. 295
File Book 34
20 July 1972
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 17 July 1972
Name of Physician Mac C. Roller MD.

FEMALE
Medical Examination Report Dated 17 July 1972
Name of Physician Mac C. Roller MD

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

MALE APPLICANT

Name: First Donald Middle R. Last VanDeman
Date of Birth: Month November Day 9 Year 1938
Place of Birth (State or foreign country) Marion Co. Indiana
Residence Address: Street or R. R. RI Bx 205 E. City Bargersville County Johnson State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Dec 69 Johnson
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Truck Driver; Dohrn Tr.
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
Bruce D.	11	RR 3 Bx 264 Greenwood
Brian K.	9	
Donald R. Jr.	8	

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Clifford Ross Van Deman
    Residence of father (if deceased so state) Deceased.
    Occupation of father —— Race of father White
    Birthplace of father (State or foreign country) Indpls, Ind.
12. Full maiden name of mother Mary Frances Creasey
    Residence of mother (if deceased so state) 1829 Barth Indpls.
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Donald R. VanDeman
New Address RI Bx 205 E Bargersville Ind
Subscribed and sworn to before me this 20th day of July 72
John Gambold
HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Linda Middle Last Wall
Date of Birth: Month April Day 24 Year 1941
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. RI Bx 61A City Pittsboro County Hend. State Ind.
Maiden Name if Different Linda Lee Leland.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ May 72 Hend.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Secy. Sound Classics.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 41-R17969

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Fred Gardner Leland.
   Residence of father (if deceased so state) W. 10th Indpls
   Occupation of father Retired. Race of father White
   Birthplace of father (State or foreign country) Ill.
8. Full maiden name of mother Ethel Ruth Justus.
   Residence of mother (if deceased so state) same
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

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

Signed Linda Wall
New Address same
Subscribed and sworn to before me this 20th day of July 72
John Gambold
HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 24 *day of* July, 1972, *authorizing the joining together as husband and wife* Donald R. VanDeman *and* Linda Wall

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

I, Fred N. Graham *hereby certify that on the* 29th *day of* July, *one thousand nine hundred and* 72 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Donald R. VanDeman *of* Johnson *County, State of* Indiana, *and, Bride* Linda Wall *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 29 *day of* July, 1972.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* July, 1972.

Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

Do Not Publish Court Order

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

APPLIC

No. 296
File Book 34
21 July 1972
Date of Application

MALE
Medical Examination Report Dated 21 July 1972
Name of Physician Jas. Black M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts ... of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred ...

MALE APPLICANT

Name: First Roland Middle [illegible] Last Motley
Date of Birth: Month July Day 12 Year 1936
Place of Birth (State or foreign country) St. Joseph Mo.
Residence Address: Street or R. R. 1024 Gary Dr. City P'Fld County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Denton Co. Tex. 1965 Owen Co. Ky. 1953
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Truck Drivr. Dealer Transport
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Chauffeurs Lic 401-44-28190

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

Name	Age	Address
Sherry Ray	18	Emancipated.
Darrell Lee	14	736 Dellaroe St.
Rhonda Kay	5	Lexington Ky

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Roland Motley Sr.
    Residence of father (if deceased so state) Corinth, Ky
    Occupation of father Tr. Drivr Race of father White
    Birthplace of father (State or foreign country) Nicholasville Ky.
12. Full maiden name of mother Beatrice Huskey
    Residence of mother (if deceased so state) 1026 McCrackin Rancho Ga. Dr. Indpls
    Occupation of mother Nurse Race of mother White
    Birthplace of mother (State or foreign country) St. Joseph, Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Roland Motley
New Address 1024 Gary Dr. P'Fld
Subscribed and sworn to before me this 21st day of July, 1972
John Lambert Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

MALE APPLICANT

Name: First Donna Middle Sue Last O'Rear
Date of Birth: Month August Day 28 Year 1952
Place of Birth (State or foreign country) Greene Co. Ind.
Residence Address: Street or R. R. 1024 Gary Dr. City P'Fld County Hend. State Ind.
Maiden Name if Different Donna Sue Moore
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Daviess Co. Ind. 1966 Wilmington Calif. 69
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Housewife.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Opr Lic 313 52 9520 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Don Henry Moore
   Residence of father (if deceased so state) R2 Odon Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Greene Co. Ind.
8. Full maiden name of mother Leona Maxine Ferguson
   Residence of mother (if deceased so state) Dana Odon Ind
   Occupation of mother H/W Race of mother White
   Birthplace of mother (State or foreign country) Daviess Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Donna S. O'Rear
New Address Same
Subscribed and sworn to before me this 21st day of July, 1972
John Lambert Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in HENDRICKS County Clerks. office Superior Court by written order issued 21 July 1972 and filed authorizes and directs the issuance of a marriage license to the above named parties. 3 Da Wave.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of July, 1972, authorizing the joining together as husband and wife Roland Motley and Donna Sue O'Rear
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald S. Wallace hereby certify that on the 22 day of July, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Roland Motley of Hendricks County, State of Indiana, and, Bride Donna S. O'Rear of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 21 day of July, 1972.

Signed Rev. Donald S. Wallace
Official Designation Pastor. Calvary Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of July, 1972.
Signed John Lambert Jr. Clerk HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 297
File Book 34
July 21 1972
Date of Application

MALE
Medical Examination Report Dated July 19, 1972
Name of Physician J. Thomas Vieira, M.D.

FEMALE
Medical Examination Report Dated July 19, 1972
Name of Physician J. Thomas Vieira, M.D.

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

MALE APPLICANT

Name: First John Middle Stephen Last Drake
Date of Birth: Month January Day 1 Year 1950
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R. R. 3553 Leary Road City Indianapolis County Marion State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Service man
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? No ☐ Yes ☒
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Cari Lynn	2	Indianapolis, Indiana

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

11. Full name of father Otis Edward Drake
Residence of father (if deceased so state) 2915 Kristan West Dr. Indpls
Occupation of father Surclassing Agent Race of father W
Birthplace of father (State or foreign country) Indianapolis Indiana
12. Full maiden name of mother Rita Catherine Ferracane
Residence of mother (if deceased so state) 3553 Leary Ct. Indpls. Ind.
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Indianapolis, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X John S. Drake
New Address X 2806 Donna Bell Dr.
Subscribed and sworn to before me this 21st day of July, 1972.
HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Janice Middle Kay Last Watts
Date of Birth: Month January Day 25 Year 1951
Place of Birth (State or foreign country): Putnam County Indiana
Residence Address: Street or R. R. 638 Avon Avenue City Plainfield County Hendricks State Indiana
Maiden Name if Different same
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation: Dental 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 Harry Wayne Watts
Residence of father (if deceased so state) 638 Avon Avenue, Plainfield Ind.
Occupation of father Resident engineer Race of father W
Birthplace of father (State or foreign country) Putnam County Indiana
8. Full maiden name of mother Martha Jane Wallace
Residence of mother (if deceased so state) 638 Avon Ave. Plainfield Ind
Occupation of mother V.P. Credit Union Race of mother W
Birthplace of mother (State or foreign country) Hendricks County Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Janice K. Watts
New Address X 2806 Donna Bell Drive, Indpls.
Subscribed and sworn to before me this 21st day of July, 1972
HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 1972, *authorizing the joining together as husband and wife* John Stephen Drake *and* Janice Kay Watts

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

I, John P. Moderett hereby certify that on the 29th day of July, one thousand nine hundred and 72 at Avon United Methodist Church, County of Hendricks, State of Indiana, Groom John Stephen Drake of Marion County, State of Ind. and, Bride Janice Kay Watts 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 29 day of July, 19 72.

Signed John P. Moderett
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* August, 19 72.

Signed John Bamberger Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 298
File B Hk 34
July 21, 1972
Date of Application

MALE
Medical Examination Report Dated July 21, 1972
Name of Physician Lee M. Joseph M.D.

FEMALE
Medical Examination Report Dated July 21, 1972
Name of Physician Lee M. Joseph M.D.

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

MALE APPLICANT

Name: First Mark Middle Ernest Last Thompson

Date of Birth: Month July Day 6 Year 1950

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. R.R. #2 Box 349 A City Danville, County, State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Sales Rep.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12-30-50-224

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Harold Martin Thompson
    Residence of father (if deceased so state) R.R. #2 Box 349A Danville
    Occupation of father Purchasing Agt. Race of father.....
    Birthplace of father (State or foreign country) Danville Ind.
12. Full maiden name of mother Mary Kathryn Mackey
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Danville, Ind.

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

Signed Mark Ernest Thompson
New Address Glenbrook Apt. Indianapolis

Subscribed and sworn to before me this 21st day of July, 1972.
John D Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Virginia Middle Joan Last Gill

Date of Birth: Month July Day 16 Year 1950

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 547 W. Main City Danville, 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 Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 6689

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William Thomas Gill
   Residence of father (if deceased so state) Same
   Occupation of father Brick Layer Race of father.....
   Birthplace of father (State or foreign country) York Salem Ind.
8. Full maiden name of mother Edith Florence Roberts
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) St. Paul, Indiana

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

Signed Virginia Joan Gill
New Address Same

Subscribed and sworn to before me this 21st day of July, 1972.
John Lambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 1972, *authorizing the joining together as husband and wife* Mark Ernest Thompson *and* Virginia Joan Gill
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, H. Orval Moore *hereby certify that on the* 29 *day of* July, *one thousand nine hundred and* 72 *at* Danville, *State of Indiana, Groom* Mark Ernest Thompson *of* Hendricks *County, State of* Indiana, *and, Bride* Virginia (Joan) Joan Gill *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 29 *day of* July, 1972.

Signed H. Orval Moore
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* Aug., 1972.

Signed John Lambold Jr. Clerk
HENDRICKS Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 299
File Book 34
July 21, 1972
Date of Application

MALE
Medical Examination Report Dated July 17, 1972
Name of Physician Dr. M. O. Seamahorn

FEMALE
Medical Examination Report Dated July 17, 1972
Name of Physician M. O. Seamahorn

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

MALE APPLICANT

Name: First Bradley Middle Jo Last Phillips

Date of Birth: Month Feb Day 14 Year 1954

Place of Birth (State or foreign country) Lebanon

Residence Address: 530 Enderly Dr. Street or R. R. Apt 5. City Brownsburg 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 Construction

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

☐ Other (Specify) Witham Memorial Hospital

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Melvin Earl Phillips
    Residence of father (if deceased so state) 720A R. #3 Brownsburg
    Occupation of father Pipe Fitter Race of father.....
    Birthplace of father (State or foreign country) Avon
12. Full maiden name of mother Peggy Lou Ling
    Residence of mother (if deceased so state) 720A R. #3 Brownsburg
    Occupation of mother Clerk - Typist Race of mother.....
    Birthplace of mother (State or foreign country) Bloomington, Ind.

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

Signed Bradley Jo Phillips
New Address 530 Enderly Dr.

Subscribed and sworn to before me this 21st day of July, 19 72.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Melvin E. Phillips Father
Signed Peggy L. Phillips Mother
Subscribed and sworn to before me this 21st day of July, 19 72
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Pamelia Middle Sue Last Tyler

Date of Birth: Month March Day 15 Year 1952

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

Residence Address R. # 3 Street or R. R. Brownsburg City Ind. County State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Secretary

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

☐ Other (Specify) 2350

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 A. Tyler
   Residence of father (if deceased so state) Same
   Occupation of father Truck Driver Race of father.....
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Rosemary McDaniel
   Residence of mother (if deceased so state) Same
   Occupation of mother Key Punch Race of mother.....
   Birthplace of mother (State or foreign country) Lawrence, Ind.

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

Signed Pamelia Sue Tyler
New Address 530 Enderly Dr. Apt 5 Brownsburg

Subscribed and sworn to before me this 21st day of July, 19 72.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* August, 19 72, *authorizing the joining together as husband and wife* Bradley Jo Phillips *and* Pamelia Sue Tyler

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

I, William H. Nash hereby certify that on the 4th day of August, one thousand nine hundred and 72 at the Clermont Christian Church, County of Marion, State of Indiana, Groom Bradley Jo Phillips of Hendricks County, State of Indiana, and, Bride Pamelia Sue Tyler of Hendricks County, State of Indiana, were by me united 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 August, 19 72.

Signed William H. Nash
Official Designation Minister Clermont Chr. Church

Filed and recorded in accordance with the laws of the State of Indiana this 11th *day of* August, 19 72.

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. 300
File Book 34
July 21 1972
Date of Application

MALE
Medical Examination Report Dated July 17, 1972
Name of Physician Elmer L Lock M D.

FEMALE
Medical Examination Report Dated July 17, 1972
Name of Physician Elmer L. Lock M. D.

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

MALE APPLICANT

Name: First Kenneth Middle M. Last Long
Date of Birth: Month Feb Day 5 Year 1950
Place of Birth (State or foreign country) Rensselaer Ind.
Residence Address: Street or R. R. 6110 Chesture Rd. City Indpls. 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 Nichols Lear
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service -12-35-50-23

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Merrel E. Long
    Residence of father (if deceased so state) 209 S. Rachel, Rensselaer
    Occupation of father Factory Race of father.....
    Birthplace of father (State or foreign country) Medairyville, Ind.
12. Full maiden name of mother Mary L Helton
    Residence of mother (if deceased so state) Same
    Occupation of mother Dietician Race of mother.....
    Birthplace of mother (State or foreign country) Rensselaer, Ind.

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

Signed Kenneth M. Long
New Address Plainfield, Ind
Subscribed and sworn to before me this 21st day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Deborah Middle L. Last Ray
Date of Birth: Month July Day 21 Year 1954
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 9825 W. Washington St. City Wend. County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 7364

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Frank Wilson Ray
   Residence of father (if deceased so state) Same
   Occupation of father Allison Race of father.....
   Birthplace of father (State or foreign country) Indianapolis Ind
8. Full maiden name of mother Ina Marie Harris
   Residence of mother (if deceased so state) Same
   Occupation of mother Doctors Race of mother.....
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Deborah L Ray
New Address Plainfield, Indiana
Subscribed and sworn to before me this 21st day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in 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 25 day of July 19 72, authorizing the joining together as husband and wife Kenneth M. Long and Deborah L. Ray
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donny H. Hays hereby certify that on the 29 day of July, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Kenneth M. Long of Marion County, State of Indiana, and, Bride Deborah L Ray of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 25 day of July, 19 72.

Signed Donny H Hays
Official Designation Baptist Pastor

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. 301
File Book 34
July 24 1972
Date of Application

MALE
Medical Examination Report Dated 19 July 1972
Name of Physician Lloyd Terry, M.D

FEMALE
Medical Examination Report Dated 19 July 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 any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Myron Middle C. Last Stewart
Date of Birth: Month October Day 20 Year 1935
Place of Birth (State or foreign country) Pittsboro Ind.
Residence Address: Street or R. R. R2, Bx 218C City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Aug 72
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Employee. REA.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Oper Lic 3304-36-1244-02

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

Name	Age	Address
Bryan	13	Pittsboro
Brenda	12	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 Riner Carroll Stewart
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Boone Co. Ind.
12. Full maiden name of mother Carolyn Frances Dupree
    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, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Myron C Stewart
New Address R2 Bx 218C Clayton, Ind
Subscribed and sworn to before me this 24th day of July, 19 72
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Reuby Middle June Last Patterson
Date of Birth: Month November Day 21 Year 1931
Place of Birth (State or foreign country) Blacky Va.
Residence Address: Street or R. R. RR Bx 256 City Clayton County Hend. State Ind.
Maiden Name if Different Justus
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 71 Summit Co, Ohio.
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Cashier- Hostess. Holiday N.T.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Oper Lic 232-38-0822 02

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Melvin Justus
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Blacky Va
8. Full maiden name of mother Carrie J Cline
   Residence of mother (if deceased so state) Rt Fenton, Ohio
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Wyoming Co, W. Va

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

Signed Reuby June Patterson
New Address Same
Subscribed and sworn to before me this 24th day of July, 19 72
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28th day of July, 19 72, authorizing the joining together as husband and wife Myron C Stewart and Reuby June Patterson

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

I, Fred N. Graham hereby certify that on the 29th day of July, one thousand nine hundred and 72 at Danville, County of Hendricks, State of Indiana, Groom Myron C. Stewart of Hendricks County, State of Indiana, and, Bride Reuby June Patterson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of July, 19 72.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 19 72.

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. 302
File Bk 34
July 24 1972
Date of Application

MALE
Medical Examination Report Dated 7-17-72
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 7-14-72
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 Richard Middle Melton Last Larkin
Date of Birth: Month December Day 28 Year 1952
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. R#3 Box 276 City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Meat Cutter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12 30 52 523

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Richard Melton Larkin
New Address RR 2 Box 57
Subscribed and sworn to before me this 24 day of July, 1972
John Lambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Lloyd Larkin Father
Signed Roselyn Louise Larkin Mother
Subscribed and sworn to before me this 24 day of July, 1972
John Lambold Jr Clerk

FEMALE APPLICANT

Name: First Shirley Middle Marie Last Burton
Date of Birth: Month January Day 7 Year 1954
Place of Birth (State or foreign country) Indpls. Indiana
Residence Address: Street or R. R. R#2 Bx 470 M City Indpls. County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cashier
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Raymond Eugene Burton
Residence of father (if deceased so state) Indpls. Ind.
Occupation of father Ally Employed Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Barbara Joan Berg
Residence of mother (if deceased so state) Indpls. Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Indpls. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Shirley Marie Burton
New Address RR 2 Box 57
Subscribed and sworn to before me this 24 day of July, 1972
John Lambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1972, authorizing the joining together as husband and wife Richard Melton Larkin and Shirley Marie Burton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Neal D. Upshaw hereby certify that on the 29 day of July, one thousand nine hundred and 72 at Avon Christian Church, County of Hendricks, State of Indiana, Groom Richard Melton Larkin of Hendricks County, State of Indiana, and, Bride Shirley Marie Burton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 29 day of July, 1972.

Signed Neal D. Upshaw
Official Designation Minister

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 303
File Bk 34
July 25 1972
Date of Application

MALE
Medical Examination Report Dated 7-7-72
Name of Physician C. N. Saulsea

FEMALE
Medical Examination Report Dated 7-7-72
Name of Physician C. N. Saulsea

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

MALE APPLICANT

Name: First Herman Middle M Last Stogsdill
Date of Birth: Month June Day 25 Year 1947
Place of Birth (State or foreign country): Somerset Kentucky
Residence Address: 216 N. Adams Street or R. R. Brownsburg City Hend. County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Scavenger Service
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 15-84-47-194

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

Name	Age	Address

(b) Are you supporting or contributing to their 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 Stogsdill
Residence of father (if deceased so state) Somerset, Kentucky
Occupation of father Unemployed Race of father W
Birthplace of father (State or foreign country) Somerset, Ky.
12. Full maiden name of mother Edith Pauline Harris
Residence of mother (if deceased so state) Somerset, Ky.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Somerset, Ky.

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

Signed X Herman M. Stogsdill
New Address X 8 St Green St Brownsburg

Subscribed and sworn to before me this 25 day of July, 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, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sharon Middle E. Last Cook
Date of Birth: Month July Day 16 Year 1956
Place of Birth (State or foreign country): Somerset Kentucky
Residence Address: 220 N. Adams Street or R. R. Brownsburg City Hend. County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) File No. 116 Reg. No. 546

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Elbert Franklin Cook
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Janitor + Laundry Race of father W
Birthplace of father (State or foreign country) Ruth, Kentucky
8. Full maiden name of mother Roberta Burdene
Residence of mother (if deceased so state) Brownsburg, Ind.
Occupation of mother Custom Race of mother W
Birthplace of mother (State or foreign country) Hansford, Ky.

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

Signed X Sharon E Cook
New Address X 8 St Green St Brownsburg Ind

Subscribed and sworn to before me this 25 day of July
John Gambold, Jr. Clerk HENDRICKS Ci

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....F
Signed X Roberta Cook.....Mo
Subscribed and sworn to before me this 25 day of July, 19..
John Gambold, Jr.....Cle

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of July, 1972, authorizing the joining together as husband and wife Herman M. Stogsdill and Sharon E. Cook

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 29 day of July, one thousand nine hundred and 72 at Liston, County of Hendricks, State of Indiana, Groom Herman M. Stogsdill of Hendricks County, State of Indiana, and, Bride Sharon E. Cook of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29th day of July, 19 72.

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

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of August, 19 72.

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. 303
File 8k 37
July 25 1972
Date of Application

MALE
Medical Examination Report Dated 7-7-72
Name of Physician C. N. Saulsbar

FEMALE
Medical Examination Report Dated 7-7-72
Name of Physician C. N. Saulsbar

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

MALE APPLICANT

Name: First Herman Middle M Last Stogsdill
Date of Birth: Month June Day 25 Year 1947
Place of Birth (State or foreign country): Somerset Kentucky
Residence Address: Street or R. R. 216 N. Adams City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Scavenger Service
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 15-84-47-194

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their 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 Stogsdill
Residence of father (if deceased so state) Somerset, Kentucky
Occupation of father Unemployed Race of father W
Birthplace of father (State or foreign country) Somerset, Ky.
12. Full maiden name of mother Edith Pauline Hems
Residence of mother (if deceased so state) Somerset, Ky.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Somerset, Ky.

State of Indiana,
County of.....

Subscribed and
[illegible]

CONSENT OF
We, the paren
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State of Indian
County of.....

Subscribed and s

COMPLETE
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FEMALE APPLICANT

Name: First Sharon Middle E. Last Cook
Date of Birth: Month July Day 16 Year 1956
Place of Birth (State or foreign country): Somerset, Kentucky
Residence Address: Street or R. R. 220 N. Adams City Brownsburg County Hd 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) File No. 116 Reg. No. 546

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Elbert Franklin Cook
Residence of father (if deceased so state) Brownsburg, Ind.
Occupation of father Janitor - Laundry Race of father W
Birthplace of father (State or foreign country) Ky, Kentucky
8. Full maiden name of mother Roberta Burdine
Residence of mother (if deceased so state) Brownsburg, Ind
Occupation of mother Cashier Race of mother W
Birthplace of mother (State or foreign country) Hansford, Ky.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Sharon E Cook
New Address x 82 Green St Brownsburg apt 3

Subscribed and

ELBERT COOK

I, Mr Elbert Cook, hereby give my consent for
my Sharon E. Cook to
marry Herman M. Stogsdill.

x Mr Elbert F. Cook

subscribed and sworn to before me this 25th day of July 1972

William R. Fuller
Notary Public

.....Court by written order issued.....and filed
in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 29th day of July, 1972, authorizing the joining together as husband and wife Herman M. Stogsdire and Sharon E. Cook

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Raymond L. Raden hereby certify that on the 29 day of July, one thousand nine hundred and 72 at Lizton, County of Hendricks, State of Indiana, Groom Herman M. Stogsdill of Hendricks County, State of Indiana, and, Bride Sharon E. Cook of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29th day of July, 1972.

Signed Rev Raymond L. Raden
Official Designation Pastor, 1st Baptist Church, Lizton, Ind.

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of August, 1972.

Signed John Hanford, Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 304
File Book K 34
26 July 1972
Date of Application

MALE
Medical Examination Report Dated 24 July 1972
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 21 July 1972
Name of Physician A.N. Scudder MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jerry Middle W. Last Burnett
Date of Birth: Month July Day 29 Year 1953
Place of Birth (State or foreign country) Greencastle Ind.
Residence Address: Street or R. R. 326 W. Broadway City Dville County Hend State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Pvt E-1 U.S. Army
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Army ID. # 55693636

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Delbert Burnett
    Residence of father (if deceased so state) Same Dville, Ind.
    Occupation of father Laborer. All Race of father White
    Birthplace of father (State or foreign country) Knox Co. Ky.
12. Full maiden name of mother Bertha Mae Campbell
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W Race of mother white
    Birthplace of mother (State or foreign country) Knox Co, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jerry W. Burnett
New Address Ft Knox. Ky

Subscribed and sworn to before me this 29th day of July, 19 72
John Gambill Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Delbert Burnett Father
Signed Bertha Mae Burnett Mother

Subscribed and sworn to before me this 29th day of July, 19 72
John Gambill Clerk

FEMALE APPLICANT

Name: First Suzanne Middle E Last Riechmann
Date of Birth: Month August Day 6 Year 1954
Place of Birth (State or foreign country) Dville Ind.
Residence Address: R3 Box 295AB Street or R. R. Dville City Hend County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Dville HS Grad.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 8356

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 William Reichmann
   Residence of father (if deceased so state) Same Dville, Ind
   Occupation of father Construct. Baker Race of father White
   Birthplace of father (State or foreign country) St Louis, Mo.
8. Full maiden name of mother Fern Selma Niehaus
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother white
   Birthplace of mother (State or foreign country) St Peter, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Suzanne E. Riechmann
New Address Same

Subscribed and sworn to before me this 26th day of July, 19 72
John Gambill Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Glenn Riechmann Father
Signed Fern Riechmann Mother

Subscribed and sworn to before me this 26th day of July, 19 72
John Gambill Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the in HENDRICKS Clerk's Office County Circuit Court by written order issued 26th July 72 and filed authorizes and directs the issuance of a marriage license to the above named parties. 3 da Wait

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 19 72 authorizing the joining together as husband and wife Jerry W. Burnett and Suzanne E. Riechmann

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Fred N. Graham hereby certify that on the 29th day of July, one thousand nine hundred and 72 at Danville, County of Hendricks, State of Indiana, Groom Jerry W. Burnett of Hendricks County, State of Indiana, and, Bride Suzanne E Riechmann of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 29 day of July, 19 72.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of July, 19 72

Signed John Gambill 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. 305
File Book 34
July 26, 1972
Date of Application

MALE
Medical Examination Report Dated July 17, 1972
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated July 17, 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 John Middle L. Last Brown
Date of Birth: Month January Day 6 Year 1950
Place of Birth (State or foreign country): Indianapolis Marion Ind
Residence Address: Street or R.R. 343 S. Villa City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Grinder
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: Charles William Brown
    Residence of father (if deceased so state): (Deceased) Indianapolis
    Occupation of father: Employee Pepsi Cola Race of father: W
    Birthplace of father (State or foreign country): Indianapolis, Ind.
12. Full maiden name of mother: Alice Jeanne Lewis
    Residence of mother (if deceased so state): not known
    Occupation of mother: — Race of mother: W
    Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed John L. Brown
New Address 2531 N. Calvert Indianapolis

Subscribed and sworn to before me this 26 day of July, 1972
John Bamboldt Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Bonita Middle Louise Last Cole
Date of Birth: Month July Day 16, Year 1951
Place of Birth (State or foreign country): Methodist Hosp. Indianapolis Marion Ind.
Residence Address: Street or R.R. Rt. 3 - Box 69. 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: 3260 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?
3. Are you afflicted with a transmissible disease?
4. Are you related to the groom closer than second cousin?
5. Are you now under the influence of intoxicating liquor?
6. Are you now under the influence of a narcotic drug?
7. Full name of father: Billy Leo Cole
   Residence of father (if deceased so state): Rt. 3 - Box 6
   Occupation of father: Set up man Race of fa
   Birthplace of father (State or foreign country): In
8. Full maiden name of mother: Betty Louise
   Residence of mother (if deceased so state): Rt. 3 - Bo
   Occupation of mother: Keypunch Operator Race of m
   Birthplace of mother (State or foreign country):

State of Indiana, County of HENDRICKS } ss: I depose and state in this application

× Signed Bonita Louise
New Address 2531 N. Calvert,
Subscribed and sworn to before me this 26 day of Ju
John Bamboldt Jr. Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriag
signs, state facts which render the consent of the other parent unneces

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of August, 1972, authorizing the joining together as husband and wife John L. Brown and Bonita Louise Cole

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Robbins hereby certify that on the 5th day of August, one thousand nine hundred and 72 at Plainfield, County of Hendricks State of Indiana, Groom John L. Brown of Hendricks County, State of Indiana, and, Bride Bonita Louise Cole of Hendricks County, State of Indiana, were by me united 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 August, 1972.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of August, 1972.

Signed John Bamboldt 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. 305
File Book 34
July 26, 1972
Date of Application

MALE
Medical Examination Report Dated July 17, 1972
Name of Physician Irving Coker, M.D.

FEMALE
Medical Examination Report Dated July 17, 1972
Name of Physician Irving Coker, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 L., Last Brown
Date of Birth: Month January, Day 6, Year 1950
Place of Birth (State or foreign country): Indianapolis Marion Ind.
Residence Address: Street or R. R. 343 S. Villa, City Indianapolis, County, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Grinder
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 un
7. Are you now un
8. Are you able to
9. Are you likely t
10. Do you have minc
    (If yes, answer q
    (a) List their ful
    Nam
    (b) Are you supp
    (c) Are you com
    their support
11. Full name of fath
    Residence of fath
    Occupation of fa
    Birthplace of fat
12. Full maiden nam
    Residence of mot
    Occupation of mo
    Birthplace of mot
State of Indiana, HI
County of
Ne
Subscribed and sworn
John S
CONSENT OF PARI
We, the parents, of t
signs, state facts wh

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Bonita, Middle Louise, Last Cole
Date of Birth: Month July, Day 16, Year 1951
Place of Birth (State or foreign country): Methodist Hosp. Indianapolis Marion Ind.
Residence Address: Street or R. R. Rt. 3. Box 69. City Plainfield, 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: 2260 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 ☐

I, Betty Louise Cole, mother of Bonita Louise Cole, do swear or affirm that my daughter, Bonita Louise Cole, was born on July 16, 1951.

Sworn and subscribed to before me this 26 day of July, 1972.
John J. Summerlot Comm. exp-Aug. 21-1973
Betty Louise Cole

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of August, 1972, authorizing the joining together as husband and wife John L. Brown and Bonita Louise Cole

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Robbins hereby certify that on the 5th day of August, one thousand nine hundred and 72 at Plainfield, County of Hendricks State of Indiana, Groom John L. Brown of Hendricks County, State of Indiana, and, Bride Bonita Louise Cole of Hendricks County, State of Indiana, were by me united 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 August, 1972.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of August, 1972.

Signed John Sanders 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. 306
File B1 34
July 26, 1972
Date of Application

MALE
Medical Examination Report Dated 7-26-72
Name of Physician A. N. Scudder

FEMALE
Medical Examination Report Dated 7-26-72
Name of Physician A N Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gregory Middle Louis Last Hill
Date of Birth: Month 6 Day 16 Year 1951
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 118 E. College City Brownsburg County Hend State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student - part time construction
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? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Riley J. Hill
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Principal - School Race of father W
    Birthplace of father (State or foreign country) Clayton, Indiana
12. Full maiden name of mother Mary Eileen Hartman
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Parke Co., Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Gregory Louis Hill
New Address X 4133 Matthews, Indianapolis

Subscribed and sworn to before me this 27th day of July, 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, County of HENDRICKS } ss:

Signed X Riley J. Hill Father
Signed X Mary E. Hill Mother
Subscribed and sworn to before me this 26 day of July, 1972.
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name: First Jayne Middle Ann Last Davis
Date of Birth: Month Mar Day 22 Year 1953
Place of Birth (State or foreign country) Lebanon Boone Ind
Residence Address: Street or R. R. 110 Greenacre Dr City Brownsburg County Hend State Ind
Maiden Name (If Different) None
Previous 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 - Prudential Insurance
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 Harold E. Davis
   Residence of father (if deceased so state) Boone County, Indiana
   Occupation of father Pipe fitter Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Helen J. Predigo
   Residence of mother (if deceased so state) 110 Greenacre Drive Brownsburg, Ind
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Marion County, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jayne Ann Davis
New Address X 4133 Matthews, Indianapolis

Subscribed and sworn to before me this 27th day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County in.....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 3rd day of August, 1972, authorizing the joining together as husband and wife Gregory Louis Hill and Jayne Ann Davis
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, S. Howard Davidson hereby certify that on the fifth day of August, one thousand nine hundred and seventy-two at Calvary United Methodist Church, Brownsburg, Ind., County of Hendricks, State of Indiana, Groom Gregory Louis Hill of Hendricks County, State of Indiana, and, Bride Jayne Ann Davis of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this fifth day of August, 1972.

Signed S. Howard Davidson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of August, 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. 307
File Book 34
July 26 1972
Date of Application

MALE
Medical Examination Report Dated 6-26-72
Name of Physician Glenn W Baker MD

FEMALE
Medical Examination Report Dated 6-26-72
Name of Physician Glenn W. Baker MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Paul Last Gibbons Jr

Date of Birth: Month March Day 12 Year 1954

Place of Birth (State or foreign country) Oak Ridge Tenn.

Residence Address: Street or R. R. 147 Iroquois Rd City Oak Ridge County Anderson State 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 Truck mart Trucks

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) S.S. card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Paul Gibbons Sr.
    Residence of father (if deceased so state) Same
    Occupation of father City Employee Race of father W
    Birthplace of father (State or foreign country) Tenn.
12. Full maiden name of mother Winifred Biddle
    Residence of mother (if deceased so state) Same
    Occupation of mother City Employee Race of mother W
    Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Richard Paul Gibbons Jr.
New Address —

Subscribed and sworn to before me this 26 day of July, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

attached

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Janet Middle Renee Last Goddard

Date of Birth: Month Feb. Day 5 Year 1954

Place of Birth (State or foreign country) Jefferson-Birmingham-Alabama

Residence Address: Street or R. R. Box 56 RR 3 City Rolling Acres County Brownsburg 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 Volney Goddard III
   Residence of father (if deceased so state) —
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Tenn.
8. Full maiden name of mother Wilma Lou Murley
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Janet Renee Goddard
New Address —

Subscribed and sworn to before me this 26 day of July, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....
Signed.....
Subscribed and sworn to before me this.....day of.....
.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above na
HENDRICKS
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 *of Indiana dated the* 4 *day of* August, 19 72, *authorizing the joining together as h*
Richard Paul Gibbons Jr. *and* Janet Renee Goddard
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jerry R. Nash *hereby certify that on the* 5 *day of* August, *one thousand nine hundred and* seventy two *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Richard Paul Gibbons Jr *of* Hendricks *County, State of* Indiana, *and, Bride* Janet Renee Goddard *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 5 *day of* August, 19 72.

Signed Jerry R. Nash
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 *day of* August, 19 72.
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. 307

File Book 34

HENDRICKS County

July 26 1972
Date of Application

MALE
Medical Examination Report Dated 6-26-72
Name of Physician Glenn W Baker MD

FEMALE
Medical Examination Report Dated 6-26-72
Name of Physician Glenn W. Baker. MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Paul Last Gibbons Sr

Date of Birth: Month March Day 12 Year 1954

Place of Birth (State or foreign country) Oak Ridge Tenn.

Residence Address: Street or R. R. 147 Iriquois Rd City Oak Ridge County Anderson State 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 Truck mart Judges

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) S.S. card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Paul Gibbons Sr.
    Residence of father (if deceased so state) Same
    Occupation of father City Employee Race of father W
    Birthplace of father (State or foreign country) Tenn.
12. Full maiden name of mother Winifred Biddle
    Residence of mother (if deceased so state) Same
    Occupation of mother City Employee Race of mother W
    Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Richard Paul Gibbons Jr.

New Address —

Subscribed and sworn to before me this ... day of July, 19 72

...

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

FEMALE APPLICANT

Name: First Janet Middle Renee Last Goddard

Date of Birth: Month Feb. Day 5 Year 1954

Place of Birth (State or foreign country) Jefferson-Birmingham-Alabama

Residence Address: Street or R. R. Box 56 RR 3 City Rolling Acres County Brownsburg 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 Volney Goddard III
   Residence of father (if deceased so state) —
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Tenn.
8. Full maiden name of mother Wilma Lou Murley
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Janet Renee Goddard

New Address —

Subscribed and sworn to before me this 26 day of July, 19 72

John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

I, Richard P. Gibbons, hereby give my consent for my Son, Richard Paul Gibbons, Jr. to marry Janet Renee Goddard.

Richard P. Gibbons
Mrs. Richard P. Gibbons

Subscribed and sworn to before me this 29 day of July 1972

J. Earl Cassady
Notary Public
April 21, 1976

(NOTARY PUBLIC SEAL — J. EARL CASSADY — NOTARY PUBLIC — ANDERSON COUNTY, TENN.)

of Indiana dated the 4 day of

Richard Paul Gibbons Jr and

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jerry R. Nash hereby certify that on the 5th day of August, one thousand nine hundred and seventy two at Brownsburg, County of Hendricks, State of Indiana, Groom Richard Paul Gibbons of Hendricks County, State of Indiana, and, Bride Janet Renee Goddard of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5 day of August, 19 72.

Signed Jerry R. Nash

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of August, 19 72.

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. 308
File Book 34
July 27 1972
Date of Application

MALE
Medical Examination Report Dated July 17, 1972
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated July 17, 1972
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: Donald (First) P. (Middle) Albrecht (Last) Jr.
Date of Birth: Month October, Day 8, Year 1952
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: RR #3 Box 79C (Street or R. R.) Danville (City) Hendricks (County) Indiana (State)
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Route man Semi Sqft
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: Donald Dave Albrecht Sr.
    Residence of father (if deceased so state): RR #3, Box 79 C Danville
    Occupation of father: General Foreman Allison Race of father: W
    Birthplace of father (State or foreign country): Indianapolis Indiana
12. Full maiden name of mother: Doris Lee Simmonds
    Residence of mother (if deceased so state): RR #3, Box 79 C Danville
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): Indianapolis, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Donald P. Albrecht Jr.
New Address X RR 1 Box 49H Danville

Subscribed and sworn to before me this 27th day of July, 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, County of HENDRICKS } ss:

Signed X Donald P. Albrecht ..... Father
Signed X Doris Lee Albrecht ..... Mother
Subscribed and sworn to before me this 27th day of July, 1972.
John Gambold Jr. ..... Clerk

FEMALE APPLICANT

Name: Debra (First) Kay (Middle) Rousch (Last)
Date of Birth: Month June, Day 10, Year 1954
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: 118 Price Road (Street or R. R.) Plainfield (City) Hendricks (County) Indiana (State)
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 William Rousch
   Residence of father (if deceased so state): 118 Price Road Plainfield Ind.
   Occupation of father: Electrician Race of father: W
   Birthplace of father (State or foreign country): Indianapolis Indiana
8. Full maiden name of mother: Norma Jean Fox
   Residence of mother (if deceased so state): 118 Price Road Plainfield Ind.
   Occupation of mother: Secretary Penn Central Race of mother: W
   Birthplace of mother (State or foreign country): Indianapolis Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Debra Kay Rousch
New Address X RR 1 Box 49H Danville

Subscribed and sworn to before me this 27th day of July, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 31 day of July, 1972., authorizing the joining together as husband and wife Donald P. Albrecht Jr and Debra Kay Rousch
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. James D. Moriarty hereby certify that on the 5 th day of August, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Donald Paul Albrecht Jr of Hendricks County, State of Indiana, and, Bride Debra Kay Rousch of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 5 th day of August, 1972.

Signed Rev. James D. Moriarity
Official Designation Pastor St Susanna Church

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of August, 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. 309
File Book 3d
July 27 1972
Date of Application

MALE
Medical Examination Report Dated July 26, 1972
Name of Physician M.O. Scamahorn, M.D.

FEMALE
Medical Examination Report Dated July 26, 1972
Name of Physician M.O. Scamahorn M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Allen Last Huey
Date of Birth: Month August Day 15 Year 1950
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: 74 Reda Road Street or R. R. Indianapolis City Marion County Indiana State
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Machine shop International Harvestor
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? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Huey
    Residence of father (if deceased so state) 74 Reda Ln. Indpls. Ind.
    Occupation of father: Trans American Collections Race of father: W
    Birthplace of father (State or foreign country) Terre Haute, Indiana
12. Full maiden name of mother: Patricia Ann Barnhardt
    Residence of mother (if deceased so state) 74 Reda Road, Indpls. Ind.
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country).....

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ David Allen Huey
New Address ☒ 2540 Brandywine Ct

Subscribed and sworn to before me this 27th day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Linda Middle Sue Last Ratliff
Date of Birth: Month May Day 30 Year 1950
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: R.R. #1 Street or R. R. Lizton City Hendricks County Indiana State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Teacher - North Salem
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify): Methodist Hosp. Birth Cert.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Gene Ratliff
   Residence of father (if deceased so state) R.R. #1 Lizton, Indiana
   Occupation of father: Farmer Race of father: W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother: Rosalie Hoover
   Residence of mother (if deceased so state) R.R. #1, Lizton, Indiana
   Occupation of mother: Nurse Race of mother: W
   Birthplace of mother (State or foreign country) Twelve Mile, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Linda Sue Ratliff
New Address ☒ 2540 Brandywine Ct Indpls.

Subscribed and sworn to before me this 27th day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 2nd *day of* August, 1972, *authorizing the joining together as husband and wife* David Allen Huey *and* Linda Sue Ratliff

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Everett L. Wright *hereby certify that on the* 6th *day of* August, *one thousand nine hundred and* 72 *at* Lizton, *County of* Hendricks, *State of Indiana, Groom* David Allen Huey *of* Marion *County, State of* Indiana, *and, Bride* Linda Sue Ratliff *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 1972.

Signed Everett L. Wright
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* August, 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. 310
File Book 34
July 28, 1972
Date of Application

MALE
Medical Examination Report Dated July 27, 1972
Name of Physician A. R. Scudder, M.D.

FEMALE
Medical Examination Report Dated July 27, 1972
Name of Physician A. R. Scudder. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Norman Middle B. Last Barrett
Date of Birth: Month May Day 10 Year 1936
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. R.R. 6 City Knightstown County Henry 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 Construction Electrician
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Selective Service 33-18-36-88

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name / Age / Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Elmo Herbert Barrett
Residence of father (if deceased so state) Deceased - Ohio
Occupation of father Foundry Race of father W
Birthplace of father (State or foreign country) Vanceburg Ky.
12. Full maiden name of mother Marie Jewell Morgan
Residence of mother (if deceased so state) Portsmouth, Ohio
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Vanceburg. Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

✗ Signed Norman B Barrett
New Address R.R. 18, Box 343C Indianapolis

Subscribed and sworn to before me this 28 day of July, 1972
John Bambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Anna Middle L. Last Kelly
Date of Birth: Month March Day 26 Year 1937
Place of Birth (State or foreign country) Jamestown Hend. Ind.
Residence Address: Street or R. R. R.R. 18 Box 343C City Indianapolis County Marion State Ind.
Maiden Name if Different Anna L. Rudder
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) Registration Cert U.S. Civil Com.

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Isabia Hubert Rudder
Residence of father (if deceased so state) Dec. - Jamestown
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) London, Ky.
8. Full maiden name of mother Pearl Ethel Pickett
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother Cook. Race of mother W
Birthplace of mother (State or foreign country) Barbersville, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

✗ Signed Anna L. Kelly
New Address RR 18 Box 343-C Indianapolis

Subscribed and sworn to before me this 28 day of July, 19.....
John Bambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 1st *day of* August, 1972, *authorizing the joining together as husband and wife* Norman B. Barrett *and* Anna L. Kelly
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald L. McKee *hereby certify that on the* 31 *day of* August, *one thousand nine hundred and* 72, *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Norman B. Barrett, *of* Hendricks *County, State of* Indiana, *and, Bride* Anna L. Kelly, *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 31st *day of* August, 19 72.

Signed Donald L. McKee
Official Designation Middle Township J.P. Pittsboro, Indiana

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* September, 19 72.

Signed John Bambold 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. 311
File Book 34
July 28, 1972 Date of Application

MALE
Medical Examination Report Dated July 28, 1972
Name of Physician Eric D. Clark. M.D.

FEMALE
Medical Examination Report Dated July 28. 1972
Name of Physician Eric D. Clark. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle Eugene Last Shipley
Date of Birth: Month April Day 8 Year 1945
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. R.R. 2, Box 440 City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Navy
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Naval Service I.D. 429-84-7984

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Marshall Eugene Shipley
    Residence of father (if deceased so state) R.R. 2 - Box 440 Indpls.
    Occupation of father Tool-die Maker Race of father W
    Birthplace of father (State or foreign country) Marion, Ind.
12. Full maiden name of mother Mary Elizabeth Jones
    Residence of mother (if deceased so state) R.R. 2. Box 440 Indpls.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Bar City, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

✓Signed Joseph E. Shipley
New Address Newport, R. I.

Subscribed and sworn to before me this 28 day of July, 19 72
John Bamberger Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Angela Middle R. Last Harvey
Date of Birth: Month Sept. Day 1 Year 1945
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 1018 Pierce Drive City Plainfield County Hend. State Ind.
Maiden Name if Different Angela R. Johantgen
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Beautician
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 45-0x9043

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Joseph Johantgen
   Residence of father (if deceased so state) Derby Ind.
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) —
8. Full maiden name of mother Juanita B. Pope
   Residence of mother (if deceased so state) 1018 Pierce Drive Plainfield
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Orange Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

✓Signed Angela Harvey
New Address Newport, R. I.

Subscribed and sworn to before me this 28 day of July, 19....
John Bamberger Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3-Day Waiver and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. Judge Vivian Helton

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* .....*day of* ....., 19....., *authorizing the joining together as husband and wife* Joseph Eugene Shipley *and* Angela R. Harvey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ted D. Younce *hereby certify that on the* 28 *day of* July, *one thousand nine hundred and* 72 *at* Avon Christian Church, *County of* Hendricks, *State of Indiana, Groom* Joseph Eugene Shipley *of* Hendricks *County, State of* Indiana, *and, Bride* Angela R. Harvey *of* Hendricks *County, State of* Indiana, *were by me united 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 July, 19 72.

Signed Ted D. Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* August, 19 72.

Signed John Bamberger 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. 312
File Book 34
July 28, 1972
Date of Application

MALE
Medical Examination Report Dated July 28, 1972
Name of Physician Elmer L. Koch. M.D.

FEMALE
Medical Examination Report Dated July 28, 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: First Robert Middle Ricky Last Samuels

Date of Birth: Month Feb. Day 16 Year 1949

Place of Birth (State or foreign country) Indianapolis Marion Ind.

Residence Address: Street or R. R. R-2, Box 444 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Laborer

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 1496

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Vonda Ladee Samuels	3	Clayton Ind.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Roger Donald Samuels
    Residence of father (if deceased so state) —
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Idalene Cox
    Residence of mother (if deceased so state) R.2 - Box 444 Clayton
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Robert Ricky Samuels
New Address Rt. 2 Box 113 Coatsville

Subscribed and sworn to before me this 28 day of July, 1972
John Dunbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Carol Middle Marie Last Gibson

Date of Birth: Month March Day 25 Year 1956

Place of Birth (State or foreign country) Danville Hendricks Ind.

Residence Address: Street or R. R. R-2, Box 113 City Indianapolis County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation None

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hend. Co. Book 7 - P 105

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Allen Baker
   Residence of father (if deceased so state) R.2 Box 113 - Indpls.
   Occupation of father Warehouse Emp. Race of father W.
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Mildred Louise Parker
   Residence of mother (if deceased so state) R. 2. Box 113
   Occupation of mother Public Serv. Ind. Race of mother W.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Carol Marie Gibson
New Address Rt. 2 Box 113 Indianapolis

Subscribed and sworn to before me this 28 day of July, 1972
John Dunbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY 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* 1 *day of* August, 1972, *authorizing the joining together as husband and wife* Robert Ricky Samuels *and* Carol Marie Gibson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, M. L. Crawley *hereby certify that on the* 10th *day of* August, *one thousand nine hundred and* 72, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Robert Ricky Samuels *of* Hendricks *County, State of* Ind. *and, Bride* Carol Marie Gibson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 10th *day of* August, 1972.

Signed M. L. Crawley
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* August, 1972.
Signed John Dunbold Jr. *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 312
File Book 34
July 28, 1972
Date of Application

MALE
Medical Examination Report Dated July 28, 1972
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated July 28, 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: First Robert Middle Ricky Last Samuels

Date of Birth: Month Feb. Day 16 Year 1949

Place of Birth (State or foreign country) Indianapolis Marion Ind.

Residence Address: Street or R. R. R-2, Box 444 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Laborer

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 1496

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Vonda Ladee Samuels	3	Clayton Ind.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Roger Donald Samuels
    Residence of father (if deceased so state) —
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen Cox
    Residence of mother (if deceased so state) R-2 - Box 444 Clayton
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Robert Ricky Samuels
Rt. 2 Box 113 Coatsville

FEMALE APPLICANT

Name: First Carol Middle Marie Last Gibson

Date of Birth: Month March Day 25 Year 1956

Place of Birth (State or foreign country) Danville Hendricks Ind.

Residence Address: Street or R. R. R-2, Box 113 City Indianapolis County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation None

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Hend. Co. Book 7 - P 105

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Allen Gibson
   Residence of father (if deceased so state) R.2 Box 113 - Indpls.
   Occupation of father Warehouse Emp. Race of father W.
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Mildred Lonnie Parker
   Residence of mother (if deceased so state) R. 2. Box 113
   Occupation of mother Public Serv. Ind. Race of mother W.
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

× Signed Carol Marie Gibson
New Address Rt. 2 Box 113 Indianapolis

Subscribed and sworn to before me this 28 day of July 1972
John Barnhold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We the parents of this applicant hereby give consent for this marriage. If only one parent

...Father
...Mother
..., 19...
...Clerk

...med parties, the
...and filed

...Circuit Court

We, Walter & Mildred Gibson, hereby give my consent for my daughter, Carol Marie Gibson to marry Robert Samuels

× Mildred Gibson
× Walter A. Gibson

Subscribed and sworn to before me this 29 day of July 1972

Roland H. Clarke
Notary Public

My Comm. Expires
9-14-73

Be It Remembered, there was filed in my office ...
of Indiana dated the 1 day of August 1972, authorizing the joining together as husband and wife Robert Ricky Samuels and Carol Marie Gibson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, M. L. Crawley hereby certify that on the 10th day of August, one thousand nine hundred and 72, at Plainfield, County of Hendricks, State of Indiana, Groom Robert Ricky Samuels of Hendricks County, State of Ind., and, Bride Carol Marie Gibson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS
Dated this 10th day of August, 1972.

Signed M. L. Crawley
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of August, 1972.
Signed John Barnhold 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. 313
File Book 34
July 31. 1972
Date of Application

MALE
Medical Examination Report Dated July 26, 1972
Name of Physician Lloyd Terry, M.D

FEMALE
Medical Examination Report Dated July 26, 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 any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George Middle Thomas Last Clark
Date of Birth: Month May Day 26 Year 1951
Place of Birth (State or foreign country) Bloomington, Illinois
Residence Address: Street or R. R. Kent Drive City Catlin County Vermillion 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 studying to be a minister
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 Jewel Samuel Clark
    Residence of father (if deceased so state) Kent Drive, Catlin, Illinois
    Occupation of father Factory manager Race of father W
    Birthplace of father (State or foreign country) Bloomington Illinois
12. Full maiden name of mother Erma Eileen Meeks
    Residence of mother (if deceased so state) Kent Drive, Catlin Illinois
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Washburn Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✓ George T. Clark
New Address ✓ Johnson Bible College, Kimberlin Hts, TN.
Subscribed and sworn to before me this 31st day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Lynn Last Weaver
Date of Birth: Month August Day 28 Year 1952
Place of Birth (State or foreign country) Portland, Indiana
Residence Address: Street or R. R. 447 Meadow Drive City Danville County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Student in Business & Education
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 Norman Lee Weaver
   Residence of father (if deceased so state) 447 Meadow Drive, Danville, Ind
   Occupation of father Minister Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Beverly Joyce Suits
   Residence of mother (if deceased so state) 447 Meadow Drive, Danville, Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✓ Rebecca Lynn Weaver
New Address ✓ Johnson Bible College, Kimberlin Hts, TN
Subscribed and sworn to before me this 31st day of July, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* August, 1972, *authorizing the joining together as husband and wife* George Thomas Clark *and* Rebecca Lynn Weaver

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Norman L. Weaver *hereby certify that on the* 4th *day of* August, *one thousand nine hundred and* seventy two *at* Danville, *County of* Hendricks *State of Indiana, Groom* George Thomas Clark *of* Vermillion *County, State of* Illinois *and, Bride* Rebecca Lynn Weaver *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 1972.

Signed Norman L. Weaver
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* August, 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. 314
File Book 34
July 31 1972
Date of Application

MALE
Medical Examination Report Dated July 26, 1972
Name of Physician Norman E. Whitney

FEMALE
Medical Examination Report Dated July 26, 1972
Name of Physician Norman E. Whitney

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald, Middle J., Last Harp
Date of Birth: Month March, Day 29, Year 1940
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. R.R. #1, Box 232 Plainfield, City, County Hendricks, State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Divorce Sept '72
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Computer Programer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service Card

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☒
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Alpina	12	Jeffersonville
Ronald	11	Jeffersonville
Charlene	9	Jeffersonville

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father Everett Kelden Harp
    Residence of father (if deceased so state) R.R. #1, Box 232 Plainfield, Indiana
    Occupation of father Bank Property Manager Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mildred Irene Puckerrell
    Residence of mother (if deceased so state) R.R. #1, Box 232 Plainfield, Ind.
    Occupation of mother Clerk Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald J Harp
New Address Box 113 Carlesburg Ind
Subscribed and sworn to before me this 31st day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Susan, Middle Kay, Last Koch
Date of Birth: Month July, Day 21, Year 1949
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. R.R. #3 Box 135, City Mooresville, County Morgan, State Indiana
Maiden Name if Different Susan Kay Jest
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: Computer Programer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 67, 4 W 665 p 132

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Theodore Allan Jest
   Residence of father (if deceased so state) Miami, Florida
   Occupation of father Accountant Race of father W
   Birthplace of father (State or foreign country) Indianapolis, Indiana
8. Full maiden name of mother Virginia Mae Lucas
   Residence of mother (if deceased so state) R.R. 3 Box 62 Mooresville, Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indianapolis, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan Kay Koch
New Address Box 113 Carlesburg, In
Subscribed and sworn to before me this 31st day of July, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4th day of August, 1972, authorizing the joining together as husband and wife Ronald J Harp and Susan Kay Koch
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Curt Morelock hereby certify that on the 4th day of August, one thousand nine hundred and 72 at Indianapolis, County of Marion, State of Indiana, Groom Ronald J. Harp of Hendricks County, State of Indiana, and, Bride Susan Kay Koch 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 4th day of August, 1972.

Signed Curt Morelock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of August, 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. 315
File Book 34
July 31 1972
Date of Application

MALE
Medical Examination Report Dated July 27, 1972
Name of Physician Victor C. Hackney, M.D.

FEMALE
Medical Examination Report Dated July 27, 1972
Name of Physician Victor C. Hackney, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 G. Last Warner
Date of Birth: Month July Day 7 Year 1950
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. Lot 124 Oakhurst Trailer Court City Brownsburg 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 Police Officer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Ray Warner
    Residence of father (if deceased so state) 3335 W 21st Indpls. Indiana
    Occupation of father Custodian Race of father W
    Birthplace of father (State or foreign country) Indianapolis, Indiana
12. Full maiden name of mother Barbara Jean Wood
    Residence of mother (if deceased so state) 3335 W 21st Indpls. Indiana
    Occupation of mother Cafeteria Worker Race of mother W
    Birthplace of mother (State or foreign country) Newtown, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed ✗ Stanley Gene Warner
New Address ✗ Lot 124 Oakhurst M.H.P.
Subscribed and sworn to before me this 31st day of July, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Susan Middle J. Last Ney
Date of Birth: Month November Day 15 Year 1952
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. R.R. #3 Box 300 City Brownsburg County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Counter - Burger Chef
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Linus N. Ney
   Residence of father (if deceased so state) Lot 132 Oakhurst Park, Brownsburg.
   Occupation of father Self-employed - Electrician Race of father W.
   Birthplace of father (State or foreign country) Fertile, Minnesota
8. Full maiden name of mother Wilda Ruth Capps
   Residence of mother (if deceased so state) R.R. #3, Box 300, Brownsburg Ind.
   Occupation of mother Trailer Park owner Race of mother W.
   Birthplace of mother (State or foreign country) Brady, Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed ✗ Susan J. Ney
New Address ✗ R.R. Lot 124 Oakhurst Trailer Park
Subscribed and sworn to before me this 31st day of July, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* August, 1972, *authorizing the joining together as husband and wife* Stanley H. Warner *and* Susan J. Ney

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harold W. Duffer *hereby certify that on the* 13th *day of* August, *one thousand nine hundred and* 72 *at* Clarity Baptist, *County of* Marion, *State of Indiana, Groom* Stanley H. Warner *of* Hendricks *County, State of* Indiana *and, Bride* Susan J. Ney *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 1972.

Signed Harold W. Duffer
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 18th *day of* August, 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. 316
File Book 34
July 31 1972
Date of Application

MALE
Medical Examination Report Dated July 24, 1972
Name of Physician J. Thomas Vieira

FEMALE
Medical Examination Report Dated July 24, 1972
Name of Physician J. Thomas Vieira M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First J. Middle Daniel Last Howard
Date of Birth: Month July Day 8 Year 1951
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. 4506 N Pennsylvania St. City Indpls. County Marion State Indiana
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Warehouser
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service Card

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Floyd Ira Howard
    Residence of father (if deceased so state) 4506 N Pennsylvania St Indpls.
    Occupation of father Supervisor Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Norma Loretta Lee
    Residence of mother (if deceased so state) Mooresville, Indiana
    Occupation of mother Secretary Race of mother W
    Birthplace of mother (State or foreign country) Vincennes, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X J. Daniel Howard
New Address X 4506 N. Penn. Indpls. Ind.
Subscribed and sworn to before me this 31st day of July, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Betty Middle Lou Last Wagle
Date of Birth: Month March Day 7 Year 1952
Place of Birth (State or foreign country): Putnam County Indiana
Residence Address: Street or R. R. R.R. #2 Danville City Hendricks County State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Ora Wagle
   Residence of father (if deceased so state) R.R. #2 Danville, Indiana
   Occupation of father Construction Race of father W
   Birthplace of father (State or foreign country) Bridgeton Indiana
8. Full maiden name of mother Eleanor Pauline Spurr
   Residence of mother (if deceased so state) R.R. #2 Danville, Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Betty Lou Wagle
New Address X 4506 N. Penn. Indianapolis
Subscribed and sworn to before me this 31st day of July, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 4th *day of* August, 19 72, *authorizing the joining together as husband and wife* J. Daniel Howard *and* Betty Lou Wagle.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I,.....hereby certify that on the.....day of.....,
one thousand nine hundred and.....at....., County of.....,
State of Indiana, Groom.....of.....County, State of.....
and, Bride.....of.....County, State of.....,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*
Dated this.....day of....., 19.....

Signed.....
Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 317

File August 3 1972

Book 34

Date of Application

MALE
Medical Examination Report Dated July 28 1972
Name of Physician E. Kourmay MD

FEMALE
Medical Examination Report Dated July 19 1972
Name of Physician E. Kourmay 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 Danny Middle L. Last Walker

Date of Birth: Month Oct Day 22 Year 1953

Place of Birth (State or foreign country): Beech Grove Ind.

Residence Address: Street or R. R. RR 1 Box 668 City Plainfield County Hend State Ind

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Indpls Power + Light

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John William Walker
    Residence of father (if deceased so state) deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Betty Jane Harris
    Residence of mother (if deceased so state) Indpls Ind
    Occupation of mother House wife Race of mother W
    Birthplace of mother (State or foreign country) Indpls Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Dan L Walker

New Address —

Subscribed and sworn to before me this 3 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Jane Last Hall

Date of Birth: Month June Day 4 Year 1953

Place of Birth (State or foreign country): Indpls Marion Ind

Residence Address: Street or R. R. R & 2 Box 385 City Indpls County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Unemployed

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
7. Full name of father John Pershing Hall
   Residence of father (if deceased so state) Same
   Occupation of father Mch. Repair Race of father W
   Birthplace of father (State or foreign country) Linton Ind
8. Full maiden name of mother Elizabeth Ann May
   Residence of mother (if deceased so state) Same
   Occupation of mother House wife Race of mother W
   Birthplace of mother (State or foreign country) Morgan Co Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Mary Jane Hall

New Address —

Subscribed and sworn to before me this 3 day of August, 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 on signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....

Signed.....

Subscribed and sworn to before me this.....day of.....

.....

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named par
HENDRICKS County Superior Court by written order issued Aug 3 1972
in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of August, 1972, authorizing the joining together as husband and wife Dan L. Walker and Mary Jane Hall

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald M Boyd hereby certify that on the 5th day of August, one thousand nine hundred and seventy two at Plainfield, County of Hendricks, State of Indiana, Groom Dan L Walker of Hendricks County, State of Indiana, and, Bride Mary Jane 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 5th day of August, 1972.

Signed Donald M Boyd

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of August, 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. 317

File August 3 1972

Book 34

Date of Application

MALE
Medical Examination Report Dated July 28 1972
Name of Physician E. Kourmay MD

FEMALE
Medical Examination Report Dated July 19 1972
Name of Physician E. Kourmay 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 Dan Middle L. Last Walker

Date of Birth: Month Oct Day 22 Year 1953

Place of Birth (State or foreign country): Beech Grove Ind.

Residence Address: Street or R. R. RR 1 Box 668 City Plainfield County Hend State Ind

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Indpls Power + Light

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    .....

    .....

    .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John William Walker
    Residence of father (if deceased so state) deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Betty Jane Harris
    Residence of mother (if deceased so state) Indpls Ind
    Occupation of mother House wife Race of mother W
    Birthplace of mother (State or foreign country) Indpls Ind

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Dan L Walker

New Address —

Subscribed and sworn to before me this 3 day of August

John ...

CONSENT OF

We, the parent

signs, state fac

.....

.....

State of Indiana

County of.....

Subscribed and sv

COMPLETE 1

HEN

.....

in Clerk's

FEMALE APPLICANT

Name: First Mary Middle Jane Last Hall

Date of Birth: Month June Day 4 Year 1953

Place of Birth (State or foreign country): Indpls

Residence Address: Street or R. R. R R 2 Box 385 City Indpls County Marion State Ind

Maiden Name if Different 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: 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 John Pershing Hall
   Residence of father (if deceased so state) Same
   Occupation of father mch. Repair Race of father W
   Birthplace of father (State or foreign country) Linton Ind
8. Full maiden name of mother Elizabeth Ann May
   Residence of mother (if deceased so state) Same
   Occupation of mother House wife Race of mother W
   Birthplace of mother (State or foreign country) Morgan Co Ind.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Mary Jane Hall

New Address —

Subscribed and sworn to before me this 3 day of August, 1972

John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

I, MARGARET J. AYRES, hereby give my consent for my GRANDSON, DANIEL WALKER to marry MARY JANE HALL.

Margaret J Ayres

Subscribed and sworn to before me this 03 day of AUGUST 1972

Eva Weddle
Notary Public

NOTARY EXPIRATION DATE: 02-14-73

...AND MARRIAGE CERTIFICATE

...filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 3rd day of August, 1972, authorizing the joining together as husband and wife Dan L. Walker and Mary Jane Hall

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald M. Boyd hereby certify that on the 5th day of August, one thousand nine hundred and seventy two at Plainfield, County of Hendricks, State of Indiana, Groom Dan L. Walker of Hendricks County, State of Indiana, and, Bride Mary Jane 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 5th day of August, 1972.

Signed Donald M Boyd

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of August, 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. 318
File Book 34
August 3, 1972
Date of Application

MALE
Medical Examination Report Dated Aug. 2, 1972
Name of Physician Eric D. Clark, M.D.

FEMALE
Medical Examination Report Dated August 2, 1972
Name of Physician Eric D. Clark, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard, Middle Kent, Last Long
Date of Birth: Month May, Day 28, Year 1951
Place of Birth (State or foreign country): Indianapolis, Marion Ind.
Residence Address: Street or R. R. 416 Simmons, City St. Plainfield, County —, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-51-036091

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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 B. Long
    Residence of father (if deceased so state) 416 Simmons St.
    Occupation of father Assistant Race of father W
    Birthplace of father (State or foreign country) Hend. Co. Ind.
12. Full maiden name of mother Marjorie Bayliff
    Residence of mother (if deceased so state) 416 Simmons St.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Hend. Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

✓Signed Richard K. Long
New Address 2121 Fairoaks Dr. Speedway Ind.

Subscribed and sworn to before me this 3 day of Aug., 19....
.....Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Connie, Middle Kay, Last Kaestner
Date of Birth: Month July, Day 26, Year 1951
Place of Birth (State or foreign country): Cincinnati, Ohio
Residence Address: Street or R. R. 725 Sharon Ct., City Plainfield, County Hend., State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Teacher
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) (Hosp.)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Walter O. Kaestner
   Residence of father (if deceased so state) 725 Sharon Ct.
   Occupation of father Supervisor Federal Aviation Race of father W
   Birthplace of father (State or foreign country) Bloomington Ill.
8. Full maiden name of mother Ann E. Seiber
   Residence of mother (if deceased so state) 725 Sharon Ct.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Bloomington Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

✓Signed Connie Kay Kaestner
New Address 2121 Fairoaks Dr. Speedway

Subscribed and sworn to before me this 3 day of Aug., 19 72
.....Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 8th *day of* August, 19 72, *authorizing the joining together as husband and wife* Robert Kent Long *and* Connie Kay Kaestner

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. James D. Moriarty *hereby certify that on the* 12 *day of* August, *one thousand nine hundred and* 72 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Richard Kent Long *of* Hendricks *County, State of* Indiana, *and, Bride* Connie Kay Kaestner *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 12th *day of* August, 19 72.

Signed Rev. James D. Moriarty
Official Designation Pastor of St. Susanna Church Plainfield

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* August, 19 72.

Signed John Lambert, Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 328
File Book 34
August 3, 1972
Date of Application

MALE
Medical Examination Report Dated 7-12-72
Name of Physician Lloyd Terry M. D.

FEMALE
Medical Examination Report Dated 7-12-72
Name of Physician Lloyd Terry M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Marvin Middle L. Last James
Date of Birth: Month 3 Day 10 Year 1927
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. 509 W. Pearl St. City Lebanon County Ind - Boone State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ July 2 1970
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Allison
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License -304-26-3416-07

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Cathy Diana James	15	509 W. Pearl St. Lebanon
Peggy Jan James	13	2386 Walnut Leb.
Ronald Lowell James	7	" "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Lowell Russell James
    Residence of father (if deceased so state) deceased
    Occupation of father Railroad Race of father
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ocie May Jarrett
    Residence of mother (if deceased so state) 509 W. Pearl St. Lebanon
    Occupation of mother Retired Race of mother
    Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marvin L. James
New Address
Subscribed and sworn to before me this 3rd day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Alice Middle Louise Last Lowe
Date of Birth: Month May Day 2 Year 1933
Place of Birth (State or foreign country) Hendricks Co.
Residence Address: Box 491 Street or R. R. North Salem City Ind. County State
Maiden Name if Different Alice Louise Mc Donald.
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 Elec. Aircraft - Avon
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers Licens # 309-34-0721-04

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Erwin D. Mc Donald
   Residence of father (if deceased so state) Deceased
   Occupation of father County Race of father
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Pearl Mayhew
   Residence of mother (if deceased so state) deceased
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alice Louise Lowe
New Address
Subscribed and sworn to before me this 3rd day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 7th day of August, 19 72, authorizing the joining together as husband and wife Marvin L James and Alice Louise Lowe
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Earl C Davis D D hereby certify that on the ninth day of August, one thousand nine hundred and Seventy-two at North Salem, County of Hendricks, State of Indiana, Groom Marvin Lowell James of Boone County, State of Indiana, and, Bride Alice Louise (Mc Donald) Lowe of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 9th day of August, 19 72.

Signed Earl C. Davis D.D.
Official Designation Pastor - Counselor

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of August, 19 72.
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. 319
File Book 34
8-3-72
Date of Application

MALE
Medical Examination Report Dated 7-31-72
Name of Physician ~~Hyttenjoe~~ J B Guttman

FEMALE
Medical Examination Report Dated 7-11-72
Name of Physician J E Gillespie

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Wetzel Middle [illegible] Last Collins
Date of Birth: Month Sept Day 7 Year 19[illegible]
Place of Birth (State or foreign country): Salyersville Key.
Residence Address: Street or R. R. 709 Markle City Elkhart County Elkhart 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) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑ (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Kathy Faye	13	3326 Pleasant Lake
Bryan	8	Elkhart

(b) Are you supporting or contributing to their support? Yes ☑ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐

11. Full name of father Sam Collins
Residence of father (if deceased so state) R 1 Silver Lake Ind
Occupation of father Farmer Race of father W
Birthplace of father (State or foreign country) McCoffin Co Ky
12. Full maiden name of mother Clarice 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) Prestonsburg Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Wetzel Collins
New Address 709 Markle Elkhart
Subscribed and sworn to before me this 3 day of Aug, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Julia Middle L. Last Stephenson
Date of Birth: Month ~~Sept~~ Dec Day 13 Year 1935
Place of Birth (State or foreign country) Clinton Ind.
Residence Address: Street or R. R. 89 1/2 N Ky. City Danville County Hend State Ind
Maiden Name if Different Leavitt.
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 Legal Secy.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Frank A Leavitt
Residence of father (if deceased so state) 435 Midland
Occupation of father Teacher Race of father (W)
Birthplace of father (State or foreign country) Bloomfield Ind
8. Full maiden name of mother Bernadette Dean
Residence of mother (if deceased so state) Same
Occupation of mother Secy Race of mother W
Birthplace of mother (State or foreign country) Pittsburg Pa

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Julia L. Stephenson
New Address 709 Markle Elkhart
Subscribed and sworn to before me this 3 day of Aug, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued Aug 3 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* 3 *day of* August, 19 72, *authorizing the joining together as husband and wife* Wetzel Collins *and* Julia L Stephenson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jake M Breese *hereby certify that on the* 3 *day of* August, *one thousand nine hundred and* 72 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Wetzel Collins *of* Elkhart *County, State of* Indiana, *and, Bride* Julia Stephenson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 3 *day of* August, 19 72.

Signed Jake M Breese
Official Designation Judge of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* August, 19 72.
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. 328
File Bk # 34
August 4, 1972
Date of Application

HENDRICKS County

MALE
Medical Examination Report Dated 7-31-72
Name of Physician James Black

FEMALE
Medical Examination Report Dated 7-31-72
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Alton Middle — Last Cuperman
Date of Birth: Month June Day 17 Year 1926
Place of Birth (State or foreign country) Turning Michigan
Residence Address: Street or R. R. 950 E. Main City B'Burg County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1970
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Assistant manager of Oil Station
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
Keith E. Cuperman	3	Brownsburg, Ind.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Alton X Cuperman Sr.
    Residence of father (if deceased so state) Deceased
    Occupation of father —— Race of father W
    Birthplace of father (State or foreign country) Michigan
12. Full maiden name of mother Ittha B. Brown
    Residence of mother (if deceased so state) Detroit, Michigan
    Occupation of mother Retired Race of mother W
    Birthplace of mother (State or foreign country) Turning, Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Alton Cuperman
New Address R2 Box 32 Brownsburg Ind

Subscribed and sworn to before me this 4 day of August 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Catherine Middle Bell Last Dove
Date of Birth: Month December Day 15 Year 1951
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. RR2 Box 32 City Brownsburg County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Janitor
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 Oscar Edward Dove
   Residence of father (if deceased so state) RR 3 Linton Ind
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Greene Co Ind.
8. Full maiden name of mother Ruth Marie Yates
   Residence of mother (if deceased so state) deceased
   Occupation of mother —— Race of mother W
   Birthplace of mother (State or foreign country) Sullivan Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Catherine Bell Dove
New Address RR2 Box 32 Brownsburg
Subscribed and sworn to before me this 9 day of August 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 9 day of August, 1972, authorizing the joining together as husband and wife Alton Cuperman and .....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Fred N. Graham hereby certify that on the 10th day of August, one thousand nine hundred and 72 at Danville, County of Hendricks, State of Indiana, Groom Alton Cuperman of Hendricks County, State of Indiana, and, Bride Catherine Bell Dove of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 10th day of August, 1972.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of August, 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. 323
File Book 34
Aug 4 1972
Date of Application

MALE
Medical Examination Report Dated August 1 1972
Name of Physician Thomas M. Walker

FEMALE
Medical Examination Report Dated 8-1-72
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Marc Middle R. Last Beloat
Date of Birth: Month March Day 5 Year 1949
Place of Birth (State or foreign country) Connersville Ind.
Residence Address: Street or R. R. 314 S. Green St. City Brownsburg County Hend State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation maintenance
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Armed Serv. Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jeff Beloat
    Residence of father (if deceased so state) unknown
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Phyllis Kirschbaum
    Residence of mother (if deceased so state) Same
    Occupation of mother 2nd. Bell Race of mother W
    Birthplace of mother (State or foreign country) Connersville Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Mark R Beloat
New Address —

Subscribed and sworn to before me this 4 day of Aug, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Last Johnson
Date of Birth: Month October Day 3 Year 1952
Place of Birth (State or foreign country) Tokyo Japan
Residence Address: Street or R. R. 18 Lakewood Terr. City Brownsburg County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify) American
Usual Occupation Clerk Typist
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Passport 14433

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father LeRoy L. Johnson
   Residence of father (if deceased so state) Same
   Occupation of father Electrician Race of father W
   Birthplace of father (State or foreign country) Illinois - Bone Gap
8. Full maiden name of mother Tomiko Ceizumi
   Residence of mother (if deceased so state) Same
   Occupation of mother House wife Race of mother Japanese
   Birthplace of mother (State or foreign country) Tokyo Japan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Linda Y. Johnson
New Address —

Subscribed and sworn to before me this 4 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8th *day of* August, 1972., *authorizing the joining together as husband and wife* Mark R. Beloat *and* Linda Johnson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lonnie D. Hays *hereby certify that on the* 11th *day of* August, *one thousand nine hundred and* 72 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Mark R. Beloat *of* Hendricks *County, State of* Indiana, *and, Bride* Linda Y. Johnson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 11th *day of* August, 19 72.

Signed Lonnie D. Hays
Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* August, 19 72.

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. 323
File Book 34
Aug 4 1972
Date of Application

MALE
Medical Examination Report Dated Aug 1 1972
Name of Physician Irving Cohen MD

FEMALE
Medical Examination Report Dated July 31 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: Norman Middle: M. Last: Hinkle
Date of Birth: Month: July 14 Day: Year: 1951
Place of Birth (State or foreign country): Shelbyville Ind.
Residence Address: Street or R. R.: 2630 Cold Springs Rd apt 4 City: Pudfls County: Marion State: Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Insurance - Claim Adj.
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: Norman Clifford Hinkle
    Residence of father (if deceased so state): R: R1 St. Paul Ind.
    Occupation of father: Tech. Race of father: W
    Birthplace of father (State or foreign country): Shelby Co. Ind.
12. Full maiden name of mother: Doris Marie Holman
    Residence of mother (if deceased so state): Same as father
    Occupation of mother: House wife Race of mother: W
    Birthplace of mother (State or foreign country): Shelby Co Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed × Norman M. Hinkle
New Address 2630 Cold Spr. Rds.
Subscribed and sworn to before me this 4 day of Aug, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First: Catherine Middle: M. Last: Bray
Date of Birth: Month: June Day: 29 Year: 1951
Place of Birth (State or foreign country): Indpls Marion Ind.
Residence Address: Street or R. R.: 313 Wayside City: Plainfield County: Hend State: Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Carl Kingsley Bray
   Residence of father (if deceased so state): Same
   Occupation of father: Rout. Analyst Race of father: W
   Birthplace of father (State or foreign country): Indpls Ind.
8. Full maiden name of mother: Mary Josephine Standley
   Residence of mother (if deceased so state): Same
   Occupation of mother: Reg. Nurse Race of mother: W
   Birthplace of mother (State or foreign country): Spiceland Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed × Catherine M. Bray
New Address 2630 Cold Spr. Rd.
Subscribed and sworn to before me this 4 day of Aug, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11th *day of* August, 1972, *authorizing the joining together as husband and wife* Norman M. Hinkle *and* Catherine M Bray

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, DAVID R. PROPERT *hereby certify that on the* 20th *day of* August, *one thousand nine hundred and* 72, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Norman Miles Hinkle *of* Marion *County, State of* Indiana *and, Bride* Catherine Marie Bray *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 1972.

Signed David R. Propert
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* August, 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. 324
File B vol 34
Aug 4 1972
Date of Application

MALE
Medical Examination Report Dated 8.2.72
Name of Physician Elmer Koch

FEMALE
Medical Examination Report Dated 8-2-72
Name of Physician Dr Elmer Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle — Last Watson
Date of Birth: Month Jan. Day 15 Year 1937
Place of Birth (State or foreign country): Vigo Co Ind.
Residence Address: (Street or R. R.) 2 Northridge Dr City Danville County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Carpet Layer
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
Are you complying with any court order or orders issued for support? Yes ☐ No ☐

Name of father Albert Watson
Name of father (if deceased so state) Unknown
Name of father — Race of father W
Birthplace of father (State or foreign country) —
Maiden name of mother Nina Wells
Name of mother (if deceased so state) Same
Name of mother County Home Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ James Watson
New Address 1110 N. Kealing
Subscribed and sworn to before me this 4 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Betty Middle — Last Adams
Date of Birth: Month Oct. Day 22 Year 1939
Place of Birth (State or foreign country): Hazard Ky.
Residence Address: Street or R. R. 1110 N. Kealing City Indpls County Marion State Ind.
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation 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 Harlan Adams
   Residence of father (if deceased so state) deceased
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Louise Combs
   Residence of mother (if deceased so state) RR 2 Box 180 Clermont Dale
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ✕ Betty Adams
New Address 1110 N. Kealing
Subscribed and sworn to before me this 4 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of August, 1972, authorizing the joining together as husband and wife James Watson and Betty Adams

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Frank W. Conrad hereby certify that on the 20th day of August, one thousand nine hundred and seventy two at Lawrenburg, County of Dearborn, State of Indiana, Groom James Watson of Hendricks County, State of Indiana, and, Bride Betty Adams of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of August, 1972.

Signed Frank W. Conrad
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of September, 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. 324
File B vol c 34
Aug 4 1972
Date of Application

MALE
Medical Examination Report Dated 8-2-72
Name of Physician Elmer Koch

FEMALE
Medical Examination Report Dated 8-2-72
Name of Physician Dr Elmer Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle — Last Watson
Date of Birth: Month Jan. Day 15 Year 1937
Place of Birth (State or foreign country) Ind.
Residence Address: 2 Northridge Dr (Street or R. R.) Danville (City) Hend (County) Ind (State)
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Carpet Layer
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name | Age | Address

.....
.....
.....

(b) Are you supporting or contributing to their support? Yes ☐ No ☐

FEMALE APPLICANT

Name: First Betty Middle — Last Adams
Date of Birth: Month Oct. Day 22 Year 1939
Place of Birth (State or foreign country) Ky.
Residence Address: 1110 N. Keating (Street or R. R.) Indpls (City) Marion (County) Ind. (State)
Maiden Name if Different Hazard
Previous 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 Harlan Adams
Residence of father (if deceased so state) deceased
Occupation of father — Race of father W
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Louise Combs
80 Clowser Dale

TO WHOM IT MAY CONCERN:

This is to certify that Betty Lou Adams (~~son~~ daughter) of Louise Adams of Hazard, Kentucky was born October 22 19 37 according to the school census of 19 43 .

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 11th day of August, 1972, authorizing the joining together as husband and wife James Watson and Betty Adams
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Frank W. Conrad hereby certify that on the 20th day of August, one thousand nine hundred and seventy two at Lawrenburg, County of Dearborn, State of Indiana, Groom James Watson of Hendricks County, State of Indiana, and, Bride Betty Adams of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 11th day of August, 1972.

Signed Frank W. Conrad
Official Designation Judicial Peace

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of September, 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. 325
File Book 34
Aug 4 1972
Date of Application

MALE
Medical Examination Report Dated 7-31-72
Name of Physician Lloyd Terry MD

FEMALE
Medical Examination Report Dated 7-31-72
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Wayne Last Calvert
Date of Birth: Month March Day 4 Year 1952
Place of Birth (State or foreign country) Ludlow
Residence Address: Street or R. R. R1 Box 126 City Clayton County Hend State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Asst. Office City Co Bldg. - Drafting
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Sal. Serv. Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☑
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 K. Calvert
    Residence of father (if deceased so state) deceased
    Occupation of father Dr Press Op. Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Coleen Marie Mahoney
    Residence of mother (if deceased so state) Same
    Occupation of mother Cook Race of mother W
    Birthplace of mother (State or foreign country) Ludlow Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Richard Wayne Calvert
New Address Clayton Ind
Subscribed and sworn to before me this ..... day of ....., 19.....
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Deceased Father
Signed Coleen M. Gilstrom Mother
Subscribed and sworn to before me this 4 day of Aug., 19 72
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Karla Middle Marie Last Williams
Date of Birth: Month July Day 5 Year 1952
Place of Birth (State or foreign country) Methodist Hosp Ludlow Ind.
Residence Address: Street or R. R. R1 Box 389 City Clayton County Hend State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Blue Cross - Blue Shield
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 Karl Frederick Williams
   Residence of father (if deceased so state) Same
   Occupation of father Tr. Driver Race of father W
   Birthplace of father (State or foreign country) Ludlow Ind
8. Full maiden name of mother Della May York
   Residence of mother (if deceased so state) Housewife
   Occupation of mother ..... Race of mother W
   Birthplace of mother (State or foreign country) Ludlow

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Karla Marie Williams
New Address Clayton
Subscribed and sworn to before me this 4 day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 9 *day of* August, 19 72, *authorizing the joining together as husband and wife* Richard Wayne Calvert *and* Karla Marie Williams.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William Eugene Potte hereby certify that on the 12th day of August, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Richard Wayne Calvert of Hendricks County, State of Ind., and, Bride Karla Marie Williams 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 21 day of August, 19 72.

Signed W. E. Potte
Official Designation Minister of the Meth. Evangelical Fellowship

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of August, 19 72.

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. 326
File Book 34
Aug 4 1972
Date of Application

MALE
Medical Examination Report Dated 8-2-72
Name of Physician Donald Cheeseman

FEMALE
Medical Examination Report Dated 8-2-72
Name of Physician Donald 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 Paul Middle Last Cull
Date of Birth: Month June Day 26 Year 1916
Place of Birth (State or foreign country) Covington Ky
Residence Address: Street or R. R. RR 17 Box 582 City Speedway County Hend State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Navy Discharge

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Louis Cull
    Residence of father (if deceased so state) deceased
    Occupation of father Construction Race of father W
    Birthplace of father (State or foreign country) Owen Co Ky
12. Full maiden name of mother Callie Hemsley
    Residence of mother (if deceased so state) deceased
    Occupation of mother Home wife Race of mother W
    Birthplace of mother (State or foreign country) Owen Co Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Paul Cull
New Address Same

Subscribed and sworn to before me this 4 day of Aug, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Ina Middle Mae Last Bailey
Date of Birth: Month March Day 27 Year 1930
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. RR 17 Box 582 City Speedway County Hend State Ind.
Maiden Name if Different Robbins
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation 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 Jerry Lou Robbins
   Residence of father (if deceased so state) deceased
   Occupation of father Baker Race of father W
   Birthplace of father (State or foreign country) Indpls Ind
8. Full maiden name of mother Easter Williams
   Residence of mother (if deceased so state) RR 2 Avon
   Occupation of mother Home wife Race of mother W
   Birthplace of mother (State or foreign country) Cleveland Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Ina Mae Bailey
New Address RR 17 Box 582

Subscribed and sworn to before me this 4 day of Aug, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued Aug 4 1972 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 4 day of August, 19 72, authorizing the joining together as husband and wife Paul Cull and Ina Mae Bailey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Fred N. Graham hereby certify that on the 5th day of August, one thousand nine hundred and 72 at Danville, County of Hendricks, State of Indiana, Groom Paul Cull, and, Bride Ina Mae Bailey of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 5th day of August, 19 72

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of August, 19 72.

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. 327

File Book 34

HENDRICKS County

Aug 4 1972
Date of Application

MALE
Medical Examination Report Dated 7-31-72
Name of Physician William Wagner MD

FEMALE
Medical Examination Report Dated 7-31-72
Name of Physician William Wagner

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Herbert Middle [illegible] Last Huddleston

Date of Birth: Month April Day 20 Year 1939

Place of Birth (State or foreign country): Judyes Marion Ind

Residence Address: Street or R. R. 1425 Western Dr City Judyes County Marion State Ind

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Security Guard - Airport

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
Bryan	11	RR 3 Box 671
Tonia	8	Judyes
Theresa	7	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: Ray Crim Huddleston
Residence of father (if deceased so state): 1425 Western Dr Judyes
Occupation of father: Welder Race of father: W
Birthplace of father (State or foreign country): Judyes Ind
12. Full maiden name of mother: Julia Brezko
Residence of mother (if deceased so state): same
Occupation of mother: House wife Race of mother: W
Birthplace of mother (State or foreign country): Judyes Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Herbert Huddleston

New Address: —

Subscribed and sworn to before me this 4 day of Aug, 19 72.

John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Doris Middle Lee Last Gray

Date of Birth: Month July Day 14 Year 1942

Place of Birth (State or foreign country): St Vincent's Judyes Ind

Residence Address: 106 N. Green St. Brownsburg Hend Ind

Maiden Name if Different: Gaddie

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: J. C. Penney - Clerk

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Edmund Gaddie
Residence of father (if deceased so state): deceased
Occupation of father: Guard Race of father: W
Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Gladys Underwood
Residence of mother (if deceased so state): 201 S. Center Plainfield
Occupation of mother: House wife Race of mother: W
Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Doris L. Gray

New Address: —

Subscribed and sworn to before me this 4 day of Aug, 19 72

John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 8th *day of* August, 19 72, *authorizing the joining together as husband and wife* Herbert Huddleston *and* Doris Lee Gray

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, M L Crawley *hereby certify that on the* 11th *day of* August, *one thousand nine hundred and* 72 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Herbert Huddleston *of* Hendricks *County, State of* Indiana *and, Bride* Doris Lee Gray *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11th *day of* August, 19 72.

Signed M L Crawley

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* August, 19 72.

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. 328
File Bk 34
August 7 1972
Date of Application

MALE
Medical Examination Report Dated 7-28-72
Name of Physician Eric Clark

FEMALE
Medical Examination Report Dated 7-28-72
Name of Physician Eric 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 Dennis Middle Dean Last Gore
Date of Birth: Month October Day 16 Year 1953
Place of Birth (State or foreign country) Bedford, Indiana
Residence Address: Street or R. R. Rt 2 Box 711 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 Store Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #5698

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wendell Dean Gore
    Residence of father (if deceased so state) Same
    Occupation of father Fuel Engineer Race of father W
    Birthplace of father (State or foreign country) Silverwood Ind.
12. Full maiden name of mother Mary Louise Cook
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Lawrence Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Dennis Dean Gore
New Address 125 Welcome Way Blvd. Apt 310-D Building 3 Greenwood

Subscribed and sworn to before me this 7th day of August, 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, County of HENDRICKS } ss:

Signed x Wendell D. Gore Father
Signed x Mary Louise Gore Mother
Subscribed and sworn to before me this 7th day of August, 1972.
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Marsha Middle Kay Last Wooden
Date of Birth: Month May Day 19 Year 1954
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 10025 Medallion Dr. City Delphi County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Albert Ray Wooden
   Residence of father (if deceased so state) Same
   Occupation of father Machine Repair Race of father W
   Birthplace of father (State or foreign country) Delphi Ind.
8. Full maiden name of mother Bonnie Jean Holt
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Delphi, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Marsha Kay Wooden
New Address 125 Welcome Way Blvd Apt 310D

Subscribed and sworn to before me this 7th day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County in.....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 11th day of August, 19 72, authorizing the joining together as husband and wife Dennis Dean Gore and Marsha Kay Wooden

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Teal Younce hereby certify that on the 11 day of August, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Dennis Dean Gore of Hendricks County, State of Indiana, and, Bride Marsha Kay Wooden of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 11th day of August, 19 72.

Signed Teal O. Younce
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 day of August, 19 72.

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. 329
File Book 34
Aug 7-1972
Date of Application

MALE
Medical Examination Report Dated 8-7-72
Name of Physician A N Scudder

FEMALE
Medical Examination Report Dated 8-7-72
Name of Physician A N Scudder

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: Milton (First) Kent (Middle) Persall (Last)
Date of Birth: Month March Day 22 Year 1951
Place of Birth (State or foreign country): Eustis Florida
Residence Address: RR #10 (Street or R. R.) Cullman (City) Alabama (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: Minister
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Milton O. Persall
    Residence of father (if deceased so state): Same
    Occupation of father: Business man Race of father: W
    Birthplace of father (State or foreign country): Cullman Ala.
12. Full maiden name of mother: Billie Sue Tulley
    Residence of mother (if deceased so state): Same
    Occupation of mother: House wife Race of mother: W
    Birthplace of mother (State or foreign country): Cullman Ala.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: x Milton Kent Persall
New Address: RR 1 Bell City Ala.

Subscribed and sworn to before me this 7 day of Aug, 1972.
John G Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: Linda Diane (First) (Middle) Watson (Last)
Date of Birth: Month Feb Day 2 Year 1953
Place of Birth (State or foreign country): Oceanside Cal.
Residence Address: 425 Douglas (Street or R. R.) Brownsburg (City) Hend (County) Ind. (State)
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Un employed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Richard F. Watson
   Residence of father (if deceased so state): Same
   Occupation of father: Machinist Race of father: W
   Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Margaret Frances Taylor
   Residence of mother (if deceased so state): same
   Occupation of mother: House wife Race of mother: W
   Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: x Linda Diane Watson
New Address: RR 1 Bell City Ala.

Subscribed and sworn to before me this 7 day of Aug, 1972.
John G Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 11th *day of* August, 19 72, *authorizing the joining together as husband and wife* Milton Kent Persall *and* Linda Diane Ward

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Doyle E Bullard *hereby certify that on the* 11th *day of* August, *one thousand nine hundred and* 72 *at* Brownsburg, *County of* Hendricks, *State of Indiana,* Groom Kent Persall *of* Cullman *County, State of* Alabama *and,* Bride Linda Diane Watson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 11th *day of* August, 19 72.

Signed Doyle E Bullard
Official Designation Minister, Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* August, 19 72.

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. 330

File Book 34

Aug 8, 1972 Date of Application

MALE
Medical Examination Report Dated 8/8/72
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 8-8-72
Name of Physician A. N. Scudder M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Spencer Middle H. Last Neal

Date of Birth: Month 11 Day 11 Year 1942

Place of Birth (State or foreign country) Kilmanon Ind.

Residence Address: Street or R. R. R.R. #18 Box 259A City Indpls. County ~~Hend~~ State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1970 Hend.

Color or Race: White ☐ Negro ☐ Other ☐ (specify)

Usual Occupation Bull dozier Operator

Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree ☐ Other (Specify) Selective Service 12-216-42-454

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐ (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
D'Bris Lynn	9	Marion
Spencer Marion	5	County
Christian Michelle	3	

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Harry E. Neal
Residence of father (if deceased so state) Marion County
Occupation of father Self Employed Race of father
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Minnie Pollard
Residence of mother (if deceased so state) Marion County
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed H. Spencer Neal
New Address R.R. #18 Box 259A Indpls Ind
Subscribed and sworn to before me this 8th day of August, 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, County of HENDRICKS } ss:

Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle Last Louton

Date of Birth: Month 10 Day 1 Year 1947

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: Street or R. R. 6225 Glynn Rd. City Indpls. County State Ind.

Maiden Name if Different Elizabeth Louton

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☐ Negro ☐ Other ☐ (specify)

Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Maurice E. F. Louton
Residence of father (if deceased so state) Camby, Ind.
Occupation of father Self Employed Race of father
Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother Presicilla Louise Howard
Residence of mother (if deceased so state) Camby, Ind.
Occupation of mother Housewife Race of mother
Birthplace of mother (State or foreign country) Goshen, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth Louton
New Address Same
Subscribed and sworn to before me this 8th day of August, 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, County of HENDRICKS } ss:

Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 12 *day of* August, 1972, *authorizing the joining together as husband and wife* Spencer Neal *and* Elizabeth Louton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, ...hereby certify that on the.....day of....., one thousand nine hundred and.....at....., County of....., State of Indiana, Groom.....of.....County, State of....., and, Bride.....of.....County, State of....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this.....day of....., 19.....

Signed .....
Official Designation .....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed .....Clerk
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 351
File Book 34
August 8
Date of Application

MALE
Medical Examination Report Dated Aug. 8, 1972
Name of Physician Eric D. Clark. M.D

FEMALE
Medical Examination Report Dated Aug. 9, 1972
Name of Physician

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dean Middle Kenlon Last Hill

Date of Birth: Month April Day 8 Year 1949

Place of Birth (State or foreign country) Methodist Hosp., Indianapolis, Marion Ind.

Residence Address: Street or R. R. 514 S. Center St. 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 Buyer Trainee

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 Paul Kenneth Hill
    Residence of father (if deceased so state) 514 S. Center, Plainfield
    Occupation of father Industrial Truck Driver Race of father —
    Birthplace of father (State or foreign country) Greencastle, Ind.
12. Full maiden name of mother Freda Edden Bilddon
    Residence of mother (if deceased so state) 514 S. Center Plainfield
    Occupation of mother Bookkeeper Race of mother W
    Birthplace of mother (State or foreign country) Putnam Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Dean Hill

New Address Denver, Colorado

Subscribed and sworn to before me this 8 day of August, 19....

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Dawn Middle Marie Last Jolen

Date of Birth: Month August Day 3 Year 1951

Place of Birth (State or foreign country) St. Elizabeth Hosp. Lafayette Tippecanoe Ind.

Residence Address: Street or R. R. Rt. 1, Box 171 City Plainfield County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Eleven Thomas Jolen
   Residence of father (if deceased so state) Bell Gardens, Calif.
   Occupation of father Truck Driver Race of father W
   Birthplace of father (State or foreign country) Oxford Indiana
8. Full maiden name of mother Thomasita Rose Johnson
   Residence of mother (if deceased so state) Rt. 1, Box 171 Plainfield Ind.
   Occupation of mother Stenographer Race of mother W
   Birthplace of mother (State or foreign country) Lafayette, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dawn M. Jolen

New Address Denver, Colorado

Subscribed and sworn to before me this 8 day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of August, 1972, authorizing the joining together as husband and wife Dean Kenlon Hill and Dawn Marie Jolen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Reverend James D. Moriarty hereby certify that on the 12th day of August, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Dean Kenton Hill of Hendricks County, State of Indiana, and, Bride Dawn Marie Jolen of Hendricks County, State of Indiana, were by me united 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 August, 1972.

Signed Rev. James D. Moriarty

Official Designation Pastor St. Susanna Church

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of August, 1972.

Signed John Gambold Jr. Clerk HENDRICKS Circuit Court

B C E F G I J W X Y Z

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 332
File Book 34
August 9 1972
Date of Application

MALE
Medical Examination Report Dated 7-29-72
Name of Physician A. N. Sudder

FEMALE
Medical Examination Report Dated 7-29-72
Name of Physician A. N. Sudder M.D.

ALL QUESTIONS MUST BE ANSWERED. *Chapter 126, Indiana Acts 1905 prescribes* "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle — Last Shuck
Date of Birth: Month 5 Day 26 Year 1951
Place of Birth (State or foreign country) Elwood Ind
Residence Address: Street or R. R. R.R. #3 172 D. City Brownsburg, County — State Ind.
Previous Marital Status: Never Married ☐ — Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify) .....
Usual Occupation Student
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Murray Hospital - Elwood, Ind.

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name — Age — Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Gilbert Roscoe Shuck
    Residence of father (if deceased so state) 43 Robinwood Dr Brownsburg
    Occupation of father Teacher Race of father .....
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Josephine Louise Evans
    Residence of mother (if deceased so state) 43 Robinwood Dr Brbgs
    Occupation of mother Teacher Race of mother .....
    Birthplace of mother (State or foreign country) Brazil, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Edward Shuck
New Address 515 South Forest Ave apt 1
Subscribed and sworn to before me this 9th day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle — Last Loe
Date of Birth: Month March Day 15 Year 1950
Place of Birth (State or foreign country) Bloomington Ind
Residence Address: Street or R. R. R.R. #3 172 D. City Brownsburg, 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 Teacher
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) CH 45 page 18

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father David Virgin Loe
   Residence of father (if deceased so state) R #3 Box 172 D Brownsburg
   Occupation of father Salesman Race of father .....
   Birthplace of father (State or foreign country) Columbia City, Ind.
8. Full maiden name of mother Nancy Low Harley
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother .....
   Birthplace of mother (State or foreign country) Columbia City, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara Anne Loe
New Address 515 S. Forest Ave Brazil, Ind.
Subscribed and sworn to before me this 9th day of Aug., 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed .....Father
Signed .....Mother
Subscribed and sworn to before me this .....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
HENDRICKS County Court by written order issued ..... and filed
in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 14 *day of* August, 1972, *authorizing the joining together as husband and wife* Larry Shuck *and* Barbara Loe
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson *hereby certify that on the* 19th *day of* August, *one thousand nine hundred and* 72
State of Indiana, Groom Larry Shuck *at* Brownsburg, *County of* Hendricks,
and, Bride Barbara Loe *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, State of* Ind.
Dated this 19th *day of* August, 1972.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* August, 19 72.

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. 333

File Bk # 34

August 9 1972
Date of Application

MALE
Medical Examination Report Dated 8-7-72
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 8-7-72
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 Norman Middle C. Last Berry, Jr.

Date of Birth: Month August Day 5 Year 1954

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. RR # 1 Box 99 City Clayton County Hendricks State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Gas Station Attendant

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 54-066235

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Cecil Berry, Sr.
    Residence of father (if deceased so state) Deceased
    Occupation of father ——— Race of father (W)
    Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Anna Mary Willey
    Residence of mother (if deceased so state) Clayton, Indiana
    Occupation of mother File Clerk Race of mother W
    Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Norman C. Berry Jr.

New Address X

Subscribed and sworn to before me this 9th day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Betty Middle Ruth Last Hip

Date of Birth: Month September Day 23. Year 1955

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. R # 4 Box 70 K 48 City Echo Lake Mooresville County Morgan State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father David Edward Hip, Jr.
   Residence of father (if deceased so state) Mooresville, Indiana
   Occupation of father General Motors - Allison Race of father W
   Birthplace of father (State or foreign country) Sullivan, Ind.
8. Full maiden name of mother Katherine Louise Bradberry
   Residence of mother (if deceased so state) Mooresville, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Shelburn, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Betty Hip

New Address X

Subscribed and sworn to before me this 9th day of August, 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, County of HENDRICKS } ss:

Signed X David E. Hip Sr. Father

Signed X Katherine L. Hip Mother

Subscribed and sworn to before me this 9th day of August, 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 14 day of August, 1972, authorizing the joining together as husband and wife Norman C. Berry, Jr. and Betty Ruth Hip

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Samuel W Stewart hereby certify that on the 14th day of August, one thousand nine hundred and 72 at Plainfield, Indiana, County of Hendricks State of Indiana, Groom Norman Cecil Berry of Hendricks County, State of Indiana, and, Bride Betty Ruth Hip of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 th day of August, 1972.

Signed Rev. Sam Stewart

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of August, 19.....

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. 333

File Bk # 34

HENDRICKS County

August 9 1972
Date of Application

MALE
Medical Examination Report Dated 8-7-72
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 8-7-72
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 Norman Middle C. Last Berry, Jr

Date of Birth: Month August Day 5 Year 1954

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. RR # 1 Box 99 City Clayton County Hendricks State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Gas Station Attendant

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) # 54-066235

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their 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 Cecil Berry, Sr.
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Anna May Wigley

State of Indiana, County of ..... } ss:

Subscribed and sworn to before me this ..... day of ....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Betty Middle Ruth Last Hif

Date of Birth: Month September Day 23. Year 1955

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. R # 4 Box 70 K 18 City Echo Lake Mooresville County Morgan State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father David Edward Hif, Jr.
   Residence of father (if deceased so state) Mooresville, Indiana
   Occupation of father General Motors - Allison Race of father W
   Birthplace of father (State or foreign country) Sullivan, Ind.
8. Full maiden name of mother Katherine Louise Bradberry
   Residence of mother (if deceased so state) Mooresville, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Shelburn, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Betty Hif

I, Ann Curtis, hereby give my consent for my Son, Norman C. Berry Jr. to marry Betty Hif.

Ann Curtis

Subscribed and sworn to before me this 8 day of August 1972

County Of Hendricks
State Of Indiana
My Commission Expires April 24, 1976

Josephine A. Franklin
Notary Public

Subscribed and sworn to before me this 9th day of August, 19 72

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 14 day of August, 1972, authorizing the joining together as husband and wife Norman C. Berry, Jr. and Betty Ruth Hif

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Samuel W Stewart hereby certify that on the 14th day of August, one thousand nine hundred and 72 at Plainfield, Indiana, County of Hendricks State of Indiana, Groom Norman Cecil Berry of Hendricks County, State of Indiana, and, Bride Betty Ruth Hif of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 14 th day of August, 1972.

Signed Rev. Sam Stewart
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 day of August, 19.....

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. 334
File Book 34
Aug 10, 1972
Date of Application

MALE
Medical Examination Report Dated August 2, 1972
Name of Physician Robert K. Stirling

FEMALE
Medical Examination Report Dated August 2, 1972
Name of Physician Robert K. Stirling

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steve Middle Lester Last Covert
Date of Birth: Month April Day 14 Year 1947
Place of Birth (State or foreign country) Cincinnati Ohio
Residence Address: Street or R. R. 2503 Deborair Terrace City Indpls County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Deaconess Hospital - Cincinnati Ohio

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lester Glen Covert
    Residence of father (if deceased so state) 6 Jim Sam Terrace, New York
    Occupation of father Service Rep Race of father
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Ruth Mary Smalley
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Stephen Lester Covert
New Address 2503 Deborair Ter. #50 Indpls.
Subscribed and sworn to before me this 10th day of August, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Diana Middle Sue Last Hamilton
Date of Birth: Month April Day 8 Year 1949
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. R R # 1 Box 240 City Camby County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Secpt.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 3303 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 Sherman Samuel Hamilton
   Residence of father (if deceased so state) R. R. #1 Box 240, Camby Ind.
   Occupation of father Welder Race of father
   Birthplace of father (State or foreign country) Indianapolis
8. Full maiden name of mother Betty Mae White
   Residence of mother (if deceased so state) Same
   Occupation of mother Secretary Race of mother
   Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Diana Sue Hamilton
New Address 2503 Deborair Ter. #50, Indpls.
Subscribed and sworn to before me this 10th day of August, 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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14 day of August, 1972, authorizing the joining together as husband and wife Steve Lester Covert and Diana Sue Hamilton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald M. Boyd hereby certify that on the 19th day of August, one thousand nine hundred and 72 at Mooresville, County of Morgan, State of Indiana, Groom Stephen Lester Covert of Marion County, State of Indiana, and, Bride Diana Sue Hamilton of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 19th day of August, 1972.

Signed Donald M Boyd
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of August, 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. 335
File Book 34
Aug 10, 1972
Date of Application

MALE
Medical Examination Report Dated 8-9-72
Name of Physician David Hadley

FEMALE
Medical Examination Report Dated Aug-9, 1972
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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David; Middle Michael; Last Smith
Date of Birth: Month Oct; Day 22; Year 1949
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. 35 Almond Dr.; City Pfld.; County; State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 16108-

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Eulos Riley Smith
    Residence of father (if deceased so state) 35 Almond Dr. Pfld Ind.
    Occupation of father Salaysis Race of father.....
    Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Virginia Marie Ellmore
    Residence of mother (if deceased so state) 35 Almond Dr. Pfld Ind.
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Covington, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David Michael Smith
New Address 5650 WHITCOMB TERRACE - APT. D - INDPLS,

Subscribed and sworn to before me this 10th day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kathy; Middle Jo; Last Wooden
Date of Birth: Month Sept.; Day 10; Year 1952
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 10025 Medallion Dr.; City Indpls.; County Ind.; State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Public Service - Costs Clerk.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 9188

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Albert Ray Wooden
   Residence of father (if deceased so state) Same
   Occupation of father Chevrolet Race of father.....
   Birthplace of father (State or foreign country) Indianapolis, Ind.
8. Full maiden name of mother Bonnie Irene Holt.
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kathy Jo Wooden
New Address 5650 Whitcomb Terrace Indpls.

Subscribed and sworn to before me this 10th day of Aug., 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of August, 1972, authorizing the joining together as husband and wife David Michael Smith and Kathy Jo Wooden
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Raymond E Harris hereby certify that on the 18th day of August, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom David Michael Smith of Hendricks County, State of Indiana, and, Bride Kathy Jo Wooden of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 18th day of August, 1972.

Signed Raymond E Harris
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of August, 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. 336
File Book 34
Aug. 11 1972
Date of Application

MALE
Medical Examination Report Dated 8-8-72
Name of Physician John F. Moore M D

FEMALE
Medical Examination Report Dated 8-8-72
Name of Physician John F. Moore M D

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Lawrence Last Moore
Date of Birth: Month October Day 1 Year 1953
Place of Birth (State or foreign country) Riverside California
Residence Address: Street or R. R. 34 Northagen Pkwy City Brownsburg County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation Asst Mgr. Burger Chef
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) .....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Merle James Moore Sr.
    Residence of father (if deceased so state) Same
    Occupation of father Methods Eng. Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Billie Lou Skelton
    Residence of mother (if deceased so state) same
    Occupation of mother House wife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X William Lawrence Moore
New Address —

Subscribed and sworn to before me this 11 day of Aug., 1972.
John G. Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:
Signed Merle J. Moore, Sr. Father
Signed Billie Lou Moore Mother
Subscribed and sworn to before me this 11 day of Aug., 1972.
John G. Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Rita Middle LuAnn Last Christy
Date of Birth: Month May Day 15 Year 1954
Place of Birth (State or foreign country) Indianapolis Marion Ind
Residence Address: Street or R. R. 3625 Clesson Ave City Indpls County Marion State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages .....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify) .....
Usual Occupation 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 Raymond Lee Christy
   Residence of father (if deceased so state) Same
   Occupation of father Heat. + Air Cond. Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ruth Allene Frost
   Residence of mother (if deceased so state) Same
   Occupation of mother House wife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Rita LuAnn Christy
New Address —

Subscribed and sworn to before me this 11 day of Aug., 1972
John G. Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:
Signed Raymond L Christy Father
Signed Ruth A. Christy Mother
Subscribed and sworn to before me this 11 day of Aug., 1972
John G. 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 August 11 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* 11 *day of* August, 1972, *authorizing the joining together as husband and wife* William Lawrence Moore *and* Rita LuAnn Christy.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham *hereby certify that on the* 12th *day of* August, *one thousand nine hundred and* 72 *at* Danville, *County of* Hendricks, *State of Indiana, Groom,* William Lawrence Moore *of* Hendricks *County, State of* Indiana, *and, Bride* Rita LuAnn Christy *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 12th *day of* August, 1972.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 17th *day of* August, 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. 337
File Bk 34
August 11 1972
Date of Application

MALE
Medical Examination Report Dated 8-4-72
Name of Physician Robert W. Kurtley M.D.

FEMALE
Medical Examination Report Dated 8-4-72
Name of Physician Robert W. Kurtley - M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Mark Middle E. Last David
Date of Birth: Month July Day 19 Year 1951
Place of Birth (State or foreign country) Dayton, Ohio
Residence Address: 2040½ Plum St. Street or R. R. Terre Haute City Vigo County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 33-2-51-562

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Edward David
    Residence of father (if deceased so state) Lima, Ohio
    Occupation of father Engineer Race of father W
    Birthplace of father (State or foreign country) Big Stone, Virginia
12. Full maiden name of mother Ethel Ruth Wolfinger
    Residence of mother (if deceased so state) Lima, Ohio
    Occupation of mother Supervisor Race of mother W
    Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Mark E. David
New Address x 2040½ Plum St Terre Haute Ind

Subscribed and sworn to before me this 11 day of August, 19 72
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Vicki Middle L. Last Wagers
Date of Birth: Month December Day 18 Year 1954
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: 111 S. Rd. 450 E. Street or R. R. Danville City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 13448

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Estill Wagers
   Residence of father (if deceased so state) Danville, Indiana
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Sally Gross
   Residence of mother (if deceased so state) Danville, Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Vicki L. Wagers
New Address x 2040½ Plum St. Terre Haute, Ind

Subscribed and sworn to before me this 11 day of August, 19 72
John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18th *day of* August, 19 72, *authorizing the joining together as husband and wife* Mark E. David *and* Vicki L. Wagers

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* 26th *day of* August, *one thousand nine hundred and* 72, *at* Friendswood, *County of* Brazoria, *State of Indiana, Groom* Mark E. David *of* Vigo *County, State of* Indiana, *and, Bride* Vicki L. Wagers *of* Hendricks *County, State of* Indiana, *were by me united 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* August, 19 72.

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 1 *day of* September, 19 72.

Signed John Gambold Jr. *Clerk*
HENDRICKS *Circuit Court*

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 338

File Bk #34

August 11, 1972
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

MALE
Medical Examination Report Dated 8-9-72
Name of Physician Eric D. Clark M.D.

FEMALE
Medical Examination Report Dated 8-2-72
Name of Physician W. E. Campbell, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Timothy Middle A. Last Wade

Date of Birth: Month August Day 15 Year 1947

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 227 Hancock Ld. 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 Assistant Manager

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 47-061297

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Edward F. Wade
    Residence of father (if deceased so state) Fayette, Indiana
    Occupation of father Machinist Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Addie M. Benson
    Residence of mother (if deceased so state) Plainfield, Ind.
    Occupation of mother Assistant Manager Dept Race of mother W
    Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Timothy A. Wade
New Address X 258 Indiana St. Plfd. Ind

Subscribed and sworn to before me this 11th day of August, 1972.
John Lambert, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Julie Middle J. Last Gore

Date of Birth: Month November Day 8 Year 1947

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 258 Indiana St. City Plainfield County Hendricks State Ind.

Maiden Name if Different Julie J. Wade

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 Trust Dept. Merchant Bank

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Howard L. Wade
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Machinist Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary K. Potter
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Julia J. Gore
New Address X 258 Indiana St. Plainfield

Subscribed and sworn to before me this 11 day of August, 1972
John Lambert, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* August, 19 72, *authorizing the joining together as husband and wife* Timothy A. Wade *and* Julia J. Gore

Be it further remembered, the following marriage certificate was filed in my office, to wit:

I, Warren A. Robbins *hereby certify that on the* 19th *day of* August, *one thousand nine hundred and* 72 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Timothy A. Wade *of* Hendricks *County, State of* Indiana, *and, Bride* Julia J. Gore *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19th *day of* August, 19 72.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22nd *day of* August, 19 72.

Signed John Lambert, Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 339
File Bk 34
August 11 1972
Date of Application

MALE
Medical Examination Report Dated 7-28-72
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 7-28-72
Name of Physician James Black M.D

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Herbert Middle C. Last Bray
Date of Birth: Month July Day 19 Year 1939
Place of Birth (State or foreign country): Hendricks County Indiana
Residence Address: Street or R. R. Box 162 City Amo County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2 (1 Remarriage)
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ June, 1972
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Machinist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 33459

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Mark Allen Bray	12	Greencastle, Ind.
Michael Anan Bray	9	" "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Herschel Bray
    Residence of father (if deceased so state) Amo, Indiana
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Morgan Co. Indiana
12. Full maiden name of mother Flora Dora Short
    Residence of mother (if deceased so state) Amo, Indiana
    Occupation of mother Retired Race of mother W
    Birthplace of mother (State or foreign country) Hendricks, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Herbert C. Bray
New Address x RR #1 Box 91 D1 Danville, Ind.

Subscribed and sworn to before me this 11th day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Audrey Middle C. Last Van Meter
Date of Birth: Month July Day 19 Year 1941
Place of Birth (State or foreign country): Boling Green Kentucky
Residence Address: Street or R. R. R#1 Box 191 D1 City Danville County Hendricks State Ind.
Maiden Name if Different Van Meter
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Jan 1966
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Key punch Operator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 42988

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Willis Edward Van Meter
   Residence of father (if deceased so state) Indpls., Indiana
   Occupation of father Clerk Race of father W
   Birthplace of father (State or foreign country) Warren Co., Kentucky
8. Full maiden name of mother Margaret Marie Jones
   Residence of mother (if deceased so state) Indpls., Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Warren Co. Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Audrey C. Van Meter
New Address x R.R.#1, Box 91 D1 Danville, In.

Subscribed and sworn to before me this 11 day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18th *day of* August, 19 72, *authorizing the joining together as husband and wife* Herbert C. Bray *and* Audrey C. Van Meter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Gary R. Kirchoff *hereby certify that on the* 25th *day of* August, *one thousand nine hundred and* 72 *at* Amo, Indiana, *County of* Hendricks, *State of Indiana, Groom* Herbert C. Bray *of* Hendricks *County, State of* Indiana, *and, Bride* Audrey C. Van Meter *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 25th *day of* August, 19 72.

Signed Rev. Gary R. Kirchoff
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* August, 19 72.

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. 340
File Bk 34
Aug 14 1972
Date of Application

MALE
Medical Examination Report Dated 7-28-72
Name of Physician Eugen D. Wood Jr

FEMALE
Medical Examination Report Dated 7-24-72
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 George Middle Randolph Last Owen
Date of Birth: Month November Day 6 Year 1949
Place of Birth (State or foreign country) Meridian Miss.
Residence Address: Street or R. R. Brandon Rt 2 Box 87 City Brandon County Rankin State Miss.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
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).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Earl Owen
    Residence of father (if deceased so state) Same
    Occupation of father Ins. Rep. Sew. Race of father W
    Birthplace of father (State or foreign country) Pelahatchie Miss.
12. Full maiden name of mother Polly Gertrude Daniel
    Residence of mother (if deceased so state) same
    Occupation of mother Homemaker wife Race of mother W
    Birthplace of mother (State or foreign country) Pelahatchie Miss

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x George R. Owen
New Address Asbury Theol. Sem. Wilmore Ky.
Subscribed and sworn to before me this 14 day of Aug, 19 72.
John Gambrell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Linda Middle Sue Last Watson
Date of Birth: Month July Day 6 Year 1948
Place of Birth (State or foreign country) St Vincents Hospital Indianapolis Ind
Residence Address: Street or R. R. 691 S. Ky. City Danville County Hend. State Ind.
Maiden Name if Different 0
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Teachers
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 Jerry Hendricks Watson
   Residence of father (if deceased so state) deceased
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Texas
8. Full maiden name of mother Mary Louise Redd
   Residence of mother (if deceased so state) Same
   Occupation of mother Nurse's Aid Race of mother W
   Birthplace of mother (State or foreign country) Carter Co. Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Linda Sue Watson
New Address Asbury Theol. Sem.
Subscribed and sworn to before me this 14 day of Aug, 19 72.
John Gambrell Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of August, 19 72, authorizing the joining together as husband and wife George Randolph Owen and Linda Sue Watson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. R. S. Yeats hereby certify that on the 18 day of August, one thousand nine hundred and 72 at Danville, County of Hendricks, State of Indiana, Groom George Randolph Owen of Rankin County, State of Mississippi, and, Bride Linda Sue Watson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 18th day of August, 19 72.

Signed Rev. R. S. Yeats
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of August, 19 72.
Signed John Gambrell Jr Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

125

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 341

File Aug 14 1972

Book 34

Date of Application

MALE
Medical Examination Report Dated 8-9-72
Name of Physician A. N. Scudder MD

FEMALE
Medical Examination Report Dated 8-9-72
Name of Physician A. N. Scudder MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ford Middle — Last Minton

Date of Birth: Month March Day 6 Year 1950

Place of Birth (State or foreign country) Manchester Ky.

Residence Address: Street or R. R. 418 S. Grant City Hend. County Brownsburg 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 Carpenter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) S.S. Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name — Age — Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Sammy Minton
    Residence of father (if deceased so state) same
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Lizzie Gregory
    Residence of mother (if deceased so state) same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Ford Minton
New Address 120 William Dr Brownsburg

Subscribed and sworn to before me this 14 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle Ellen Last Welch

Date of Birth: Month October Day 10 Year 1951

Place of Birth (State or foreign country) Coleman Hospital Judds Ind

Residence Address: Street or R. R. 120 Williams Dr. City Brownsburg County Hend State Ind

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Teacher. Nursery School

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William Junior Welch
   Residence of father (if deceased so state) Walnut St Bloomington
   Occupation of father Self Employed Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Barbara Katherine Kinne
   Residence of mother (if deceased so state) 652 Alpha Ave Brownsburg
   Occupation of mother Postal Clerk Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed × Nancy Ellen Welch
New Address 120 Williams Dr Brownsburg

Subscribed and sworn to before me this 14 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18th *day of* August, 1972, *authorizing the joining together as husband and wife* Ford Minton *and* Nancy Ellen Welch

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John M. Christy *hereby certify that on the* 18th *day of* August, *one thousand nine hundred and* 72 *at* Carmel, *County of* Hamilton, *State of Indiana, Groom* Ford Minton *of* Hendricks *County, State of* Indiana, *and, Bride* Nancy Ellen Welch *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 *day of* August, 19 72.

Signed John M Christy
Official Designation Judice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* August, 19 72.

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. 342
File Bk 34
August 14 1972
Date of Application

MALE
Medical Examination Report Dated 8-14-72
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-14-72
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 Michael Middle L Last Selle
Date of Birth: Month November Day 5 Year 1952
Place of Birth (State or foreign country): Salem Indiana
Residence Address: 3617 Portsmouth Ave. Street or R. R. Indpls City Marion County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12 30 52 455

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ray C. Selle
    Residence of father (if deceased so state) Brownsburg, Ind
    Occupation of father Engineer Race of father W
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Frances Medicent Thompson
    Residence of mother (if deceased so state) Deceased
    Occupation of mother ..... Race of mother W
    Birthplace of mother (State or foreign country) Peker, Arkansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Michael R Selle
New Address x Indianapolis
Subscribed and sworn to before me this 14 day of August, 1972
John Lambert Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed x Ray C. Selle Father
Signed ..... Mother
Subscribed and sworn to before me this 14 day of August, 1972
John Lambert Jr Clerk

FEMALE APPLICANT

Name: First Mary Middle J Last Gude
Date of Birth: Month August Day 25 Year 1953
Place of Birth (State or foreign country): Nebraska City Nebraska
Residence Address: R # 3 Box 339 Street or R. R. Plainfield City Hend. County Ind. State
Maiden Name if Different .....
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Psychiatric Aide
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 126

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Joseph Bernard Gude Jr
   Residence of father (if deceased so state) Plainfield, Ind
   Occupation of father Air Traffic Controller Race of father W
   Birthplace of father (State or foreign country) Nebraska City, Nebraska
8. Full maiden name of mother Rebecca Ann Hoffman
   Residence of mother (if deceased so state) Plainfield, Ind
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Lincoln, Nebraska

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Mary Jo Gude
New Address x Indianapolis, Indiana
Subscribed and sworn to before me this 14 day of August, 1972
John Lambert Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 12th day of August, 1972, authorizing the joining together as husband and wife Michael R. Selle and Mary Jo Gude
Be it further remembered, the following marriage certificate was filed in my office, to-wit
I, Rev. James D. Moriarty hereby certify that on the 19th day of August, one thousand nine hundred and 72, at Plainfield, County of Hendricks, State of Indiana, Groom Michael L. Selle of Marion County, State of Indiana, and, Bride Mary J. Gude of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 18th day of August, 1972.

Signed Rev James D Moriarty
Official Designation Pastor St. Susanna Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 1972.
Signed John Lambert Jr Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 343

File Book 34

August 14 1972
Date of Application

MALE
Medical Examination Report Dated 8/2/72
Name of Physician Lloyd S. Terry M.D.

FEMALE
Medical Examination Report Dated 8/2/72
Name of Physician Lloyd S. Terry M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Bill Middle E. Last Rambole

Date of Birth: Month April Day 12 Year 1946

Place of Birth (State or foreign country) Danville Illionis

Residence Address: Street or R. R. R.R. #3 Box 279 City Danville County, Ind. State

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 Diamond Chain

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Services - 12-208-46-240

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Bill E.	2	3908 Biscayne Rd Indpls
Jennifer Lea	15 Months	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 ☐
11. Full name of father Billy E. Rambole Sr.
    Residence of father (if deceased so state) 3405 Wellington Ave Indpls.
    Occupation of father Diamond Chain Race of father
    Birthplace of father (State or foreign country) Champaign Ill.
12. Full maiden name of mother Marjorie Haly
    Residence of mother (if deceased so state) Same
    Occupation of mother Economy Fence Race of mother
    Birthplace of mother (State or foreign country) Perrysville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bill E. Rambole
New Address R.R. 3 - Danville

Subscribed and sworn to before me this 14 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle Irene Last Dalton

Date of Birth: Month March Day 16 Year 1950

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. R. R. #3 Box 279 City Danville County, Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☐ Negro ☐ Other ☐ (specify)

Usual Occupation Diamond Chain

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 3300

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Paul Kenneth Dalton
   Residence of father (if deceased so state) R. #3 Danville, Ind.
   Occupation of father Indiana Bell Race of father
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Rosa Irene Thurnall
   Residence of mother (if deceased so state) R. R. #3 Danville, Ind
   Occupation of mother Diamond Chain Race of mother
   Birthplace of mother (State or foreign country) Illionis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth I Dalton
New Address RR #3 Danville

Subscribed and sworn to before me this 14 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 15th day of ~~August~~ September, 1972, authorizing the joining together as husband and wife Bill E. Rambole and Elizabeth Irene Dalton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, H Osval Moore hereby certify that on the 23rd day of September, one thousand nine hundred and 72 at Danville, County of Hendricks, State of Indiana, Groom Bill E. Rambole of Hendricks County, State of Indiana, and, Bride Elizabeth Irene Dalton of Hendricks County, State of Indiana, were by me united 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 September, 1972.

Signed H Osval Moore
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of September, 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. 344
File Bk #34
August 15, 1972
Date of Application

MALE
Medical Examination Report Dated 8-7-72
Name of Physician J. Thomas Viera, M.D.

FEMALE
Medical Examination Report Dated 8-7-72
Name of Physician J. Thomas Viera

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael, Middle C., Last Elliott
Date of Birth: Month July, Day 22, Year 1953
Place of Birth (State or foreign country): Greenfield, Indiana
Residence Address: Rt 1, Street or R. R., City Clayton, 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: Meat Cutter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #41095-B

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name ..... Age ..... Address .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Donald Kern Elliott
    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) Indianapolis Ind.
12. Full maiden name of mother Shirley Ann Burkett
    Residence of mother (if deceased so state) Clayton, Indiana
    Occupation of mother Housewife, Race of mother W
    Birthplace of mother (State or foreign country) Martinsville

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Michael C. Elliott
New Address x Clayton Ind.

Subscribed and sworn to before me this 21st day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Julia, Middle J., Last Dick
Date of Birth: Month June, Day 3, Year 1955
Place of Birth (State or foreign country) Beech Grove Indiana
Residence Address: Rt 313, Street or R. R., City Indianapolis, County Marion, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # C 1583

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Oscar Earl Dick
   Residence of father (if deceased so state) Indianapolis, Ind.
   Occupation of father Foreman, Race of father W
   Birthplace of father (State or foreign country) Indiana, Indpls
8. Full maiden name of mother Barbara Jean Haley
   Residence of mother (if deceased so state) Indianapolis, Ind.
   Occupation of mother Cook, Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Julia J Dick
New Address x Clayton, Ind

Subscribed and sworn to before me this 15 day of August, 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, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... HENDRICKS ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 21st day of August, 1972, authorizing the joining together as husband and wife Michael C. Elliott and Julia J. Dick
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul W. Ragsdale hereby certify that on the 26th day of August, one thousand nine hundred and 72, at Center Friends Church, County of Hendricks, State of Indiana, Groom, Michael Chris Elliott of Hendricks County, State of Indiana, and, Bride, Julia Jean Dick of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 26th day of August, 1972.

Signed Paul W. Ragsdale
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of September, 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. 344
File Bk #34
August 15, 1972
Date of Application

MALE
Medical Examination Report Dated 8-7-72
Name of Physician J. Thomas Vieira, M.D.

FEMALE
Medical Examination Report Dated 8-7-72
Name of Physician J. Thomas Vieira

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle C. Last Ellett
Date of Birth: Month July Day 22 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 1 City Clayton 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 Meat Cutter
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #41095-B

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you no
7. Are you no
8. Are you abl
9. Are you like
10. Do you have
    (If yes, answ
    (a) List thei
    (b) Are you
    (c) Are you their su
11. Full name of
    Residence of
    Occupation
    Birthplace o
12. Full maiden
    Residence of
    Occupation
    Birthplace of mother (State or foreign country)

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Michael C. Ellett
Clayton, Ind.

Subscribed and
John

CONSENT OF
We, the paren
signs, state fa

State of Indian
County of

Subscribed and

COMPLETI
in

FEMALE APPLICANT

Name: First Julia Middle J. Last Dick
Date of Birth: Month June Day 3 Year 1955
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. Rt 3 City Indianapolis County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # C 1583

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐

Subscribed and sworn to before me this.....day of.....19..
John Gambold, Jr., Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, Donald K & Shirley A. Ellett, hereby give ~~my~~ our consent for ~~our~~ my son, Michael Chris Ellett to marry Julia J. Dick.

Subscribed and sworn to before me this 21 day of August 1972
Archie W. Gose
Notary Public
My Com. Expires June 24 1974

We ~~I~~, Irvine E and Barbara J. Dick, hereby give ~~my~~ our consent for Our ~~my~~ Daughter, Julia J. Dick to marry Michael C. Ellett.

Subscribed and sworn to before me this 21 day of August 1972
Archie W. Gose
Notary Public
My Commission Expires June 24-1974

Be It Remembered, there was filed in my office a marriage license issued by the ... of Indiana dated the 21st day of August, 1972, authorizing the joining together as husband and wife Michael C. Ellett and Julia J. Dick

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul W. Rogedale hereby certify that on the 26 th day of August, one thousand nine hundred and 72, at Center Friends Church, County of Hendricks, State of Indiana, Groom, Michael Chris Ellett of Hendricks County, State of Indiana, and, Bride Julia Jean Dick of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 26 th day of August, 1972.

Signed Paul W. Rogedale
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of September, 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. 345
File Buck 34
Aug. 15 1972
Date of Application

MALE
Medical Examination Report Dated 8-5-72
Name of Physician J. Thomas Viera

FEMALE
Medical Examination Report Dated 8-5-72
Name of Physician J. Thomas Viera

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First: Buck; Middle: ; Last: Buchanan

Date of Birth: Month: Dec; Day: 19; Year: 1933

Place of Birth (State or foreign country): Va Co. Virginia

Residence Address: Street or R. R.: Stilesville; City: ; County: Hendricks; State: Ind

Previous Marital Status: Never Married ☐ Number of Previous Marriages 4

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Corr. Officer

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
Danny Ray	9	
Tommy Eugene	6	

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Lewis Martin Buchanan
    Residence of father (if deceased so state) Stilesville
    Occupation of father Retired Race of father W
    Birthplace of father (State or foreign country) N. Carolina
12. Full maiden name of mother Mary Johnson
    Residence of mother (if deceased so state) same
    Occupation of mother Retired Race of mother W
    Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Buck Buchanan
New Address Stilesville Ind

Subscribed and sworn to before me this 15 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First: Loraine; Middle: ; Last: Hudson

Date of Birth: Month: Dec; Day: 27; Year: 1948

Place of Birth (State or foreign country): Judges Marion Ind

Residence Address: RR 1 Stilesville; City: ; County: Hend; State: Ind

Maiden Name if Different: Faletic

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 Louis A. Faletic
   Residence of father (if deceased so state) Judges Ind
   Occupation of father Factory Race of father W
   Birthplace of father (State or foreign country) Yugoslavia
8. Full maiden name of mother Helen May McCloud
   Residence of mother (if deceased so state) Stilesville
   Occupation of mother Factory Race of mother W
   Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Loraine Hudson
New Address Stilesville Ind

Subscribed and sworn to before me this 15 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 18 day of August, 1972, authorizing the joining together as husband and wife Buck Buchanan and Loraine Hudson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert W. Wallace hereby certify that on the 19 day of August, one thousand nine hundred and 72 at Cloverdale, County of Putnam, State of Indiana, Groom Buck Buchanan of Hendricks County, State of Indiana, and, Bride Loraine Hudson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 18 day of August, 1972.

Signed Robert W. Wallace
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 22nd day of August, 1972.

Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

B C E F G I J W X Y Z

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 346

File Bk 34

August 15, 1972
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

MALE
Medical Examination Report Dated August 12, 1972
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated August 12, 1972
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 George, Middle E., Last Davis, Jr.

Date of Birth: Month January, Day 6, Year 1949

Place of Birth (State or foreign country): Indianapolis, Indiana

Residence Address: Street or R. R. Maple Grove Trailer Ct. #42, City Plainfield, County Hendricks, State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ May, 1972

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Carpenter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Armed Forces of the U.S. 2471301

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 E. Davis
    Residence of father (if deceased so state) Idaho, Indiana
    Occupation of father Truck Driver Race of father W.
    Birthplace of father (State or foreign country) Idaho, Indiana
12. Full maiden name of mother Elizabeth E. Cooper
    Residence of mother (if deceased so state) Idaho, Indiana
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Idaho, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x George E. Davis Jr.
New Address Maple Grove Trailer Court #42

Subscribed and sworn to before me this 15 day of August, 1972.
John Lambert Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Carol, Middle A., Last Roberts

Date of Birth: Month January, Day 19, Year 1952

Place of Birth (State or foreign country): Mattoon, Illinois

Residence Address: Street or R. R. 707 Tibbs Court, 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: 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 Verlin Donald Roberts, Jr.
   Residence of father (if deceased so state) Clermont, Indiana
   Occupation of father Railroad Worker Race of father W
   Birthplace of father (State or foreign country) Coles Co., Illinois
8. Full maiden name of mother Elizabeth [illegible] Van Meter
   Residence of mother (if deceased so state) Plainfield, Indiana
   Occupation of mother Legal Secretary Race of mother W
   Birthplace of mother (State or foreign country) Mattoon, Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Carol A. Roberts
New Address Maple Grove Trl. Ct. #42

Subscribed and sworn to before me this 15 day of August, 1972
John Lambert, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued....., and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 19 *day of* August, 1972, *authorizing the joining together as husband and wife* George E. Davis Jr. *and* Carol A. Roberts

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I,.....hereby certify that on the.....day of....., one thousand nine hundred and.....at....., County of....., State of Indiana, Groom.....of.....County, State of....., and, Bride.....of.....County, State of....., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS *County.*

Dated this.....day of....., 19.....

Signed.....
Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 347
File Bk 34
August 15, 1972
Date of Application

MALE
Medical Examination Report Dated 8-9-72
Name of Physician James Black.

FEMALE
Medical Examination Report Dated 8-9-72
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 Gregory Middle A. Last Schenkel
Date of Birth: Month May Day 3 Year 1948
Place of Birth (State or foreign country): Kansas City, Missouri
Residence Address: Street or R. R. 105 Park Lane City Carmel County Hamilton 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: State of Indiana
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12-33-48-113

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert A. Schenkel
Residence of father (if deceased so state) Huntington, Indiana
Occupation of father Retail Merchant Race of father W
Birthplace of father (State or foreign country) Huntington, Indiana
12. Full maiden name of mother Eloise M. Fahl
Residence of mother (if deceased so state) Huntington, Indiana
Occupation of mother Secretary Race of mother W
Birthplace of mother (State or foreign country) Huntington, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gregory A. Schenkel
New Address 105 Park Lane - Carmel, Ind.

Subscribed and sworn to before me this 15 day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Elizabeth Middle J. Last Hedges
Date of Birth: Month January Day 23 Year 1950
Place of Birth (State or foreign country): Crawfordsville, Indiana
Residence Address: Street or R. R. 405 E. Main City Brownsburg County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: 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 T. Hedges
Residence of father (if deceased so state) Brownsburg, Indiana
Occupation of father Aeronautical Engineer Race of father W
Birthplace of father (State or foreign country) Crawfordsville, Ind.
8. Full maiden name of mother L. Ann Canine
Residence of mother (if deceased so state) Brownsburg, Indiana
Occupation of mother R.N. Race of mother W
Birthplace of mother (State or foreign country) Crawfordsville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elizabeth J. Hedges
New Address 105 Parkdale - Carmel, Ind.

Subscribed and sworn to before me this 15 day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 18th *day of* August, 19 72, *authorizing the joining together as husband and wife* Gregory A. Schenkel *and* Elizabeth J Hedges

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. David G. Owen *hereby certify that on the* 19th *day of* August, *one thousand nine hundred and* 72 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Gregory A. Schenkel *of* Hamilton *County, State of* Indiana, *and, Bride* Elizabeth Jane Hedges *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 18 èt *day of* August, 19 72.

Signed David G. Owen
Official Designation United Methodist Elder

Filed and recorded in accordance with the laws of the State of Indiana this 25 *day of* August, 19 72.

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. 348
File Book 34
August 15, 1972
Date of Application

MALE
Medical Examination Report Dated 8-12-72
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 8-12-72
Name of Physician A. N. Scudder M.D

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Wilson Last Creekbaum
Date of Birth: Month 2 Day 18 Year 1953
Place of Birth (State or foreign country) Crawfordsville Ind
Residence Address: Street or R. R. 103 E. 56 City Brownsburg 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 Monument Salesman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service -12-30-53-62

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Emery Wilson Creekbaum
    Residence of father (if deceased so state) 103 E 56 Brownsburg
    Occupation of father Monument Dealer Race of father.....
    Birthplace of father (State or foreign country) Dearborn Co. Kentucky
12. Full maiden name of mother Fiona Agnes Mc Cloud
    Residence of mother (if deceased so state) 103 E 56 Brownsburg Ind
    Occupation of mother Secretary Race of mother.....
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Wilson Creekbaum
New Address R.R. 2 Box 2 Brownsburg
Subscribed and sworn to before me this 15th day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Janice Middle Jane Last Beeler
Date of Birth: Month 12 Day 25 Year 1951
Place of Birth (State or foreign country) Lebanon, Ind
Residence Address: Street or R. R. 116 E. Silden City Brownsburg 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) Witham Memorial Hospital

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Bernard Beeler
   Residence of father (if deceased so state) 116 E Silden Brownsburg
   Occupation of father Real Estate Salesman Race of father.....
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Helen Virginia Emmett
   Residence of mother (if deceased so state) 116 E Silden Brownsburg
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice Jane Beeler
New Address R.R. 2 Box 2 St. Brownsburg Ind.
Subscribed and sworn to before me this 15th day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of August, 19 72, authorizing the joining together as husband and wife James Wilson Creekbaum and Janice Jane Beeler
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Joseph D. Wilson hereby certify that on the 19 day of August, one thousand nine hundred and 72 at Brownsburg, County of Hendricks, State of Indiana, Groom James Wilson Creekbaum of Hendricks County, State of Indiana, and, Bride Janice Jane Beeler of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 19th day of August, 19 72.

Signed Joseph D. Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 72.
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. 348
File Book 34
August 15, 1972
Date of Application

MALE
Medical Examination Report Dated 8-12-72
Name of Physician A. N. Sudder M.D

FEMALE
Medical Examination Report Dated 8-12-72
Name of Physician A. N. Sudder M.D

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle Wilson Last Creekbaum
Date of Birth: Month 2 Day 18 Year 1953
Place of Birth (State or foreign country) Crawfordsville Ind
Residence Address: Street or R. R. 103 E. 56 City Brownsburg 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 Monument Salesman
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service -12-30-53-62

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor 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
    (c) Are
        thei
11. Full nai
    Residen
    Occupat
    Birthpla
12. Full ma
    Residen
    Occupat
    Birthpla
State of Ind
County of....

Subscribed a
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janice Middle Jane Last Beeler
Date of Birth: Month 12 Day 25 Year 1951
Place of Birth (State or foreign country) Lebanon, Ind
Residence Address: Street or R. R. 46 E. Elder City Brownsburg, Ind County State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Memorial Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Bernard Beeler

signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

I, Emery Creekbaum, Jr. hereby give my consent for my ~~our~~ son, James W. Creekbaum to marry Janice Jane Beeler.

Subscribed and sworn to before me this 18th day of Aug 19 72

DONALD L. FARLOW
My Commission Expires July 22, 1973

Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 14th day of August, 19 72, authorizing the joining together as husband and wife James Wilson Creekbaum and Janice Jane Beeler

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Joseph D. Wilson hereby certify that on the 19 day of August, one thousand nine hundred and 72, at Brownsburg, County of Hendricks, State of Indiana, Groom James Wilson Creekbaum of Hendricks County, State of Indiana, and, Bride Janice Jane Beeler of Hendricks County, State of Indiana, were by me united 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 August, 19 72.

Signed Joseph D Wilson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 19 72.

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. 349
File Book 34
Aug 16 1972
Date of Application

MALE
Medical Examination Report Dated 8-11-72
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated 8-11-72
Name of Physician Lloyd Terry

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Toby Middle Edward Last Rodney
Date of Birth: Month July Day 20 Year 1951
Place of Birth (State or foreign country): Methodist Hospital Indpls Ind
Residence Address: Street or R. R. R2 Box 353 City Danville County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Urstal Tranley Rodney
    Residence of father (if deceased so state): Same
    Occupation of father: Farm Race of father: W
    Birthplace of father (State or foreign country): Hend. Co. Ind
12. Full maiden name of mother: Anna Margaret Ellis
    Residence of mother (if deceased so state): Same
    Occupation of mother: House wife Race of mother: W
    Birthplace of mother (State or foreign country): Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Toby Edward Rodney
New Address 2910 Towers Dr W Lafayette
Subscribed and sworn to before me this 16 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Delora Middle Ann Last Rhoades
Date of Birth: Month August Day 3 Year 1952
Place of Birth (State or foreign country): Indianapolis Ind
Residence Address: Street or R. R. 415 S. Carr Rd. City Plainfield County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: John L. Rhoades
   Residence of father (if deceased so state): Same
   Occupation of father: Wholesale Beer Race of father: W
   Birthplace of father (State or foreign country): Indpls Ind
8. Full maiden name of mother: Patricia A. Rohm
   Residence of mother (if deceased so state): Same
   Occupation of mother: House wife Race of mother: W
   Birthplace of mother (State or foreign country): Advance Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Delora Ann Rhoades
New Address 2910 Towers Dr
Subscribed and sworn to before me this 16 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued Aug 16 1972 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 16 *day of* August, 19 72, *authorizing the joining together as husband and wife* Toby Edward Rodney *and* Delora Ann Rhoades

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Maurice E Brockman *hereby certify that on the* 19 *day of* August, *one thousand nine hundred and* 72 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Toby Edwards Rodney *of* Hendricks *County, State of* Indiana *and, Bride* Delora Ann Rhoades *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 19 *day of* August, 19 72.

Signed Maurice E. Brockman
Official Designation Minister United Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* August, 19 72.

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. 350
File Book 34
Aug 17, 1972
Date of Application

MALE
Medical Examination Report Dated 8-14-72
Name of Physician R. Stephen Irwin M. D.

FEMALE
Medical Examination Report Dated 8-14-72
Name of Physician R. Stephen Irwin M. D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Lawrence; Last Branam
Date of Birth: Month May; Day 23; Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R.R. #2; City Coachdale; County; State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Army
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Selective Service 312664988

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Lee Branam
Residence of father (if deceased so state) Deceased
Occupation of father ____ Race of father ____
Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Nina Beryl Taylor
Residence of mother (if deceased so state) R.R. #2 Coachdale
Occupation of mother Mother Race of mother ____
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Charles L Branam
New Address Fort Hood, Texas
Subscribed and sworn to before me this 17th day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary
Father - Deceased

State of Indiana, County of HENDRICKS } ss:
Signed ____ Father
Signed X ____ Mother
Subscribed and sworn to before me this 17th day of August, 19 72
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Claytta; Middle Delane; Last Raney
Date of Birth: Month Dec; Day 3; Year 1954
Place of Birth (State or foreign country) Lebanon Ind.
Residence Address: Street or R. R. R.R. #1; City North Salem; 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 None
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Clayton Raney
Residence of father (if deceased so state) Avon, Ind
Occupation of father Bridgeport Brass Race of father ____
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Ella Mae Whitaker
Residence of mother (if deceased so state) R.R. #1 North Salem
Occupation of mother Waitress Race of mother ____
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Claytta Raney
New Address ____
Subscribed and sworn to before me this 17th day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 divorced

State of Indiana, County of HENDRICKS } ss:
Signed ____ Father
Signed ____ Mother
Subscribed and sworn to before me this 17th day of August, 19 ____
____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ HENDRICKS ____ County ____ Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* August *, 19* 72 *, authorizing the joining together as husband and wife* Charles Laurence Branam *and* Claytta Delane Raney
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ____ *hereby certify that on the* ____ *day of* ____, *one thousand nine hundred and* ____ *at* ____, *County of* ____, *State of Indiana, Groom* ____ *of* ____ *County, State of* ____, *and, Bride* ____ *of* ____ *County, State of* ____, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this ____ *day of* ____, *19*____.

Signed ____
Official Designation ____

Filed and recorded in accordance with the laws of the State of Indiana this ____ *day of* ____, *19*____.

Signed ____ *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. B 351
File Book 34
August 17 1972
Date of Application

MALE
Medical Examination Report Dated 8-16-72
Name of Physician Donald Cheeseman

FEMALE
Medical Examination Report Dated 8-1-72
Name of Physician Dr. M. 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 Dennis Middle ~~Allan~~ Alan Last Greene
Date of Birth: Month April Day 5 Year 1953
Place of Birth (State or foreign country): Lebanon Ind.
Residence Address: Street or R. R. R.R #1 Box 199 City North Salem 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: Marines
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Witham Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Elmo Dan Greene
    Residence of father (if deceased so state): R.R. #1 Box 199 North Salem
    Occupation of father: Allison Race of father:
    Birthplace of father (State or foreign country): Virginia
12. Full maiden name of mother: Frances Anna Neff
    Residence of mother (if deceased so state): R.R. #1 Box 199 N.S.
    Occupation of mother: Housewife Race of mother:
    Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Dennis A. Greene
New Address: Quantico Va.
Subscribed and sworn to before me this 17th day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed: Elmo D. Greene Father
Signed: Frances A. Greene Mother
Subscribed and sworn to before me this 17th day of Aug, 19 72
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Rose Middle Mary Last Barnett
Date of Birth: Month Aug Day 24 Year 1953
Place of Birth (State or foreign country): Perryville, Missouri
Residence Address: Street or R. R. Box 549 City North Salem County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 124-53-053832

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father: Levi ~~Theodore~~ Wesley Barnett
   Residence of father (if deceased so state): Dec Deceased
   Occupation of father: Race of father:
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Mary Patricia Romere
   Residence of mother (if deceased so state): St. Mary's Missouri
   Occupation of mother: Housewife Race of mother:
   Birthplace of mother (State or foreign country): Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Rose Mary Barnett
New Address: Quantico Va.
Subscribed and sworn to before me this 17th day of Aug., 19 72.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued August 17, 1972 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 2 day waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 17th *day of* August, 19 72, *authorizing the joining together as husband and wife* Dennis Alan Greene *and* Rose Mary Barnett
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham *hereby certify that on the* 17th *day of* August, *one thousand nine hundred and* 72 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Dennis Alan Greene *of* Hendricks *County, State of* Indiana, *and, Bride* Rose Mary Barnett *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 17th *day of* August, 19 72.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* August, 19 72.

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. 352

File August 18, 1972
Book 24
Date of Application

MALE
Medical Examination Report Dated 8-11-72
Name of Physician Lloyd S. Terry M.D.

FEMALE
Medical Examination Report Dated 8-11-72
Name of Physician Lloyd S. Terry M.D

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle L. Last Hurst
Date of Birth: Month March Day 6 Year 1950
Place of Birth (State or foreign country) Indianapolis Ind
Residence Address: Street or R. R. R.R. #1 Box 132 City Danville County Ind State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Fireman - Railroad
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-50-018733

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Laurence Chester Hurst
    Residence of father (if deceased so state) R.R. #1 Box 132 Danville Ind
    Occupation of father Maintance Foreman Race of father.....
    Birthplace of father (State or foreign country) Plainfield Ind.
12. Full maiden name of mother Mary Catherine Burdge
    Residence of mother (if deceased so state) Same
    Occupation of mother Nurse Race of mother.....
    Birthplace of mother (State or foreign country) Plainfield Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael Lee Hurst
New Address R#8 Box 344D Indianapolis, Ind.

Subscribed and sworn to before me this 18th day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Karla Middle M. Last Pannell
Date of Birth: Month May Day 14 Year 1951
Place of Birth (State or foreign country) Beech Grove
Residence Address: Street or R. R. 5731 Julian City Indianapolis 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 Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hospital

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Melvin Wade Pannell
   Residence of father (if deceased so state) 5731 Julian, Indpls Ind.
   Occupation of father Pipe Fitter Race of father.....
   Birthplace of father (State or foreign country) Blacksburg Virginia
8. Full maiden name of mother Kathryn Marie Spitzer
   Residence of mother (if deceased so state) 5731 Julian, Indpls
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Karla Marie Pannell
New Address RR#8, Box 344D, Indianapolis

Subscribed and sworn to before me this 18th day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 22nd day of August, 1972, authorizing the joining together as husband and wife Michael L. Hurst and Karla M. Pannell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Gregg L. Grosreaud hereby certify that on the 25 day of August, one thousand nine hundred and seventy-two at Southeastern Union Church, County of Marion, State of Indiana, Groom Michael L. Hurst of Hendricks County, State of Indiana, and, Bride Karla M. Pannell 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 25 day of August, 1972.

Signed Gregg L Grosreaud
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of September, 1972.
Signed John J. Gambold Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 353

File Book 34

August 18 1972
Date of Application

MALE
Medical Examination Report Dated August 16, 1972
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated August 16, 1972
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 Michael Middle K. Last Colvert

Date of Birth: Month June Day 7 Year 1950

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. R.R. #1 Box 126 City Clayton 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

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12-30-50-184

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 K. Colvert
    Residence of father (if deceased so state) Deceased
    Occupation of father Factory Race of father.....
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Coleen Marie Mahanney
    Residence of mother (if deceased so state) R.R. #1 Box 126 Clayton
    Occupation of mother Cook Race of mother.....
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Michael K Colvert
New Address 245 N. Vine Plainfield Ind.

Subscribed and sworn to before me this 18th day of August, 19 72.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Debra Middle Sue Last Phillips

Date of Birth: Month Jan. Day 11 Year 1954

Place of Birth (State or foreign country) Greencastle, Ind

Residence Address: Street or R. R. 230 N. Mill St. City Plfd. County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☐ Negro ☐ Other ☐ (specify).....

Usual Occupation Jefferson National Life Ins. Co.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 54-006331

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Chuck Leon Phillips
   Residence of father (if deceased so state) Avon
   Occupation of father Bryant & Heating Race of father.....
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Betty Jean Bryant
   Residence of mother (if deceased so state) 230 N. Mill St Plfd. Ind.
   Occupation of mother A.D.I. Race of mother.....
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Debbie Sue Phillips
New Address 245 N Vine

Subscribed and sworn to before me this 18th day of August, 19 72.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 22 *day of* August, 19 72., *authorizing the joining, together as husband and wife* Michael K. Colvert *and* Debra Sue Phillips

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Cliff Burchyett *hereby certify that, on the* 26 th *day of* August, *one thousand nine hundred and* Seventy two *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Michael K. Colvert *of* Hendricks *County, State of* Indiana *and, Bride* Debra Sue Phillips *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 26 th day of August, 19 72.

Signed Cliff Burchyett
Official Designation Pastor, Plainfield Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of August, 19 72.

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. 364
File Book 34
August 18, 1972
Date of Application

MALE
Medical Examination Report Dated 8-14-72
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 8-14-72
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 David Middle Alan Last Bryant
Date of Birth: Month June Day 30 Year 1953
Place of Birth (State or foreign country) Indianapolis, Ind
Residence Address: Street or R. R. 837 Walton Dr. City Plfd. County State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Service Station Attendant
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 113-53-231060

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ralph Leroy Bryant
    Residence of father (if deceased so state) 837 Walton Dr. Plfd. Ind.
    Occupation of father Standard Oil Agent Race of father.....
    Birthplace of father (State or foreign country) Plainfield, Ind
12. Full maiden name of mother Martha Victoria Neidenberger
    Residence of mother (if deceased so state) 837 Walton Dr.
    Occupation of mother Housewife Race of mother.....
    Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David Alan Bryant
New Address 1018 Hess Street
Subscribed and sworn to before me this 18th day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Ralph L. Bryant Father
Signed Martha V. Bryant Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Pamela Middle Jo Last Patterson
Date of Birth: Month July Day 1 Year 1954
Place of Birth (State or foreign country) Evansville Ind.
Residence Address: Street or R. R. 539 E Main St. City Plainfield 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 Typist
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) B 1823

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Hayden Patterson
   Residence of father (if deceased so state) 539 E Main Plfd. Ind
   Occupation of father Trail-Way Race of father.....
   Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Virginia Lee Laurence
   Residence of mother (if deceased so state) 539 E Main Plfd Ind.
   Occupation of mother Book Store - Plfd Race of mother.....
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Pamela Jo Patterson
New Address 1018 Hess Street
Subscribed and sworn to before me this 18th day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of August, 1972, authorizing the joining together as husband and wife David Alan Bryant and Pamela Jo Patterson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Cliff Burchyett hereby certify that on the 2nd day of September, one thousand nine hundred and seventy-two at Plainfield, County of Hendricks, State of Indiana, Groom David Alan Bryant of Hendricks County, State of Indiana, and, Bride Pamela Jo Patterson of Hendricks County, State of Indiana, were by me united 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 September, 1972.

Signed Cliff Burchyett
Official Designation Pastor, Plainfield Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of September, 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. 355
File Book
August 21, 1972
Date of Application

MALE
Medical Examination Report Dated 8-16-72
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-16-72
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 Roger Middle Dale Last Woods
Date of Birth: Month Aug. Day 1 Year 1953
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. P.O. Box 39 City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Clerk Ball Kamp
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service 12-30-53-301

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 D. Woods
    Residence of father (if deceased so state) Clayton, Indiana
    Occupation of father Mechanic Race of father W
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Myrtle M. Bush
    Residence of mother (if deceased so state) Clayton, Indiana
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Roger D. Woods
New Address x RR 2 Box 140 Indianapolis, Ind. 46231

Subscribed and sworn to before me this 21st day of August, 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, County of HENDRICKS } ss:

Signed x William D. Woods Father
Signed x Myrtle Maurine Woods Mother
Subscribed and sworn to before me this 21 day of August, 1972.
John Gambold, Jr. Clerk

FEMALE APPLICANT

Name: First Cathy Middle Elizabeth Last Setty
Date of Birth: Month Aug. Day 18 Year 1954
Place of Birth (State or foreign country) Martinsville Indiana
Residence Address: Street or R. R. R #1 Box 36 City Clayton County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ 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 Ronald A. Setty
   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) Terre Haute, Indiana
8. Full maiden name of mother Wilma L. Jones
   Residence of mother (if deceased so state) Clayton, Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Terre Haute, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Cathy Setty
New Address x R.R. 2 Box 140 Indianapolis, Ind 46231

Subscribed and sworn to before me this 21 day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 25th day of August, 1972, authorizing the joining together as husband and wife Roger Dale Woods and Cathy Elizabeth Setty

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ronald C. Gabbard hereby certify that on the 26th day of August, one thousand nine hundred and 72 at Clayton, County of Hendricks, State of Indiana, Groom Roger Dale Woods of Clayton, Hendricks County, State of Indiana, and, Bride Cathy Elizabeth Setty of Clayton, Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 25th day of August, 1972.

Signed Ronald C. Gabbard
Official Designation Ordained Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of August, 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. 356
File Book 34
Aug 21 1972
Date of Application

MALE
Medical Examination Report Dated Aug 17 1972
Name of Physician A. N. Scudders

FEMALE
Medical Examination Report Dated Aug 17 1972
Name of Physician A. N. Scudders

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 C. Last Rowland
Date of Birth: Month October Day 26 Year 1941
Place of Birth (State or foreign country)
Residence Address: Street or R. R. RR 1 Box 68 City Brownsburg County Hend State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Sheet metal Workers
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name / Age / Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Leon H. Rowland
Residence of father (if deceased so state) Same
Occupation of father Retired Race of father W
Birthplace of father (State or foreign country) West Point Ind
12. Full maiden name of mother Isabelle Howell
Residence of mother (if deceased so state) Same
Occupation of mother Lunch Bell Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Charles C. Rowland
New Address Lake of Lanterns
Subscribed and sworn to before me this 21 day of Aug, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Karlena Middle Lynn Last Kleiber
Date of Birth: Month Feb Day 6 Year 1950
Place of Birth (State or foreign country) Hendricks Co. Ind.
Residence Address: Street or R. R. 45 W. Vermont City Brownsburg County Hend State Ind
Maiden Name if Different Eggers
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Beauty School
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Arley W. Eggers
Residence of father (if deceased so state) Same
Occupation of father Custodian Race of father W
Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mildred L. Feltner
Residence of mother (if deceased so state) Same
Occupation of mother nurse's aid Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Karlena Lynn Kleiber
New Address Lake of Lanterns
Subscribed and sworn to before me this 21 day of Aug, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 25th *day of* August, 19 72, *authorizing the joining together as husband and wife* Charles C. Rowland *and* Karlena Lynn Kleiber
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Fred N. Graham *hereby certify that on the* 25th *day of* August, *one thousand nine hundred and* 72 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Charles C. Rowland *of* Hendricks *County, State of* Indiana, *and, Bride* Karlena Lynn Kleiber *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*
Dated this 25th *day of* August, 19 72.

Signed Fred N. Graham
Official Designation Judge of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* August, 19 72
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. # 357

File Book 34

August 21, 1972
Date of Application

MALE
Medical Examination Report Dated 8-7-72
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-7-72
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 Ronald Middle L. Last Hallett

Date of Birth: Month January Day 18 Year 1938

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: 338 Avon Avenue Street or R. R. Plainfield City Hend. County Ind. State

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Feb. 17, 1972

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Self Employed

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? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Mike Hallett	9	Plainfield, Ind.
Denise Hallett	13	Plainfield, Ind.
Debbie Hallett	12	" "
Richard Hallett	11	" "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐

11. Full name of father Jack L. Hallett
    Residence of father (if deceased so state) Plainfield, Ind.
    Occupation of father Public Service Race of father W
    Birthplace of father (State or foreign country) Chicago, Illinois
12. Full maiden name of mother Pauline Clowe
    Residence of mother (if deceased so state) Plainfield, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Ronald L. Hallett
New Address x R2 Clayton, Ind.

Subscribed and sworn to before me this 21st day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Rosemary Middle M Last Freeman

Date of Birth: Month September Day 4 Year 1945

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: 337 Kain Street or R. R. Plainfield City Hendricks County Ind. State

Maiden Name if Different Milhouse

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Feb. 16, 1970

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Keypunch Operator

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 6100

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 Maurice Milhouse
   Residence of father (if deceased so state) Indpls. Indiana
   Occupation of father Factory Work Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Grace Violet Davis
   Residence of mother (if deceased so state) Indpls. Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Rosemary M. Freeman
New Address x Rt. 2 Box 35, Clayton, Ind.

Subscribed and sworn to before me this 21st day of August, 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, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Court of Indiana dated the* 21st *day of* August, 1972, *authorizing the joining together as husband and wife* Ronald L. Hallett *and* Rosemary M. Freeman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Fred N Graham *hereby certify that on the* 14th *day of* October, *one thousand nine hundred and* 72 *at* Danville, *County of* Hendricks *State of Indiana, Groom* Ronald L. Hallett *of* Hendricks *County, State of* Indiana, *and, Bride* Rosemary M. Freeman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 14 th *day of* October, 1972.

Signed Fred N. Graham

Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* October, 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. 358
File Book 3X
August 21, 1972
Date of Application

MALE
Medical Examination Report Dated August 14, 1972
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated August 14, 1972
Name of Physician A. N. Scudder, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gerald Middle Thomas Last Sanders
Date of Birth: Month January Day 20 Year 1952
Place of Birth (State or foreign country) Indianapolis Marion Ind.
Residence Address: Street or R. R. 107 Lincoln ave. City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Tool + Die Designer
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Meth. Hosp. Cert # 446

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Hubert E Sanders
    Residence of father (if deceased so state) 107 Lincoln ave. Brownsburg.
    Occupation of father Inspector Race of father W
    Birthplace of father (State or foreign country) Hendricks Co. Ind.
12. Full maiden name of mother Lucy M. Magee
    Residence of mother (if deceased so state) 107 Lincoln ave. Brownsburg.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Brandywine, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Gerald T. Sanders
New Address 23 Lincoln Ave. Brownsburg.
Subscribed and sworn to before me this 21 day of August, 1972
John Dunbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Hubert E Sanders Father
Signed Lucy M Sanders Mother
Subscribed and sworn to before me this 22 day of August, 1972
John Dunbold Jr. Clerk

FEMALE APPLICANT

Name: First Linda Middle Ann Last Wyatt
Date of Birth: Month Sept. Day 2 Year 1951
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. Rt. 2 - Box 73-A City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Group Leader - Burger Chef.
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Ind. Bd. of Health Cert # 113-51-07336

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Furman E. Wyatt
   Residence of father (if deceased so state) Rt. 2 - Box 73-A Plainfield
   Occupation of father Quality Control Race of father W
   Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Lucille Katherine Glynn
   Residence of mother (if deceased so state) Rt. 2. Box 73-A -
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda Ann Wyatt
New Address 23 Lincoln Ave. Brownsburg
Subscribed and sworn to before me this 21 day of August, 1972
John Dunbold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1972, authorizing the joining together as husband and wife Gerald Thomas Sanders and Linda Ann Wyatt
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. A. Robinson hereby certify that on the 2 day of September, one thousand nine hundred and seventy-two at Lebanon, County of Marion, State of Indiana, Groom Gerald Thomas Sanders of Boone County, State of Indiana, and, Bride Linda Ann Wyatt of Hendricks County, State of Indiana, were by me united 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 September, 1972.

Signed J. A. Robinson
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of September, 1972.
Signed John T. Dunbold Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 359
File Book 34
August 22, 1972
Date of Application

MALE
Medical Examination Report Dated 8-16-72
Name of Physician Dr. David Hadley, M.D.

FEMALE
Medical Examination Report Dated 8-16-72
Name of Physician David 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: First Joe Middle D. Last Underwood
Date of Birth: Month December Day 7 Year 1944
Place of Birth (State or foreign country) Puryear Henry Co. Tennessee
Residence Address: Street or R. R. Rural Route 2. Box 169E City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Allison's - Factory
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William David Underwood
    Residence of father (if deceased so state) R.R. 2 - Box 169E, Plainfield
    Occupation of father Allison's Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Carolyn Erin McSwain
    Residence of mother (if deceased so state) R.R. 2 - Box 169E, Plainfield
    Occupation of mother Stripping Clerk. School Supply Co. Race of mother W
    Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joe D. Underwood
New Address .....

Subscribed and sworn to before me this 22 day of August, 1972
John Barnhold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sharon Middle Lee Last Dooley
Date of Birth: Month Sept. Day 30 Year 1949
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. 8506 Bridge Court City Indianapolis County Marion State Indiana
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 Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert C. Dooley
   Residence of father (if deceased so state) 8506 Bridge Court Indpls.
   Occupation of father Retired (Allison's) Race of father W
   Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Price Lee Griffith
   Residence of mother (if deceased so state) 8506 Bridge Ct. Indpls.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Ashley, Kentucky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Lee Dooley
New Address .....

Subscribed and sworn to before me this 22 day of August, 1972
John Barnhold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Circuit Court by written order issued Aug 25 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* 25 *day of* August, 19 72, *authorizing the joining together as husband and wife* Joe D. Underwood *and* Sharon Lee Dooley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Fred N. Graham *hereby certify that on the* 25th *day of* August, *one thousand nine hundred and* 72 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Joe D. Underwood *of* Hendricks *County, State of* Indiana *and, Bride* Sharon Lee Dooley *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 25 *day of* August, 19 72.

Signed Fred N. Graham
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 30 *day of* August, 19 72.

Signed John Barnhold 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. 360
File Bk 34
August 22, 1972
Date of Application

MALE
Medical Examination Report Dated 8-21-72
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 8-21-72
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 Eddy Middle Wayne Last Steward
Date of Birth: Month June Day 14 Year 1953
Place of Birth (State or foreign country): Terre Haute Indiana
Residence Address: Street or R. R. 9607 Melody Lane City Indpls County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Junior Auditor
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 Charles Wayne Steward
Residence of father (if deceased so state) Greenfield, Indiana
Occupation of father Supt of Billing Dept Hall Tea Co. Race of father W
Birthplace of father (State or foreign country) Terre Haute, Ind.
12. Full maiden name of mother Beverly Jo Anne Bilodilli
Residence of mother (if deceased so state) Indianapolis, Ind
Occupation of mother Sales Lady - Tejas Race of mother W
Birthplace of mother (State or foreign country) Terre Haute, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Eddy Wayne Steward
New Address x R.R. 7 Box 12-S Greenfield

Subscribed and sworn to before me this 22 day of August, 19 72
John Gambold Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Jamera Middle Ellen Last Euler
Date of Birth: Month July Day 20 Year 1954
Place of Birth (State or foreign country): Corbin Kentucky
Residence Address: Street or R. R. 9607 Melody Lane City Indpls 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) Adoption Record # 267

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Marvin Herman Euler
Residence of father (if deceased so state) Mooresville, Ind
Occupation of father Electrical Engineer Race of father W
Birthplace of father (State or foreign country) Wisconsin
8. Full maiden name of mother Marie Cornwell
Residence of mother (if deceased so state) Mooresville, Ind.
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Jamera Ellen Euler
New Address x RR7 Box 12-S Greenfield

Subscribed and sworn to before me this 22 day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28th day of August, 19....., authorizing the joining together as husband and wife Eddy Wayne Steward and Jamera Ellen Euler
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 2nd day of September, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Eddy Wayne Steward of Hendricks County, State of Indiana, and, Bride Jamera Ellen Euler of Hendricks County, State of Indiana, were by me united 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 September, 19 72.

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 September, 19 72.

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. 360
File B 34
August 22, 1972
Date of Application

MALE
Medical Examination Report Dated 8-21-72
Name of Physician David Haggard

FEMALE
Medical Examination Report Dated 8-21-72
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 Eddy Middle Wayne Last Steward
Date of Birth: Month June Day 14 Year 1953
Place of Birth (State or foreign country) Terre Haute Indiana
Residence Address: Street or R. R. 9607 Melody Lane City Indpls County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Junior Auditor
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 "ye... been removed? No ☐ Yes ☐
4. Are you afflicted wi...
5. Are you related to t...
6. Are you now under...
7. Are you now unde...
8. Are you able to su...
9. Are you likely to ...
10. Do you have mino...
    (If yes, answer qu...
    (a) List their full...
    Nam...
    (b) Are you supp...
    (c) Are you comp... their support...
11. Full name of fath...
    Residence of fath...
    Occupation of fa...
    Birthplace of fa...
12. Full maiden nam...
    Residence of mother (if deceased so s...
    Occupation of mother Sales Lady - Texas Race of mother.....
    Birthplace of mother (State or foreign country) Terre Haute, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Eddy Wayne Steward
New Address X RR 7 Box 12-S Greenfield

Subscribed and sworn to before me this 22 day of August, 1972
John Gam... HENDRICKS

CONSENT OF PAREN...
We, the parents, of th...
signs, state facts whi...
State of Indiana, County of...
Subscribed and swor...

COMPLETE IF ... HENDRICKS
in.....

Be ...
of Indiana dated the ...
Eddy Wayne Steward

Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 2nd day of September, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Eddy Wayne Steward of Hendricks County, State of Indiana, and, Bride Tamara Ellen Euler of Hendricks County, State of Indiana, were by me united 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 September, 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 September, 1972.

Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Tamera Middle Ellen Last Euler
Date of Birth: Month July Day 20 Year 1954
Place of Birth (State or foreign country) Corbin Kentucky
Residence Address: Street or R. R. 9607 Melody Lane City Indpls 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) Adoption Record #267

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
   ...guardianship as a person of unsound mind? No ☑ Yes ☐
   No ☑ Yes ☐

I, Beverly J Steward, hereby give my consent for my son, Eddy Wayne Steward to marry Tamera Ellen Euler.

Beverly J. Steward

Subscribed and sworn to before me this 21st day of August 1972

James P. Wisthoff
Notary Public

Subscribed and sworn to before ...
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

I, Charles W Steward, hereby give my consent for my Son, Eddy Wayne Steward to marry Tamera Ellen Euler.

Charles W. Steward

Subscribed and sworn to before me this 21st day of August 1972

James P. Wisthoff
Notary Public

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 361
File Book 34
August 23, 1972
Date of Application

MALE
Medical Examination Report Dated 8/21/72
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 8/21/72
Name of Physician A. N. Scudder M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Keven Middle G. Last Kisner
Date of Birth: Month 5 Day 24 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R.R. #1 Box 117 City North Salem, 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 Service Station - North Salem.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 5978

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their 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 Gene Kisner
    Residence of father (if deceased so state) Same
    Occupation of father Roadway Race of father.....
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruby Marcella Courtney
    Residence of mother (if deceased so state) Same
    Occupation of mother Smith Legal Store Race of mother.....
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kevin G. Kisner
New Address 203 Box 159 Pearl Street
Subscribed and sworn to before me this 23 day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Karen Middle S. Last Hardman
Date of Birth: Month 8 Day 27 Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R.R. #1 Box 7A. North City Salem, County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation None
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hospital - Indpls.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert Edward Hardman Sr.
   Residence of father (if deceased so state) Same
   Occupation of father Car Salesman Race of father.....
   Birthplace of father (State or foreign country) Missouri
8. Full maiden name of mother Marilyn Ruth Parker
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother.....
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Karen Hardman
New Address 203 Box 159 Pearl Street
Subscribed and sworn to before me this 23rd day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 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

Be 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* August, 1972, *authorizing the joining together as husband and wife* Kevin G. Kisner *and* Karen S. Hardman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Kent Purcell *hereby certify that on the* 25th *day of* August, *one thousand nine hundred and* seventy two *at* Belleville, *County of* Hendricks, *State of Indiana, Groom* Kevin G. Kisner *of* Hendricks *County, State of* Indiana, *and, Bride* Karen S. Hardman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 25 day of Aug., 1972.

Signed Kent Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* August, 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. 361
File Book 34
August 23, 1972
Date of Application

MALE
Medical Examination Report Dated 8/21/72
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated 8/21/72
Name of Physician A. N. Scudder M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Kevin, Middle G., Last Kisner
Date of Birth: Month 5, Day 24, Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R.R. #1 Box 117 North, City Salem, 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 Service Station - North Salem.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 5978

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐

Signed Kevin G. Kisner
New Address 203 Box 159 Pearl Street
Subscribed and sworn to before me this 23 day of August, 19 72
John Gamboa Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

FEMALE APPLICANT

Name: First Karen, Middle S., Last Hardman
Date of Birth: Month 8, Day 27, Year 1954
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R.R. #1 Box 7A North, City Salem, County Ind, State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation None
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) St. Francis Hospital - Indpls.

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Are you able to support a family? Yes ☑ No ☐

mation given and correct.
.....
.....l Street
....., 19 72
.....Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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
....., 19.....
.....Clerk

parties, the
.....and filed

.....Circuit Court
.....and and wife

We ~~J. W. E. Hardman Sr.~~
I, Marilyn K. Hardman, hereby give my consent for
my Daughter, Karen Sue Hardman to
marry Kevin Gene Kisner.

Robert G Purcell

Subscribed and sworn to before me this 23 day of Aug 1972

Robert G Purcell
Notary Public

My Commission Expires May 31, 1974

We Ruby Marcella Kisner
I, Rudolph Gene Kisner, hereby give my consent for
my son, Kevin Gene Kisner to
marry Karen Sue Hardman.

Subscribed and sworn to before me this 23rd day of Aug 1972

Marilyn K Hardman
Notary Public
Expires 3-5-75

I, Keith Purcell hereby certify that on the 25th day of Aug,
one thousand nine hundred and seventy two at Belleville, County of Hendricks,
State of Indiana, Groom Kevin G. Kisner of Hendricks County, State of Indiana,
and, Bride Karen S. Hardman of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 25 day of Aug., 19 72.

Signed Keith Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of August, 19 72
Signed John Gamboa 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. 362
File August 23
Book 34
Date of Application

MALE
Medical Examination Report Dated 8-8-72
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 8-18-72
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 David Middle Laurence Last Smith Jr
Date of Birth: Month 7 Day 22 Year 1947
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. R.R. #3, Shoreland Apt 9 City Plainfield, Ind County State
Previous Marital Status: Never Married ☐ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1970 Marion County
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation: Advertising Manager - Manager
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Ins Policy, 1,920.827 - State Farm Ins Co.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Terri Smith	5	Indpls Ind

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father David Laurence Smith Jr
    Residence of father (if deceased so state) Indpls, Ind
    Occupation of father State Vet Race of father
    Birthplace of father (State or foreign country) Coffeyville Kansas
12. Full maiden name of mother ~~Jean~~ Geniveve ~~Mae~~ Mae Barnes
    Residence of mother (if deceased so state) Cater St. New Castle
    Occupation of mother Bookkeper Race of mother
    Birthplace of mother (State or foreign country) Detroit Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David C. Smith, Jr.
New Address R.R #3, Apt 9, Shoreland, Plfd
Subscribed and sworn to before me this 23 day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Susan Last Lazier
Date of Birth: Month 9 Day 14 Year 1950
Place of Birth (State or foreign country) Mattoon Illinois
Residence Address: Street or R.R. 1144 Victor Street 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 Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Memorial 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 Paul Jennings Lazier
   Residence of father (If deceased so state) Deceased
   Occupation of father Payroll Master Race of father
   Birthplace of father (State or foreign country) Loochelle Ill.
8. Full maiden name of mother Margaret Edith Phipps
   Residence of mother (If deceased so state) Gays, Ill. Same
   Occupation of mother Secretary Race of mother
   Birthplace of mother (State or foreign country) Gays, Ill

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Linda S. Lazier
New Address R3 Shoreland #9 Plfd.
Subscribed and sworn to before me this 23 day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 28 day of August, 19 72, authorizing the joining together as husband and wife David Laurence Smith Jr. and Linda Susan Lazier
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, C. David Hancock hereby certify that on the 4th day of September, one thousand nine hundred and seventy two at Plainfield, County of Hendricks, State of Indiana, Groom David Laurence Smith Jr. of Hendricks County, State of Indiana, and, Bride Linda Susan Lazier of Hendricks County, State of Indiana, were by me united 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 August, 19 72.

Signed C. David Hancock
Official Designation Pastor Plainfield U.M. Church

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of September, 19 72.

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. 363
File Bk 34
August 24 1972
Date of Application

MALE
Medical Examination Report Dated 8-18-72
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 8-11-72
Name of Physician Elmer L. Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ricky Middle L. Last Mac Pherson
Date of Birth: Month October Day 27 Year 1954
Place of Birth (State or foreign country) Richmond, Indiana
Residence Address: Street or R. R. RR # 1 Box 91-77 City Danville County Hendricks State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Hod Carrier
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William Francis Mac Pherson
    Residence of father (if deceased so state) Danville, Indiana
    Occupation of father Railroad Worker Race of father W
    Birthplace of father (State or foreign country) Richmond, Ind.
12. Full maiden name of mother Vivian May Gibbs
    Residence of mother (if deceased so state) Richmond, Ind.
    Occupation of mother Manager Lunch Room Race of mother W
    Birthplace of mother (State or foreign country) Richmond, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Ricky L Mac Pherson
New Address X RR # 1 Box 91-77 Danville Ind

Subscribed and sworn to before me this 24th day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kathleen Middle B. Last Beninghaus
Date of Birth: Month January Day 31. Year 1954
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. R # 2 Box 648 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 Assistant 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 afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ronald Elven Beninghaus
   Residence of father (if deceased so state) Plainfield, Indiana
   Occupation of father Supervisor Race of father W
   Birthplace of father (State or foreign country) Wisconsin
8. Full maiden name of mother Maureen Ann Bastian
   Residence of mother (if deceased so state) Plainfield, Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Wisconsin

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kathleen B. Beninghaus
New Address X RR1 box 91-77 Danville

Subscribed and sworn to before me this 24 day of August, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3-day Waiver and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 8-24-72

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS *Circuit Court of Indiana dated the* 24th *day of* August, 19 72, *authorizing the joining together as husband and wife* Ricky L Mac Peterson *and* Kathleen B. Beninghaus

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Reverend James D. Moriarty *hereby certify that on the* 26 th *day of* August, *one thousand nine hundred and* 72 *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Ricky L. Mac Peterson *of* Hendricks *County, State of* Indiana *and, Bride* Kathleen Bea Beninghaus *of* Hendricks *County, State of* Indiana, *were by me united 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 th day of August, 19 72

Signed Rev. James D Moriarty
Official Designation Pastor St. Susanna Church

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* August, 19 72

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. 363
File Bk 34
August 24 1972
Date of Application

MALE
Medical Examination Report Dated 8-18-72
Name of Physician Thomas Walker

FEMALE
Medical Examination Report Dated 8-11-72
Name of Physician Elmer L. Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ricky Middle L. Last MacPherson
Date of Birth: Month October Day 27 Year 1954
Place of Birth (State or foreign country) Richmond, Indiana
Residence Address: Street or R. R. R#1 Box 91-77 City Danville County Hendricks State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Hod Carrier
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 ☐

FEMALE APPLICANT

Name: First Kathleen Middle B. Last Beninghaus
Date of Birth: Month January Day 31 Year 1954
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. R#2 Box 648 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 Assistant Cook
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

We I, Ronald & Maureen (Bastian) Beninghaus, hereby give my consent for my Daughter, Kathleen Bea Beninghaus to marry Ricky Lee MacPherson.

Maureen (Bastian) Beninghaus
Ronald A. Beninghaus

Subscribed and sworn to before me this 24 day of Aug 1972

Russell S. Kerr
Notary Public

Yes ☑ Yes ☑ Yes ☑ Yes ☑ Yes ☑ Yes ☑ Yes ☑ Yes ☑

Birthplace of father (State or foreign country) Richmond, Ind.
12. Full maiden name of mother Vivian May Gibbs
Residence of mother (if deceased so state) Richmond, Ind.
Occupation of mother Manager Licensed Agent Race of mother W

County of HENDRICKS } ss: I depose and state ... formation given in this application is true and correct.
Signed Kathleen B. Beninghaus
New Address RR1 box 91-77 Danville
... day of August, 1972.
...Circuit Court

I, William F. MacPherson, hereby give my consent for my Son, Ricky Lee MacPherson to marry Kathleen B. Beninghaus.

William F. MacPherson

Subscribed and sworn to before me this 18 day of August 1972

Sandra Pauline Merritt
Notary Public
Commission expires Feb. 26, 1973

...nly one parent
...Father
...Mother
..., 19...
...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. 8-24-72

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 24th day of August, 19 72, authorizing the joining together as husband and wife Ricky L MacPherson and Kathleen B Beninghaus

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Reverend James D. Moriarty hereby certify that on the 26 th day of August, one thousand nine hundred and 72 at Plainfield, County of Hendricks State of Indiana, Groom Ricky L. MacPherson of Hendricks County, State of Indiana, and, Bride Kathleen Bea Beninghaus of Hendricks County, State of Indiana, were by me united 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 th day of August, 19 72.

Signed Rev. James D Moriarty
Official Designation Pastor St. Susanna Church

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of August, 19 72.

Signed John Sanders Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 364
File Book 34
August 24, 1972
Date of Application

MALE
Medical Examination Report Dated Aug 14, 1972
Name of Physician Joseph C. Kerlin

FEMALE
Medical Examination Report Dated 8-11-72
Name of Physician Joseph C. Kerlin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Terry Middle A. Last Holoday

Date of Birth: Month 7 Day 6 Year 1944

Place of Birth (State or foreign country) Muncie, Ind.

Residence Address: Street or R. R. R.R. #2 City Clayton County State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ 1972 Marion

Color or Race: White ☐ Negro ☐ Other ☐ (specify)

Usual Occupation Claims Adjuster

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Selective Service - 12-68-44-129

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Sherri L.	6	Indianapolis
Bret Alan	4	Indianapolis
Cindy Jane	2	Indianapolis

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐

11. Full name of father Charles Holoday
    Residence of father (if deceased so state) Winchester, Ind.
    Occupation of father Retired Race of father
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Barbara Foster
    Residence of mother (if deceased so state) 434 N. Oak Winchester, Ind.
    Occupation of mother Housewife Race of mother
    Birthplace of mother (State or foreign country) Muncie, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terry A. Holoday
New Address P.O. Box 28 Clayton, Ind.

Subscribed and sworn to before me this 24th day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Carolyn Middle S. Last Chasteen

Date of Birth: Month 6 Day 18 Year 1944

Place of Birth (State or foreign country) Virginia

Residence Address: Street or R. R. Box 28 City Clayton County State Ind.

Maiden Name if Different Carolyn Christian

Previous 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) Ins. Policy (Farm Bureau) #20277

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Joseph J. Christian
   Residence of father (if deceased so state) Deceased
   Occupation of father Central State Hospital Race of father
   Birthplace of father (State or foreign country) Virginia
8. Full maiden name of mother Alta C. Puckett
   Residence of mother (if deceased so state) Clayton, Ind.
   Occupation of mother Public Service Race of mother
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn S. Chasteen
New Address

Subscribed and sworn to before me this 24th day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... in 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 28th day of August, 1972, authorizing the joining together as husband and wife Terry Holoday and Carolyn Chasteen

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Glenn Ramsey Jr. hereby certify that on the 28th day of August, one thousand nine hundred and 72 at Clayton, County of Hendricks, State of Indiana, Groom Terry A. Holoday of Hendricks County, State of Indiana, and, Bride Carolyn S. Chasteen of Hendricks County, State of Indiana, were by me united 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 August, 19 72.

Signed Glenn R. Ramsey Jr.
Official Designation Presbyterian Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of August, 19 72.

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. 365
File Book 34
August 25, 1972
Date of Application

MALE
Medical Examination Report Dated Aug. 18, 1972
Name of Physician R. E. Riehl, M. D.

FEMALE
Medical Examination Report Dated August 18, 1972
Name of Physician R. E. Riehl, M. D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Arland Last Lake, Sr.
Date of Birth: Month Feb. Day 17 Year 1917
Place of Birth (State or foreign country) Lebanon Marion Kentucky
Residence Address: Street or R. R. 2007 Terril Lane City Louisville County Jefferson State Ky.
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 Manager - J. & L. Oil Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree 18447
☑ Other (Specify) Ky. Bd of Health Cert. 6867

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
John Arland Lake Jr.	16	2007 Terril Lane Louisville Ky.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father George W. Lake
    Residence of father (if deceased so state) (Dec.) Louisville Ky.
    Occupation of father Federal Man Race of father W
    Birthplace of father (State or foreign country) Lebanon Ky.
12. Full maiden name of mother Mattie Buchanan Lake
    Residence of mother (if deceased so state) (Dec.) Louisville Ky
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Campbellsville Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Arland Lake Jr.
New Address 103 Spring Creek Drive Louisville Ky
Subscribed and sworn to before me this 25 day of August, 1972
John Bambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Ruth Middle H. Last Thixton
Date of Birth: Month March Day 10 Year 1918
Place of Birth (State or foreign country)
Residence Address: Street or R. R. 2119 Eldestone Ave. City Louisville County Jefferson State Ky.
Maiden Name if Different Ruth Helen Rogers
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Homemaker
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Bd of Ky - Cert. 42598

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harvey Stephen Rogers
   Residence of father (if deceased so state) (Dec) Louisville Ky.
   Occupation of father Insurance Salesman Race of father W
   Birthplace of father (State or foreign country) Mt. Vernon Ill.
8. Full maiden name of mother Ernie Pebley
   Residence of mother (if deceased so state) Brownsburg Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Bollinger Co. Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruth H. Thixton
New Address 103 Spring Creek Drive Louisville Ky
Subscribed and sworn to before me this 25 day of August, 1972
John Bambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 1st day of Sept, 1972, authorizing the joining together as husband and wife John Arland Lake, Sr. and Ruth H. Thixton

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Oscar L. Sullivan hereby certify that on the 9th day of September, one thousand nine hundred and Seventy two at Brownsburg, County of Hendricks, State of Indiana, Groom John Arland Lake, Sr. of Jefferson County, State of Kentucky and, Bride Ruth H. Thixton of Jefferson County, State of Kentucky, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of September, 1972.

Signed Rev. Oscar L. Sullivan
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of September, 1972.

Signed John Bamboll 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. 366
File Book 34
Aug. 25, 1972
Date of Application

MALE
Medical Examination Report Dated Aug. 21, 1972
Name of Physician Lloyd S. Terry, M.D.

FEMALE
Medical Examination Report Dated Aug. 21, 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Lonroy Last Parr
Date of Birth: Month Oct. Day 12 Year 1951
Place of Birth (State or foreign country) Methodist Hosp. Indianapolis Marion Ind
Residence Address: Street or R. R. 54 Mackey Rd City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation State Police
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Merle Parr
    Residence of father (if deceased so state) 54 Mackey Rd Danville
    Occupation of father Custodian N. Elem. School Race of father W
    Birthplace of father (State or foreign country) Assumption, Ill.
12. Full maiden name of mother Mary Elizabeth Franklin
    Residence of mother (if deceased so state) 54 Mackey Rd
    Occupation of mother Cashier-I.C.A. Race of mother W
    Birthplace of mother (State or foreign country) Danville, Ill.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Michael Lonroy Parr
New Address 42 Walnut St. Danville
Subscribed and sworn to before me this 25 day of August, 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, County of HENDRICKS } ss:
Signed attached Father
Signed Mary E Parr Mother
Subscribed and sworn to before me this 25 day of August, 1972
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Judith Middle Elaine Last Campbell
Date of Birth: Month Sept. Day 22 Year 1952
Place of Birth (State or foreign country) Vincennes Knox Ind.
Residence Address: Street or R. R. Rt. 1, Box 57 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 Nurse's Aide
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) School Record - Danville Comm.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Clarence Edward Campbell
   Residence of father (if deceased so state) (dec) Vincennes
   Occupation of father Milkman Race of father W
   Birthplace of father (State or foreign country).....
8. Full maiden name of mother Dola Jane Burlington
   Residence of mother (if deceased so state) Vincennes
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Judith Elaine Campbell
New Address 42 Walnut St. Danville
Subscribed and sworn to before me this 25 day of August, 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, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of, 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County in 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* 31 *day of* August, 19 72, *authorizing the joining together as husband and wife* Michael Lonroy Parr *and* Judith Elaine Campbell
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Morris Hafley *hereby certify that on the* 2 *day of* September, *one thousand nine hundred and* 72 *at* Plainfield (Church of Christ), *County of* Hendricks, *State of Indiana, Groom* Michael Lonroy Parr *of* Madison *County, State of* Indiana, *and, Bride* Judith Elaine Campbell *of* Hendricks *County, State of* Indiana, *were by me united 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* September, 19 72.

Signed Morris Hafley
Official Designation Minister Church of Christ

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* September, 19 72.
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. 366
File Book 34
Aug. 25, 1972
Date of Application

MALE
Medical Examination Report Dated Aug. 21, 1972
Name of Physician Lloyd B. Terry, M.D.

FEMALE
Medical Examination Report Dated Aug. 21, 1972
Name of Physician Lloyd B. Terry, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Michael Middle Lonroy Last Parr
Date of Birth: Month Oct. Day 12 Year 1951
Place of Birth (State or foreign country) Methodist Hosp. Indianapolis Marion Ind
Residence Address: Street or R. R. 54 Mackey Rd City Danville County Hendricks State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation State Police
Date of birt
☐ Other
1. Are you An I Of U
2. Are you
3. Are you home for
If answe
4. Are you
5. Are you
6. Are you
7. Are you
8. Are you
9. Are you
10. Do you h (If yes, (a) List
(b) Are
(c) Are their support
11. Full name of father Robert Merle Parr
Residence of father (if deceased so state) 54 Mackey Rd Danville
Occupation of father Custodian N. Elem. School Race of father W
Assembly, Ill.

FEMALE APPLICANT

Name: First Judith Middle Elaine Last Campbell
Date of Birth: Month Sept. Day 22 Year 1952
Place of Birth (State or foreign country) Vincennes Knox Ind.
Residence Address: Street or R. R. Rt. 1, Box 57 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).....
Occupation
Birthplace of mother (State or foreign country) Indiana

I, Robert M Parr, hereby give my consent for my son, Michael L Parr to marry Judith Campbell.

Robert M. Parr

Subscribed and sworn to before me this 30th day of August 1972

John Lamkoff
Notary Public

State of Indiana, HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Indiana Elementary and High School Record

Name: Campbell, Judy Elaine
Parent or Guardian: Arthur Kenworthy
Address: R.R.1, Box 57, Danville, Indiana
Birth: Date 9/22/52 Certified Place

Schools Attended	Date Entered	Date Left	Cause of Withdrawal
Clark Jr. Hi-- Vincennes	9/66	9/6/68	moved
Danville Comm	9/6/68		

Occupation of Parent or Guardian: contractor
Economic Status of Family
Home Conditions:
Relationship of Guardian
Number of brothers Number of sisters

Health and Physical Record

Date Examined	Height	Weight	Eyes C	Eyes Tr.	Ears C	Ears Tr.	Teeth C	Teeth Tr.	Tonsils C	Tonsils Tr.	Adenoids C	Adenoids Tr.	Heart C	Heart Tr.	Lungs C	Lungs Tr.	Posture C	Posture Tr.				

Contagious Diseases	Date	Effects
Measles		
Whooping Cough		
Diphtheria		
Scarlet Fever		
Vaccination-Inoculation		
Small Pox		
Diphtheria		
Typhoid		
Schick Test		
Dick Test		

Outstanding Physical Defects:

Emotional Defects:



If not defective. Mark X if defective Check Tr. if treated.

Approved By State Board of Health

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 367
File Book 34
Aug 28 1972
Date of Application

MALE
Medical Examination Report Dated Aug 28 1972
Name of Physician Elmer L. Koch

FEMALE
Medical Examination Report Dated 8-28-72
Name of Physician Elmer L. Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Wayne Last Buchanan

Date of Birth: Month August Day 25 Year 1954

Place of Birth (State or foreign country) Indianapolis

Residence Address: Street or R. R. RR 1 Box 160A City Stilesville 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 Lunch Service

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Edward Buchanan
    Residence of father (if deceased so state) Same
    Occupation of father Fork Lift Op. Race of father W
    Birthplace of father (State or foreign country) Virginia
12. Full maiden name of mother Betty Ann Barnette
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Steven Wayne Buchanan
New Address 417 Walnut Plainfield
Subscribed and sworn to before me this 28 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed x Mrs. Betty Buchanan.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Karen Middle Lynne Last Callahan

Date of Birth: Month November Day 9 Year 1954

Place of Birth (State or foreign country) Dudleys. Marion Co Ind

Residence Address: Street or R. R. 920 Walton Dr City Plainfield County Hend State Ind

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Cafeteria

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Roy Edward Callahan
   Residence of father (if deceased so state) Same
   Occupation of father Royal Typewriter Race of father (W)
   Birthplace of father (State or foreign country) Hendricks Co Ind
8. Full maiden name of mother Sarah Mae Elmore
   Residence of mother (if deceased so state) Same
   Occupation of mother School Caf. Race of mother (W)
   Birthplace of mother (State or foreign country) Hendricks Co Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Karen Lynne Callahan
New Address 417 Walnut
Subscribed and sworn to before me this 28 day of Aug, 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, County of HENDRICKS } ss:

Signed Roy E. Callahan.....F
Signed x Sarah M. Callahan.....M
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, in HENDRICKS County Court by written order issued.....and f
.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* HENDRICKS *Circuit Cou of Indiana dated the* 1st *day of* September, 19 72, *authorizing the joining together as husband and wi* Steven Wayne Buchanan *and* Karen Lynne Callahan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Gary R. Kirchoff *hereby certify that on the* 2nd *day of* September, *one thousand nine hundred and* 72 *at* Ano, *County of* Hendricks, *State of Indiana, Groom* Steven Wayne Buchanan *of* Hendricks *County, State of* Indiana, *and, Bride* Karen Lynne Callahan *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* HENDRICKS *County.*

Dated this 2nd *day of* September, 19 72.

Signed Rev. Gary R. Kirchoff
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* September, 19 72.

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. 367
File Book 34
Aug 28 1972
Date of Application

MALE
Medical Examination Report Dated Aug 28 1972
Name of Physician Elmer L. Koch

FEMALE
Medical Examination Report Dated 8-28-72
Name of Physician Elmer L. Koch

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Steven Middle Wayne Last Buchanan
Date of Birth: Month August Day 25 Year 1954
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. RR 1 Box 160A City Stilesville 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 Lunch Service
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Edward Buchanan
    Residence of father (if deceased so state) Same
    Occupation of father Fork Lift Op. Race of father W
    Birthplace of father (State or foreign country) Virginia
12. Full maiden name of mother Betty Ann Barnette
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Steven Wayne Buchanan
New Address 417 Walnut Plainfield
Subscribed and sworn to before me this 28 day of Aug, 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, County of HEND
Signe
Signe
Subscribed and sworn to

COMPLETE IF I
HENDRIC
in.....

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one thousand ni

State of Indiana, Groom Steven Wayne Buchanan of Hendricks County, State of Indiana
and, Bride Karen Lynne Callahan of Hendricks County, State of Indiana,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 2nd day of September, 1972.

Signed Rev. Gary R. Kaichoff
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of September, 1972.
Signed John Gambold Jr Clerk
HENDRICKS Circuit Court

FEMALE APPLICANT

Name: First Karen Middle Lynne Last Callahan
Date of Birth: Month November Day 9 Year 1954
Place of Birth (State or foreign country) Pueblo, Colorado
Residence Address: Street or R. R. 920 Walton Dr City Plainfield County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cafeteria
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ray Edward Callahan
   Residence of father (if deceased so state) Same
   Occupation of father Royal Typewriter Race of father W
   Birthplace of father (State or foreign country) Hendricks Co Ind
8. Full maiden name of mother Sarah Mae Eamons
   Residence of mother (if deceased so state) Same
   Occupation of mother School Cafe. Race of mother W
   Birthplace of mother (State or foreign country) Hendricks Co Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Karen Lynne Callahan
New Address 417 Walnut
Subscribed and sworn to before me this 28 day of Aug, 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.....

I, Edward Buchanan, hereby give my consent for my Son, Steven Wayne Buchanan to marry Karen Lynn Callahan.

x Edword Bicharon

Subscribed and sworn to before me this 29th day of August 1972

Fern Parker
Notary Public

My Commission expires : November 7, 1973

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 368
File Book 34
August 29, 1972
Date of Application

MALE
Medical Examination Report Dated 8-28-72
Name of Physician Dr. M. O. Scamahorn

FEMALE
Medical Examination Report Dated Aug 28, 1972
Name of Physician 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 Teddy; Middle Charles; Last Boatman
Date of Birth: Month January; Day 24; Year 1954
Place of Birth (State or foreign country) Ft. Campbell Kentucky
Residence Address: Street or R. R. 425 Trevor St.; City Brownsburg; County; State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Service Attendant
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 116

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name . Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Teddy Richard Boatman
    Residence of father (if deceased so state) 425 Trevor St. Brownsburg
    Occupation of father Terminal Manager; Race of father
    Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Wilma Jane Mc Cauley
    Residence of mother (if deceased so state) Same
    Occupation of mother Secretary; Race of mother
    Birthplace of mother (State or foreign country) Indianapolis, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Teddy Charles Boatman
New Address 24 W. Main St. Brownsburg
Subscribed and sworn to before me this 29 day of August, 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Ted C. Boatman Father
Signed Wilma J. Boatman Mother
Subscribed and sworn to before me this 29 day of August, 19 72
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Cynthia; Middle Lynne; Last Haines
Date of Birth: Month Sept; Day 20; Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. 4 Mariana Court; City Brownsburg; 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 Cashier
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) 11068

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father La Verne Bee Haines
   Residence of father (if deceased so state) 4 Mariana Court Brownsburg
   Occupation of father Manager; Race of father
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Reva Delores Morical
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife; Race of mother
   Birthplace of mother (State or foreign country) Sullivan County

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed x Cynthia Lynne Haines
New Address 24 W. Main St.
Subscribed and sworn to before me this 29th day of August, 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, County of HENDRICKS } ss:
Signed Laverne B. Haines Father
Signed Reva Haines Mother
Subscribed and sworn to before me this 29 day of August, 19 72
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 in ..... 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 2 day of August September, 1972, authorizing the joining together as husband and wife Teddy Charles Boatman and Cynthia Lynne Haines
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Donald L. McKee hereby certify that on the 2nd day of September, one thousand nine hundred and 72 at Pittsboro, County of Hendricks, State of Indiana, Groom Ted C. Boatman of Hendricks County, State of Indiana, and, Bride Cynthia Haines of Hendrick County, State of Indiana, were by me united 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 September, 19 72.

Signed Donald L. McKee
Official Designation Middle Township Dr. Pittsboro, Ind.

Filed and recorded in accordance with the laws of the State of Indiana this 8th day of September, 19 72.
Signed John Gambold Jr. Clerk
HENDRICKS Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 369
File Book 34
Aug 29 1972
Date of Application

MALE
Medical Examination Report Dated 8-23-72
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-23-1972
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 Charles Middle Bernard Last Long
Date of Birth: Month November Day 1 Year 1955
Place of Birth (State or foreign country): Morgan Co. Hospital Martinsville Ind
Residence Address: Street or R. R. R 4 Mooresville City Morgan 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: Gas Sta. Attendant
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: William Vester Long
    Residence of father (if deceased so state): Same
    Occupation of father: Reconditioning Race of father: W
    Birthplace of father (State or foreign country): Virginia
12. Full maiden name of mother: Jeannette Ann Casteel
    Residence of mother (if deceased so state): Same
    Occupation of mother: Factory Worker Race of mother: W
    Birthplace of mother (State or foreign country): Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Charles Bernard Long
New Address RR 2 Box 44 Clayton
Subscribed and sworn to before me this 29 day of Aug, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Wickliff
Date of Birth: Month January Day 17 Year 1956
Place of Birth (State or foreign country): St. Francis Hospital Beech Grove Ind.
Residence Address: Street or R. R. 521 Raines St. City Plainfield County Hend State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Un employed
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: Everett L. Wickliff
   Residence of father (if deceased so state): Same
   Occupation of father: Glass Contains Tech Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Nettie L. Hylton
   Residence of mother (if deceased so state): Same
   Occupation of mother: Matron Race of mother: W
   Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Mary Ann Wickliff
New Address RR 2 Box 44 Clayton
Subscribed and sworn to before me this 29 day of Aug, 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 paren signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued Aug 29 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* 30th *day of* August, 1972, *authorizing the joining together as husband and wife* Charles Bernard Long *and* Mary Ann Wickliff
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Bob Riordan *hereby certify that on the* 2 *day of* September, *one thousand nine hundred and* 72 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Charles Bernard Long *of* Hendricks *County, State of* Indiana, *and, Bride* Mary Ann Wickliff *of* Hendricks *County, State of* Indiana, *were by me united 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* September, 19 72.

Signed Rev. Bob Riordan
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* September, 19 72.
Signed John Gambold Jr *Clerk*
HENDRICKS *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 369
File Book 34
Aug 29 1972
Date of Application

MALE
Medical Examination Report Dated 8-23-72
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-23-1972
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 Charles Middle Bernard Last Long
Date of Birth: Month November Day 1 Year 1955
Place of Birth (State or foreign country): Morgan Co. Hospital Martinsville Ind
Residence Address: Street or R. R. R 4 City Mooresville County Morgan 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: Gas Sta. Attendant
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: William Vester Long
    Residence of father (if deceased so state): Same
    Occupation of father: Reconditioning Race of father: W
    Birthplace of father (State or foreign country): Virginia
12. Full maiden name of mother: Jeannette Ann Castel
    Residence of mother (if deceased so state): Same
    Occupation of mother: Factory Worker Race of mother: W
    Birthplace of mother (State or foreign country): Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Charles Bernard Long
New Address RR 2 Box 44 [illegible]

Subscribed and swor
John

CONSENT OF PAR
We, the parents, of
signs, state facts wh

State of Indiana, County of HE
Sig
Sig
Subscribed and sworn

COMPLETE IF
HENDRIC
in Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Wickliff
Date of Birth: Month January Day 17 Year 1956
Place of Birth (State or foreign country): St. Francis Hospital Beech Grove Ind.
Residence Address: Street or R. R. 521 Raines St. City Plainfield County Hend State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: 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: Everett L. Wickliff
   Residence of father (if deceased so state): Same
   Occupation of father: Glass Containers Tech Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Nettie L. Hylton
   Residence of mother (if deceased so state): Same
   Occupation of mother: Matron Race of mother: W
   Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Mary Ann Wickliff
New Address RR 2 Box 44 Clayton

Subscribed and sworn to before me this 29 day of Aug, 1972.
John Gambold Jr. Clerk HENDRICKS Circuit Court

I, William V. Long, hereby give my consent for my Son, Charles B. Long to marry Mary ann Wickliff.

x Janette Long
William V. Long

Subscribed and sworn to before me this 28 day of August 1972

Ralph M. Daily Jr.
Notary Public
5-5-73

Be 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 August, 1972, authorizing the joining together as husband and wife Charles Bernard Long and Mary Ann Wickliff

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Bob Riordan hereby certify that on the 2 day of September, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Charles Bernard Long of Hendricks County, State of Indiana, and, Bride Mary ann Wickliff of Hendricks County, State of Indiana, were by me united 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 September, 1972.

Signed Rev. Bob Riordan
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of September, 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. 369
File Book 34
Aug 29 1972
Date of Application

MALE
Medical Examination Report Dated 8-23-72
Name of Physician Eric D. Clark

FEMALE
Medical Examination Report Dated 8-23-1972
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 Charles Middle Bernard Last Long

Date of Birth: Month November Day 1 Year 1955

Place of Birth (State or foreign country): Morgan Co. Hospital Martinsville Ind

Residence Address: Street or R. R. R 4 Mooresville City Morgan 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: Gas Sta. Attendant

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: William Vester Long
    Residence of father (if deceased so state): Same
    Occupation of father: Reconditioning Race of father: W
    Birthplace of father (State or foreign country): Virginia
12. Full maiden name of mother: Jeannette Ann Castel
    Residence of mother (if deceased so state): Same
    Occupation of mother: Factory Worker Race of mother: W
    Birthplace of mother (State or foreign country): Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Charles Bernard Long

FEMALE APPLICANT

Name: First Mary Middle Ann Last Wickliff

Date of Birth: Month January Day 17 Year 1956

Place of Birth (State or foreign country): St. Francis Hospital Beech Grove Ind.

Residence Address: Street or R. R. 521 Barnes St. City Plainfield County Hend State Ind

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: 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: Everett L. Wickliff
   Residence of father (if deceased so state): Same
   Occupation of father: Glass Containers Tech Race of father: (W)
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Nettie L. Hylton
   Residence of mother (if deceased so state): Same
   Occupation of mother: Matron Race of mother: (W)
   Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed x Mary Ann Wickliff
New Address RR 2 Box 44 Clayton

Subscribed and sworn to before me this 29 day of Aug, 1972.
John Gambold Jr. Clerk HENDRICKS Circuit Court

I, Everett L Wickliff, hereby give my consent for my Daughter, Mary Ann Wickliff to marry Charles L Long.

Nettie L. Wickliff
Everett L Wickliff

subscribed and sworn to before me this 26 day of Aug 1972

Meredith L Fox
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 30th day of August, 1972, authorizing the joining together as husband and wife Charles Bernard Long and Mary Ann Wickliff

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Bob Riordan hereby certify that on the 2 day of September, one thousand nine hundred and 72 at Plainfield, County of Hendricks, State of Indiana, Groom Charles Bernard Long of Hendricks County, State of Indiana, and, Bride Mary Ann Wickliff of Hendricks County, State of Indiana, were by me united 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 September, 1972.

Signed Rev. Bob Riordan
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 day of September, 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. 370
File Book 33
31 August 1972
Date of Application

MALE
Medical Examination Report Dated 25 August 1972
Name of Physician Elmer L. Koch M.D.

FEMALE
Medical Examination Report Dated 25 August 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: First Stanley Middle [illegible] Last Bassett

Date of Birth: Month July Day 9 Year 1923

Place of Birth (State or foreign country) Greencastle, Ind.

Residence Address: Street or R. R. R1 Box 1C City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation 9100-B A/C Refueler

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 21 1053

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their 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 Buford Bassett
    Residence of father (if deceased so state) Knox, Ind.
    Occupation of father Driv., Red Cab Race of father White
    Birthplace of father (State or foreign country) La Grange Co. Tenn.
12. Full maiden name of mother Marguerite Louise Cain
    Residence of mother (if deceased so state) Same Clayton Ind.
    Occupation of mother Laborer, Plastic Equip. Race of mother White
    Birthplace of mother (State or foreign country) Greencastle, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stanley Bassett
New Address 151 Box 88 ft Danville, Ind

Subscribed and sworn to before me this 31st day of August, 1972
John Lambdin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Mother has sole custody by virtue of decree in Hendricks Cir. Ct. 15 Nov 71 and his sole consent.

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed Margarite L. Richard Mother

Subscribed and sworn to before me this 31st day of August, 1972
John Lambdin Clerk

FEMALE APPLICANT

Name: First Mary Middle [illegible] Last Woods

Date of Birth: Month July Day 28 Year 1955

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. RO Box 39 City Clayton County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☐ Negro ☐ Other ☐ (specify).....

Usual Occupation Student: Cascade Sr.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William Donald Woods
   Residence of father (if deceased so state) Same Clayton, Ind
   Occupation of father Mechic, Kmg Fav. Race of father White
   Birthplace of father (State or foreign country) Putnam Co. Tenn
8. Full maiden name of mother Myrtle Maurine Bush
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Carthage, Tenn

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Woods
New Address Same

Subscribed and sworn to before me this 31st day of August, 1972
John Lambdin Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed William D. Woods Father
Signed Myrtle Maurine Woods Mother

Subscribed and sworn to before me this 31st day of August, 1972
John Lambdin Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County in ..... 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 5th day of September, 1972, authorizing the joining together as husband and wife Stanley Bassett and Mary Woods

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Keith Purcell hereby certify that on the 5th day of September, one thousand nine hundred and seventy two at Bellemille, County of Hendricks, State of Indiana, Groom Stanley Bassett of Hendricks County, State of Indiana, and, Bride Mary Woods of Hendricks County, State of Indiana, were by me united 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 September, 1972.

Signed Keith Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of September, 1972

Signed John Lambdin 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. 371
File Book 34
August 31 1972
Date of Application

MALE
Medical Examination Report Dated 8-30-72
Name of Physician David M. Hadley

FEMALE
Medical Examination Report Dated 8-30-72
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 Gary Middle Dennis Last Kolodziej
Date of Birth: Month March Day 23 Year 1949
Place of Birth (State or foreign country) Springfield, Mass.
Residence Address: 1901 E. Main Street or R. R. Plainfield City Hendricks County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Electrician
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 Casimir Kolodziej
    Residence of father (if deceased so state) Plainfield, Indiana
    Occupation of father Truck Driver Race of father W
    Birthplace of father (State or foreign country) Chicopee, Mass.
12. Full maiden name of mother Norma M. Brown
    Residence of mother (if deceased so state) Plainfield, Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Springfield, Mass.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Gary D. Kolodziej
New Address 1901 E. Main, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Kathryn Middle D Last Adams
Date of Birth: Month April Day 18 Year 1953
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Box 47 Street or R. R. Stilesville City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) # 3832

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Earl Monroe Adams
   Residence of father (if deceased so state) Stilesville, Indiana
   Occupation of father Cooper Race of father W
   Birthplace of father (State or foreign country) Brazil Indiana
8. Full maiden name of mother Ina Faleta Johnson
   Residence of mother (if deceased so state) California
   Occupation of mother Waitress Race of mother W
   Birthplace of mother (State or foreign country) Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Kathryn D. Adams
New Address 1901 E. Main, 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, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Superior Court by written order issued 3-day Waiver and filed in Clk'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* 31st *day of* August, 19 72, *authorizing the joining together as husband and wife* Gary Dennis Kolodziej *and* Kathryn D. Adams
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Keith Purcell *hereby certify that on the* 2 *day of* September, *one thousand nine hundred and* seventy two *at* Belleville, *County of* Hendricks, *State of Indiana, Groom* Gary Dennis Kolodziej *of* Hendricks *County, State of* Indiana, *and, Bride* Kathryn D. Adams *of* Hendricks *County, State of* Indiana, *were by me united 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* September, 19 72.

Signed Keith Purcell
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* September, 19 72.
Signed John Dewbold 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. 372
File Book 84
Sept 1, 1972
Date of Application

MALE
Medical Examination Report Dated 8-28-72
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-28-72
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 Michael Middle G. Last Harrison
Date of Birth: Month June Day 19 Year 1954
Place of Birth (State or foreign country) Evansville Ind
Residence Address: Street or R. R. R #3 Box 269 City Brownsburg 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 Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service 12-30-54-238

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Thomas G. Garrison
    Residence of father (if deceased so state) Same
    Occupation of father School Administrator Race of father
    Birthplace of father (State or foreign country) Posey County, Ind.
12. Full maiden name of mother Mary Catherine Nix
    Residence of mother (if deceased so state) Same
    Occupation of mother Nurse Race of mother
    Birthplace of mother (State or foreign country) Posy Co, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Michael G Garrison
New Address 27 Lincoln Brownsburg
Subscribed and sworn to before me this 1st day of Sept 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Thomas G Garrison Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

FEMALE APPLICANT

Name: First Cheryl Middle A Last Harris
Date of Birth: Month March Day 16 Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R #2 Box 86 A City Brownsburg, County Ind State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation - None
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-55-021692

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 Paul Harris
   Residence of father (if deceased so state) Same
   Occupation of father Allison Race of father
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Barbara Johnson
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Fort Wayne, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Cheryl Harris
New Address 27 Lincoln Dr Brownsburg
Subscribed and sworn to before me this 1st day of Sept 19 72
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 5th day of September, 19 72, authorizing the joining together as husband and wife Michael G. Garrison and Cheryl A Harris
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Charles Noll hereby certify that on the 8th day of September one thousand nine hundred and seventy two at Brownsburg, County of Hendricks, State of Indiana, Groom Michael G Garrison of Hendricks County, State of Indiana, and, Bride Cheryl A Harris of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 5th day of September, 19 72.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of September, 19 72.

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. 372
File Book 84
Sept 1, 1972
Date of Application

MALE
Medical Examination Report Dated 8-28-72
Name of Physician James Black

FEMALE
Medical Examination Report Dated 8-28-72
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 Michael Middle G. Last Garrison
Date of Birth: Month June Day 19 Year 1954
Place of Birth (State or foreign country) Evansville Ind
Residence Address: Street or R. R. R #3 Box 269 City Brownsburg County State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Construction
Date of birth ve
☑ Other (S
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(c) Are you c
their supp
11. Full name of f
Residence of fa
Occupation of
Birthplace of
12. Full maiden n
Residence of
Occupation of
Birthplace of
State of Indiana,
County of
Subscribed and s
John
CONSENT OF P
We, the parents,
signs, state facts
State of Indiana,
County of
Subscribed and sw

FEMALE APPLICANT

Name: First Cheryl Middle L Last Harris
Date of Birth: Month March Day 16 Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R #2 Box 86 A City Brownsburg, County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)

8-31-72

I give my permission for my son, Michael G Garrison R 3 Box 269 Brownsburg Ind age 18, to obtain license for marriage to Cheryl Harris

Mary C Garrison
R 3 Box 269
Brownsburg, Ind
46112

Coralee Terry (2-25-75)
Notary Public
Hendricks County
Indiana

COMPLETE
HE
in

of Indiana, a
Be it further
I, Rev
one thousand
State of Ind
and, Bride..
were by me
County.
Dated this..

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of September, 19 72

Signed Rev Charles H Hall
Official Designation Catholic Priest

Signed John Harold 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. 372
File Book 84
Sept 1, 1972
Date of Application

MALE
Medical Examination Report Dated 8-28-72
Name of Physician James Black.

FEMALE
Medical Examination Report Dated 8-28-72
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 Michael Middle G. Last Garrison
Date of Birth: Month June Day 19 Year 1954
Place of Birth (State or foreign country) Evansville Ind
Residence Address: Street or R. R. R. #3 Box 269 City Brownsburg 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 Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Selective Service 12-30-54-238

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their 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) M. Garrison
    Residence of fathe
    Occupation of fat
    Birthplace of fath
12. Full maiden name
    Residence of moth
    Occupation of mo
    Birthplace of mot

State of Indiana, H
County of

Ne

Subscribed and sworn
John

CONSENT OF PARE
We, the parents, of
signs, state facts wh

State of Indiana,
County of

Si
Si

Subscribed and swor

COMPLETE IF
HEND
in

FEMALE APPLICANT

Name: First Cheryl Middle A. Last Harris
Date of Birth: Month March Day 16 Year 1955
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R #2 Box 86 A. City Brownsburg, County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation - None
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) #113-55-021692

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the 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 Paul Harris
   Residence of father (if deceased so state) Same
   Occupation of father Allison Race of father
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Barbara Johnson
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife

31 AUG. 1972

TO WHOM IT MAY CONCERN,

PLEASE ACCEPT THIS AS AUTHORITY FOR PERMISSION FOR OUR DAUGHTER CHERYL A. HARRIS TO MARRY MICHAEL G. GARRISON.

Robert P Harris
FATHER - ROBERT P. HARRIS

Barbara J Harris
MOTHER - BARBARA J. HARRIS

STATE OF INDIANA
COUNTY OF HENDRICKS

Eugene Chelf 8-31-1972

EUGENE PAUL CHELF, NOTARY PUBLIC
MY COMMISSION EXPIRES JAN. 5, 1974
ISSUED THROUGH INDIANA NOTARY ASSOC.

Be 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 September, 19 72, authorizing the joining together as husband and wife Michael G. Garrison and Cheryl A. Harris
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Charles Noll hereby certify that on the 8th day of September, one thousand nine hundred and seventy two at Brownsburg, County of Hendricks, State of Indiana, Groom Michael G. Garrison of Hendricks County, State of Indiana, and, Bride Cheryl A. Harris of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.
Dated this 5th day of September, 19 72.

Signed Rev. Charles Noll
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 12th day of September, 19 72.

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. 373

File Book 34

HENDRICKS County

2 September 1972
Date of Application

MALE
Medical Examination Report Dated 29 Aug 1972
Name of Physician R.S. Yeager Lehner MD

FEMALE
Medical Examination Report Dated 29 Aug. 1972
Name of Physician R.S. Yeager Lehner 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 Douglas Middle Ele Last Martin

Date of Birth: Month March Day 9 Year 1952

Place of Birth (State or foreign country) Peru Ind.

Residence Address: Street or R. R. 242 Meadowlawn, City P'fld 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 Student: Purdue

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) 113-52-02962

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their 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 Ele Martin
    Residence of father (if deceased so state) Same Dida, Ind.
    Occupation of father Pres. ICVI Race of father White
    Birthplace of father (State or foreign country) Attica, Ind.
12. Full maiden name of mother Margaret Carolyn Van Laere
    Residence of mother (if deceased so state) Same
    Occupation of mother H/W. Race of mother White
    Birthplace of mother (State or foreign country) Attica, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Douglas Ele Martin

New Address 310 12a Atta Marshall Dr. W. Laf. Ind.

Subscribed and sworn to before me this 2nd day of September, 19 72

John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Robert Ele Martin Father

Signed Margaret E. Martin Mother

Subscribed and sworn to before me this 2nd day of September, 19 72

John Gambold Clerk

FEMALE APPLICANT

Name: First Martha Middle Jeanne Last Ryan

Date of Birth: Month December Day 23 Year 1952

Place of Birth (State or foreign country) Kansas City Kansas.

Residence Address: Street or R. R. 2902 Corvallis Cr. City Incple. County Marion State Ind

Maiden Name If Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Student: Purdue

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) BK K P231 #13354

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wilbrun James Ryan
   Residence of father (if deceased so state) Same Indpls. Ind.
   Occupation of father Insp. F.A.A. Race of father White
   Birthplace of father (State or foreign country) Falls City, Neb.
8. Full maiden name of mother Juleta Mae Bailey
   Residence of mother (if deceased so state) Same
   Occupation of mother H/W. Race of mother White
   Birthplace of mother (State or foreign country) Kansas City, Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martha Joanne Ryan

New Address Same

Subscribed and sworn to before me this 2nd day of September, 19 72

John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the HENDRICKS County Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the HENDRICKS Circuit Court of Indiana dated the 6th day of September, 19 72, authorizing the joining together as husband and wife Douglas Ele Martin and Martha Jeanne Ryan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Leo J. Hargerty hereby certify that on the 9th day of September, one thousand nine hundred and seventy-two at St. Thomas Aquinas, W Lafayette, County of Tippecanoe, State of Indiana, Groom Douglas Ele Martin of Hendricks County, State of Indiana, and, Bride Martha Jeanne Ryan of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of HENDRICKS County.

Dated this 9th day of September, 19 72.

Signed Rev. Leo J. Hargerty

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 11th day of September, 19 72

Signed John Gambold Jr. Clerk

HENDRICKS Circuit Court